SEXUAL ATTITUDES, SEXUAL ATTRACTION TOWARD CLIENTS, AND DISCLOSURE IN SUPERVISION

George Carter Herrity

Dissertation submitted to the Faculty of the Graduate School of Carlow University, in partial fulfillment of the requirements for the degree of Doctor of Psychology

July 2015

Advisory Committee

Joseph Roberts, Ph.D., Chair
Associate Professor, Carlow University

Mary Burke, Ph.D.
Professor, Carlow University

Marla Somova, Ph.D.
Associate Professor, Carlow University

SEXUAL ATITUDES, SEXUAL ATTRACTION TOWARD CLIENTS, AND DISCLOSURE IN SUPERVISION

I have examined the final copy of this dissertation form and content, and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Psychology with a major in Counseling Psychology.

Joseph Roberts, Ph.D., Committee Chair

We have read this dissertation and recommend its acceptance:

Mary Burke, Ph.D., Committee Member

Marla Somova, Ph.D., Committee Member

Accepted for the Graduate School

Allyson, Lowe, Ph.D., Dean, College of L&SC

AUTHOR'S DECLARATION OF ORIGINALITY

I hereby certify that I am the sole author of this dissertation and that no part of this dissertation has been published or submitted for publication. I certify that, to the best of my knowledge, my dissertation does not infringe upon anyone's copyright nor violate any proprietary rights and that any ideas, techniques, quotations, or other material from the work of other people included in my dissertation, published or otherwise, are fully acknowledged in accordance with the standard referencing practices. Furthermore, to the extent that I have included copyrighted material, I certify that I have obtained written permission and a site license from the copyright owner to include such materials in my dissertation.

ACKNOWLEDGEMENTS

This dissertation could not have been accomplished without the assistance of many people whose contributions are gratefully acknowledged. Firstly, I would like to thank Dr. Joe Roberts, my advisor, who was consistently there offering prompt, constructive feedback. His rigorous and time-consuming work made this research project run smoothly. Thank you, Joe! I would also like to recognize all of the assistance my committee members contributed. Thank you, Marla and Mary for your helpful feedback! I would like to express my appreciation to all of the training directors who forwarded my survey onto their students and, to the students who volunteered their time completing my survey. Thank you, fellow students for being so generous!

ABSTRACT

Research has suggested that therapists should expect to feel sexually attracted to at least one therapy client in their careers. Given the potential for harm that could result from mismanaging such feelings, it would be beneficial for the field of psychotherapy to have a better understanding of variables related to this phenomenon. The current study sought to examine doctoral psychology students' feelings of sexual attraction toward clients and how this may relate to therapists' sexual attitudes. Via an online survey, students were asked to complete the 23-item Brief Sexual Attitudes Scale (BSAS), a demographic questionnaire, a self-report survey regarding frequency of sexual attraction to clients, and questions regarding use of supervision around these issues. Justification for this research arises from the utility of engaging in supervision for processing sexual feelings for a client as an effective means to help ensure that these feelings do not negatively impact a client's treatment. However, past research on therapist nondisclosures in supervision suggests that meaningful information is withheld from supervisors. This study aimed to provide a better understanding of how several variables relate to the issue of therapist-client sexual attraction. Outcome of study include: (a) students' theoretical orientations were significantly related to their endorsement of having experienced sexual attraction for a client; (b) supervisors' theoretical orientations were significantly related to whether a trainee disclosed in supervision the existence of sexual attraction to a client; (c) type of training site was significantly related to respondents' endorsement of therapist-client sexual attraction; and (d) one sexual attitude dimension, "*Permissiveness*," of the BSAS was significantly related to students' endorsement of sexual attraction to clients.

Keywords: sexual attitudes, sexual attraction, ethics, supervision.

TABLE OF CONTENTS

LIST OF TABLES

Chapter 1

Introduction

The practice of psychotherapy and one's training and development as a clinician naturally involve, to one degree or another, the utilization of clinical supervision. In fact, supervision is a prime method whereby budding and veteran clinicians alike come to understand new facets of how their work affects the clients they are treating. Consequently, numerous articles and books have been published over the years illuminating various aspects of this process. While much of the supervisory phenomenon has been fleshed out, there remain areas deserving of additional attention.

One such area is trainees' feelings of sexual attraction to clients and whether and how they disclose these occurrences to their supervisors. Research studies surveying the frequency of therapist sexual attraction to clients in the absence of actual sexual intimacy have generally observed that greater than 84% of clinicians at some point in their careers have endorsed experiencing these feelings (Pope, Keith-Spiegel, & Tabachnick, 1986; Rodolfa et al., 1994). While there have been studies that examined: characteristics of the supervisory relationship (Ladany et al., 1997; Ladany, Hill, Corbett, & Nutt, 1996), clinicians' prior educational background regarding attraction to clients (e.g., Pope et al., 1986), and potential variables that factor into whether a supervisee discloses sexual attraction of a client to their direct supervisor (Ladany et al., 1996), to this writer's knowledge there is no research to date examining the influence of one's sexual attitudes in relation to whether this type of experience would be disclosed to a supervisor.

Further, much of the research on therapist sexual attraction to clients has leaned towards studying postdegreed clinicians (i.e., those practicing at the level of professional); however, trainees

are inherently stationed at a critical time in their development such that: (a) they are obligated to engage in supervision, (b) their supervision could be understood to play a more impactful role in their developing into a clinician than supervision received at a later point in their careers, and (c) exploring sometimes sensitive topics earlier allows for greater interaction between education and clinical work. Therefore, it could be immensely important for training programs to better understand how the nature of one's personal sexual attitudes may affect a trainee's disclosure in supervision of their sexual attraction to clients. In doing so, training programs may have an enhanced ability to facilitate disclosure of such important clinical information and, the sorts of clinical development that would come with this sort of training experience.

Attitudes regarding sex are likely intertwined with how individual therapists respond, manage, and disclose their own feelings of sexual attraction. Further, on a basic level, sexual attitudes are inherently multifaceted and the factors that contribute to one's sexual attitudes are also multifaceted (Hendrick, Hendrick, Slapion-Foote, & Foote, 1985). These attitudes can be based on what an individual values about sex, how it relates to one's traditional notions of sex, the meaning sex holds for a person, and what someone believes his or her responsibilities are towards the practice of sex (Hendrick, Hendrick, & Reich, 2006). Understanding that the nature of sexual attitudes is highly complicated means that it is difficult to be overly simplistic when it comes to creating categories of sexual attitudes. The present study seeks to elaborate how one's sexual attitudes relate to several variables, with the hope that in doing so the field of psychology will have an enhanced understanding of the complicated nature of the phenomenon of therapist sexual attraction to clients. An added benefit of this study is that it may also help to highlight how these issues can impact development via transparent supervision.

Significance of Proposed Research

The research presented in this dissertation offers several points of importance to the field of psychotherapist training and practice. On a broad level, this study furthers the aim of destigmatizing therapist sexual attraction in the absence of sexual intimacy. This is accomplished by continuing to promote information regarding the rates of occurrence, thereby adding to the notion that therapist sexual attraction is a statistically normative experience for therapists across their careers. Moreover, as therapists' comfort with these feelings increase, there may be a greater likelihood that the information held within those sexual feelings could be positively applied to a client's treatment—as opposed to therapists' attempts to block or deny their existence. Specifically, this research may offer critical insights in regards to how the role of one's sexual attitudes affects disclosure in supervision of therapist sexual attraction. Clearly more information about how these factors interact with one another will provide supervisors and trainees alike with a greater understanding of what is taking place in their consulting rooms.

Chapter 2

Literature Review

Based on survey data (Pope et al., 1986; Rodolfa et al., 1994), it can be suggested that probabilistically, therapists can expect to have the experience of being sexually attracted to a client at least once in their careers. Further, given the potential for harm arising from these feelings—whether leading to actual sexual contact or the deleterious impacts it may have on a therapist's efficacy as a treatment provider—it is incumbent on every therapist to receive adequate training in this professional area (Ellis & Douce, 1994; Bernard & Goodyear, 2013). Bridges (2005) wrote that, "Therapists consciously try to follow subtle shifts in affect, fantasies, and self-states as sensitive clues to inform and deepen the work" (p. 79), but attempts at doing so can be made difficult when a therapist is internally conflicted over sexualized feelings (Bridges, 2005). As it currently stands, however, research in this domain is sparse (Ladany, Friedlander, & Nelson, 2005; Ladany & Inman, 2012).

The current study seeks to illuminate the nature of how therapists' attitudes towards sex (as well as several other variables) may relate to their willingness to disclose feelings of sexual attraction towards a client. As Bridges (1994) and Seto (1995) have pointed out, trainees and postdegreed clinicians alike should be aware that sexual attraction to clients (in the absence of sexual contact) will likely happen and, that the occurrence of this should be an accepted reality by psychotherapists. In light of the present study, this sentiment could be taken as guidance in terms of the kinds of attitudes individuals who practice psychotherapy may find most effective in managing sexual attraction. The justification for this research rests on the tenet that utilizing supervision for the

purpose of processing sexual feelings for a client is one critical way to help ensure that these feelings do not come to negatively impact a client's treatment.

Sexual Attitudes

As a whole, human sexuality entails a great many dimensions such as beliefs, attitudes, behaviors, and practices (Ruzgyte, 2007), and although each is important in its own right in order to attain a full understanding of sexuality, covering each in an in-depth manner would extend beyond the scope of the present study. Nonetheless, it would be difficult to briefly discuss sexual attitudes and the progression of research on the nature of intimate relationships without also including some background information regarding love and sexuality (Hendrick & Hendrick, 1983).

In the early seventies, John Lee developed a theory of love that described six basic love styles or typologies (Lee, 1973). Of these six, Lee suggested that three of them—*eros* (romantic, passionate love), *ludus* (game-playing love), and *storge* (friendship and companionate love)—were primary and that the other three were secondary love types. The three secondary types are categorized as: *mania* (dependent or possessive love), *pragma* (logical love based on pragmatism), and *agape* (self-sacrificing love where the other's needs are prioritized). In Lee's conceptualization of this theory, the secondary love types are comprised of different combinations and proportions of the primary love types. Lee's theory has been utilized and supported through much research over the years (Hendrick & Hendrick, 1989).

Later, Sternberg (1986, 1988) developed his own theory of love that centered around three components that he termed, the triangular theory of love. Sternberg designated the three corners of the triangle as: passion, intimacy, and commitment. According to Sternberg's theory of love, these three dimensions co-occur with one another; however, they exist in varying ratios depending on

individual and various other factors. The term "commitment" pertains to an orientation towards love that values staying in that specific relationship. The term "intimacy" refers to a sense of closeness and connectedness between individuals. The term "passion" pertains to the level of sexuality and feelings of physical attraction between individuals. Based on these foundational ideas, Sternberg theorized eight different love styles—each containing different proportions of the three basic ingredients of intimacy, passion, and commitment. These include: *consummate love*, which is posited as complete love and involves passion, intimacy, and commitment; *fatuous*, which involves a high degree of attraction; *companionate*, which involves a sense of high esteem shared between partners that is capable of lasting in time; *romantic*, which involves a sense of connection combined with feeling physically drawn to one another; *empty love*, which is when individuals maintain a sense of commitment to one another but without passion or intimacy; *infatuation*, which is similar to fatuous, tends to involve high intensity and passion but without commitment; *liking*, which are relationships involving a degree of warmth and connection; and *nonlove*, or an interaction which does not incorporate meaningful levels of any of the three components.

Similar to the multifaceted nature of love as described in the previous paragraphs, sexual attitudes are also comprised of many factors. Sexual attitudes are generally considered to encompass the views one holds regarding sexuality, which can be related to a number of different factors such as beliefs about marriage, religion, morality, birth control concerns, and interpersonal relationships (Kufskie, 2009). Further, Woo, Brotto, & Gorzalka (2011) noted that the views one holds on sex tend to indicate what an individual considers appropriate in terms of types of sexual activities, partners, and situations. How one considers the sexual appropriateness and inappropriateness of something indicates a level of judgment occurring at the psychological level. There can also be an

impact on one's sexual attitudes based on beliefs about sexual locus of control as well as one's sexual self-efficacy (Feeney, Peterson, Gallois, & Terry, 2000). In combining these facets, one's sexual attitude can extend across a wide range of factors.

Research on the measurement of sexual attitudes largely dates to the 1980's when Hendrick and Hendrick (1987) disseminated their work on the multidimensional nature of sexual attitudes. The authors posited a model consisting of four dimensions of sexual attitudes: permissiveness, instrumentality, communion, and birth control. Though the original dimensions have remained stable, the items in the authors' scale for measuring sexual attitudes have shown some changes in the past two decades (Hendrick et al., 2006). Through additional surveying, constructive feedback from other researchers, and further factor analyses, the authors modified their items from a total number of 43 in the original Sexual Attitudes Scale (SAS; Hendrick & Hendrick, 1987) to 23 items in the Brief Sexual Attitudes Scale (BSAS; Hendrick et al., 2006).

Therefore, through a series of studies the construct of sexual attitudes has been better elucidated. Referred to here is research conducted on the assessment of sexual attitudes. In the 1980s, the SAS (Hendrick & Hendrick, 1987) provided an opportunity to examine this area of psychology. Other researchers, however, conducted further factor analyses of the SAS and drew somewhat alternate conclusions regarding how the factors loaded when applied to their study sample (Le Gall, Mullet, & Riviere-Shafighi, 2002). In part, this study led researchers to further refine the scale's items and in 2006, Hendrick et al. published a study on the BSAS. Exploratory and confirmatory factor analyses of the BSAS kept with the four subscales found in the SAS (Hendrick et al., 2006), although the additional samples were studied and the original items were refined. The

four dimensions of the BSAS were reported as: (a) permissiveness, (b) instrumentality, (c) communion, and (d) birth control.

The first dimension, *permissiveness*, generally refers to a casual attitude towards sex and accounts for the first 10 items of the BSAS. Examples of items are: #3) "I would like to have sex with many partners," and #4) "One-night stands are sometimes very enjoyable." (Hendrick et al., 2006, p. 86). The second dimension on the BSAS is *birth control* and essentially consists of a sense of responsibility in regards to sex. Birth control comprises the next three items on the BSAS. Examples of items are: #11) "Birth control is part of responsible sexuality," and #12) "A woman should share responsibility for birth control." (Hendrick et al., 2006, p. 86). The third dimension is termed *communion*, which refers to an attitude of sex as an ideal, a way to connect with others, and broadly speaking, a means for achieving emotional closeness. It is comprised of items 14-18. Examples of items are: #14) "Sex is the closest form of communication between two people," and #16) "At its best, sex seems to be the merging of two souls." (Hendrick et al., 2006, p. 86). The last dimension is *instrumentality*. This refers to a utilitarian view of sex, and that it is a normal, natural part of life. It also reflects the view that sex is for the pleasure of the individual. It is comprised of items 19-23. Examples of items are: #19) "Sex is best when you let yourself go and focus on your own pleasure," and #21) "The main purpose of sex is to enjoy oneself." (Hendrick et al., 2006, p. 86).

In looking at the dimensions of sexual attitudes, permissiveness has received additional attention in the scientific literature (Hendrick & Hendrick, 2011). In addition to what was stated in the previous paragraph about permissiveness being related to possessing a casual attitude toward sex, permissiveness has also been suggested as typifying a sexual attitude relating to the belief that sex

should not be limited or controlled, but should be unrestricted, free, and open (Feldman & Cauffman, 2000). Further, Hendrick et al. (1985) noted that permissiveness is associated with a tendency towards engaging in sexual exploration. The general theme that appears to link these additional ideas regarding permissiveness is that this dimension of one's sexual attitude carries with it not only an acceptance of sexual activities and behaviors, but an orientation towards engaging in them.

As is clear from the preceding paragraphs, sexual attitudes are potentially capable of playing a role in how one reacts and how one defines appropriate versus inappropriate sexual situations in his or her life. One example of a possible negative affective reaction to sexual content is the emotion of sexual guilt, which can be thought of as akin to sexual anxiety (Ali-Faisal, 2014). While the two concepts are considered to be similar, they are not synonymous. Guilt, in respect to sex, is considered to be what happens when an individual goes against her or his personally held values and beliefs about sexuality (Ali-Faisal, 2014). Mosher and Cross (1971) have defined sexual guilt as what occurs when an individual senses that he or she has in some way gone against personally held standards about appropriate sexual activities or behaviors. Individuals who possess more rigid and strict guidelines for themselves about sex consequently are more likely to possess well-defined restrictions in this area of life and, as opposed to persons who have more permissive sexual attitudes, these individuals would tend to experience greater guilt when their sexual activities—whether thought of or actually physically completed—depart from what they deem personally acceptable (Ali-Faisal, 2014). Somewhat differently, sexual anxiety is what occurs when an individual goes against the standards put in place by others, for example by society (Ali-Faisal, 2014). Considered this way, sexual anxiety represents a phenomenon of feeling uncomfortable for having gone against

standards imposed by others, and sexual guilt pertains to the sort of punishment inflicted on the self as a result of going against one's own standards about sexuality. Therefore, in considering sexual guilt and sexual anxiety in these ways, and permissiveness and restricted sexual attitudes, it appears that it would be less likely for an individual who possesses permissive sexual attitudes to feel sexual guilt and/or sexual anxiety than it would be for an individual of a more restrictive sexual attitude.

Mendelsohn and Mosher (1979) conducted a study looking at sex guilt and permissiveness among female college students. The authors found evidence suggesting that those college students with higher levels of sex-guilt were more likely to react in a condemnatory fashion to stories of others' sexual experiences than the college students of lower sex-guilt. In another study involving college aged participants, Darling, Davidson, and Passarello (1992) examined several factors associated with individuals' first experiences with sexual intercourse. The authors found evidence to support that for those individuals who reported experiencing dissatisfaction with sex, sexual guilt ranked as the highest contributing factor for this dissatisfaction. Another study offered evidence to suggest that higher levels of sexual guilt were associated with less sexual activity when compared with individuals who rated lower on a measure of sexual guilt (Love, Sloan, & Schmidt, 1976). Sexual experience has also been observed to be related to sexual guilt in that greater levels of sexual guilt have been associated with decreased levels of sexual experience (Mosher, 1979). Somewhat similarly, a study by Morrison, Harriman, Morrison, Bearden, and Ellis (2004) found that for non-virgin, college aged Canadian participants there was a decrease in sexual anxiety as participants gained greater sexual experience (in the case of this particular study, greater sexual experience meant having been exposed to more sexually explicit material). Therefore while sexual guilt and sexual anxiety are not the only reactions one can have to sexual content, it nonetheless highlights the

complex nature of affect, cognition, sexual attitudes, and how these components may combine in individuals affecting how they come to respond to situations in their own lives and/or, workplace.

Supervision of Trainees

In regards to clinical education, there are few training activities—excluding seeing clients for therapy—more critical to one's development as a clinician than engaging with the pedagogical process of supervision (Barnett, Cornish, Goodyear, & Lichtenberg, 2007; Pisani, 2005). Bernard and Goodyear (2013) suggest that during an individual's clinical training, there are three general areas from which understanding is gained: (a) learning that stems from actual practice or from more senior clinicians; (b) knowledge based in theory and research; and (c) the kind of knowledge derived from greater self-understanding and incorporating this into the clinical process. According to these authors, clinical supervisors tend to be responsible for helping a supervisee to not only attain some of this knowledge, but, also to synthesize it into a well-integrated whole. Further, what should typify sound clinical supervision is that the supervisee has both the opportunity to try out new approaches and to gain repetitive experiences in mastering them and, that the supervisee receives consistent feedback from the supervisor while also being directed to consider his/her role in the therapeutic process (Bernard & Goodyear, 2013).

What psychotherapy supervision looks like in actual practice can cover a wide range of topics, modes of implementation, and can also be applied through many different theoretical lenses. Oftentimes, the needs of trainees early on in master's and doctoral programs (as well as sometimes postdegreed, early career professionals) fall within the category of skill enhancement. Ladany et al. (2005) noted that trainees tend to require assistance in three general areas of skill development: conceptualization, the interpersonal realm, and technical skills. Further, one of the central tenets in

working with a clinician is that it is beneficial to the individual receiving supervision that the trainee's developmental level or developmental needs are taken into consideration (Bernard & Goodyear, 2013). As such, supervisors tend to be advised to make developmental adjustments when it comes to making decisions as to which of the trainees' three dimensions mentioned above to attend to and how these facets should be addressed (Bernard & Goodyear, 2013). In doing so, the trainee benefits from having supervision that meets individualized needs for where she or he currently is in their development.

Taken together, the three areas highlighted by Ladany et al. (2005) and the importance of developmental considerations noted by Bernard and Goodyear (2013), an individual may begin to comprehend just how unique and complex supervision can be. For example, while the technical skills dimension of supervision largely pertains to the procedure or what is done in therapy and how to do it, this will look vastly different for supervisees depending on their developmental level. Even in taking Ladany et al.'s (2005) understanding of the technical skills dimension of supervising a trainee (e.g., learning to make accurate diagnoses, choosing an effective intervention, and managing therapeutic dynamics such as resistance and transference), there appears to be significant breadth and depth in these areas such that it is possible to provide appropriate variation in order to meet the needs of the individual trainee.

One of the most critical components of clinical supervision is the requirement that supervisees disclose information to their supervisors regarding the facets of what is entailed in their role as a trainee, which can include information about clients, the trainees themselves, the process of their therapy work, and what is taking place for them within supervision (Bernard & Goodyear, 2013). In considering the nature of supervision, it is understandable that disclosure is an inherent

requirement for supervision to be effective. Without disclosure, it would be difficult for supervisors to help their supervisees resolve any difficulties they may be experiencing.

Yet, studies have observed that supervisees make choices around which and how much information they decide to disclose in supervision (Ladany et al., 1996; Mehr, Ladany, & Caskie, 2010; Pisani, 2005; Yourman & Farber, 1996). Ladany et al. (1996) researched this topic and noted that when looking at the rates of nondisclosures by trainees in clinical supervision, 97% of respondents held back various information from their supervisors.

There are some notable factors, however, that have been hypothesized as positively contributing to a more open learning environment where postdegreed clinicians and trainees alike may feel more comfortable engaging with difficult subject areas. The relationship one has with a supervisor is of primary importance in this respect (Bernard & Goodyear, 2013). Further, the degree to which a supervisee has a quality supervisory relationship can impact willingness to disclose potentially uncomfortable personal reactions to his or her clinical work (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999; Ladany et al., 1997). When a trainee or clinician feels safe and trusting of his or her learning environment, it is more likely that acknowledgement of difficult subject areas (e.g., therapist-client sexual attraction) will occur (Pope, Sonne, & Greene, 2006). Echoing this point, Rodolfa et al. (1994) noted that one protective characteristic having an impact on disclosure of sexual attraction in supervision is whether the therapist feels a sense of safety in that relationship.

Supervision of trainees and the topic of trainee sexual attraction to therapy clients can be a very difficult topic to bring up for both members of the supervisory dyad (Ladany et al., 2005), especially when it is taken into consideration that each trainee possesses a unique combination of

thoughts, feelings, skill deficits, and developmental factors related to the notion of therapist sexual attraction to clients.

Historical Shifts Related to Sexual Content

It would be nearly impossible to discuss the origins of psychotherapy or issues of sexual attraction without including mention of the roles Sigmund Freud and psychoanalysis have played. Likewise, in order to briefly illustrate how historically important areas in psychotherapy, such as a focus on sex and sexual desire, came to be viewed from a perspective as less important, it is necessary to discuss some of these influences.

Some of Freud's earlier writings (trans. 1896/1962) focused on his extensive interest in hysteria and the etiology of this disorder. He theorized that the underlying psychodynamic roots of the disorder stemmed from experiences of psychological trauma, notably of a sexual nature. He stated, "…at the bottom of every case of hysteria there are *one or more occurrences of premature sexual experience*, occurrences which belong to the earliest years of childhood…" (trans. 1896/1962) (Freud's italics, p. 203). His conclusions about where hysteria stemmed from and the rampant rates of childhood sexual abuse that were reported to him during patients' analyses, meant that significant numbers of affluent families across Europe were likely engaging in morally reprehensible practices (Freud, trans. 1897/1950). During the latter part of the 19th century, however, there was significant resistance to the etiological ideas Freud proposed (Freud, trans. 1896/1962) and he later altered his views on the origins of hysteria. While Freud changed his position in respect to hysteria, he nonetheless maintained the stance that sex and sexual desire were integral points of interest for the study and practice of psychoanalysis.

SEXUAL ATTITUDES AND DISCLOSURE

For those interested in psychoanalytic theory, the term countertransference has come to be an important concept for both academic study and for practicing therapists. Freud (1910) first used the term countertransference nearly a century ago and since then, this concept has gone through many iterations (Akhtar, 2009). Freud (trans. 1910/1957) stated: "We have become aware of the 'counter-transference,' which arises in [the analyst] as a result of the patient's influence on [the analyst's] unconscious feelings" (p. 144). An understanding of this statement may be that a therapist's feelings, as reaction to the material brought up by the client, are the therapist's countertransference. Even though the exact definition has metamorphosed multiple times (Akhtar, 2009), countertransference was summarized by Sherby (2009) as relating to any feeling brought up in the therapist which results from the therapeutic encounter. Further, Sherby (2009) viewed countertransference as being something co-created, vis-a-vis the intersubjective nature of the client-therapist involvement.

In seeking to understand potentially dangerous countertransference, Sherby (2009) elaborated on the idea of positive countertransferences, by enumerating five distinct forms of "countertransference love" (p. 65) that the therapist may experience. Of the five, the author described two forms of countertransference love which possess greater potential for harm to the client than the other three: "maternal countertransference love" (p. 70) and "erotic countransference" (p. 72). Erotic countertransference is distinguished from other forms of countertransference by the tone of sexuality or a sexual attraction the therapist feels for the client and, because of its potential to lead to intimacies and boundary crossings / violations, for the harm it can pose (Gabbard, 1996). Each of the two, however, is noted to pose a danger for the therapist because relative to the other forms, these two describe a deeper, more primitive level of countertransference, which therefore may

be less detectable by the therapist's own self-awareness. Although maternal countertransference has the potential to problematically affect the therapeutic relationship, Sherby's fifth distinct form, "erotic countertransference" (p. 72), more aptly fits with the aims of this research, as it addresses therapist feelings of a sexual nature.

The preceding two paragraphs allude to a general orientation in psychoanalysis that has set it apart from notable other orientations in psychology and is relevant as it captures something important about the nature of therapist sexual attraction to clients. Psychoanalysis and psychoanalytic theory have been distinguished from other orientations to psychology in that, generally, it tends to value introspection as a means for developing knowledge and understanding in regards to the mind (de Mauro, 1986; Hunt, 2007). Psychoanalytic theory is not the only theory to express valuing depth, meaning, and an orientation to understanding the therapist's self. There is much overlap with other theoretical orientations, such as humanistic, existential, phenomenological, and feminist, in that they similarly espouse the worth of understanding personal experience. Existentialism at its core places meaning to be one of its central focuses (Norcross, 1987).

Individuals from other orientations have criticized introspection as a form of developing knowledge (e.g., Eysenck, 1992; Watson, 1913; Wolpe & Rachman, 1960) and this criticism, in part, contributed to an aversion among many academic departments to the general orientation that psychoanalysis has to the study of the mind (Hunt, 2007). Under the aegis of these institutions and the power they possessed, behaviorism and the dismissal of the subjective and introspective dominated psychology from the 1920's through the 1960's (Hunt, 2007). With this historical note in mind, it may be understandable that a focus on therapist sexual attraction to clients has largely only received interest from research studies within the past 30 years. Prior to that time, the issue of

therapist sexual attraction to clients was considered the province of psychoanalytic literature (Pope, et al., 1986).

During the decades leading up to and into the 1970's, therapist sexual attraction was treated as a poorly managed countertransferential reaction on the part of the therapist/analyst. Pope and colleagues (1986) have discussed that as such, these reactions were seen as mistakes or errors made by the therapist, which consequently led to therapists attempting to conceal their feelings of sexual attraction. In doing so, these sexual thoughts and feelings could naturally produce shame reactions among practitioners (Pope, et al., 1986). When a process such as this occurs, Tower (1956) suggested that analysts grow to develop anxiety related to their countertransference, which can then have a negative impact on how practitioners treat their clients.

The current standing of this issue among psychologists appears somewhat unclear; however, multiple decades ago, researchers found evidence that when therapists experience sexual attraction to their clients, many tend to feel uncomfortable, guilty, confused (Bernsen, Tabachnick, & Pope, 1994; Pope et al., 1986), and sometimes scared (Ladany, et al., 1997). In a study by Pope and colleagues in 1987, over 20% of psychologists thought that being sexually attracted to a client was either "unquestionably" (p. 997) unethical or only ethical in rare circumstances. Further, approximately 20% of psychologists reported they were unsure or did not know about the ethics of being sexually attracted to a client; another approximate 20% reported believing that "under many circumstances" (p. 997) it was ethical; and 30% believed it was "absolutely" ethical (Pope, et al., 1987). These findings on psychologists' ethical beliefs highlight that: views on therapist sexual attraction to clients may have changed since the time of Tower's (1956) article, but, the issue remains variable among the profession with little agreement.

It appears that with all of the changes over the past several decades, however, it can be stated that the nature of therapist sexual attraction to clients certainly involves some degree of introspection, self-awareness, and the importance of therapists monitoring their own subjectivity.

Supervision and Sexual Attraction

Although there are many books and articles aimed at the issue of sexual boundary crossings between therapist and client, there is a general paucity of literature relating to the subject of sexual feelings for one's clients in the absence of sexual intimacy (Bernsen et al., 1994; Pope et al., 1986; Pope, Sonne, & Greene, 2006). A scenario such as the current state of available literature could inadvertently instill a sense in clinicians that competent therapists do not (under any circumstances) experience feelings of sexual attraction for their clients. Though somewhat few, there exist some authors, however, whose writings have attempted to normalize this phenomenon (Akhtar, 2009; Bridges, 1994; Bridges, 2005; Gabbard, 1996; Gabbard & Lester, 1995; Ladany et al., 1997; Mann, 1997; McWilliams, 2004; Sherby, 2009; Yalom, 2002). Yet, it should be noted that these authors counsel against the potential dangers underlying erotic feelings for one's clients and that therapist self-awareness is absolutely invaluable in the clinical situation.

One of the central expectations of clinical supervision is that trainees will disclose to their supervisors about their ongoing sense of both the supervisory relationship and their work with therapy clients (Pisani, 2005). Still, Ladany et al. (2005) noted raising those issues in supervision related to managing sexual feelings for a client can be a highly difficult undertaking. The authors highlighted that what is complicated about this sort of scenario is that the supervisor's duty to deter a supervisee from acting out sexually may actually make it more difficult for a supervisee to bring these feelings into supervision. As such, what could be considered as competing interests in the

supervisory relationship may limit how comfortable and safe the supervisory relationship can ultimately be. Of further note, the authors mention that a trainee's supervision is a primary place for him or her to negotiate some of these awkward and difficult feelings, and that it is worth mentioning these feelings of sexual attraction are generally within what is considered normal experiences for the majority of clinicians. Koenig and Spano (2003) suggested, as well, that supervisors could play an important role in terms of normalizing for trainees these types of human feelings.

In a study by Pope, Sonne, and Holroyd (1993), the authors reported that obtaining supervision can be an effective means for therapists to process their sexual attraction to clients. In doing so, supervision and consultation may reduce the possibility that such feelings could come to negatively impact a client's therapy. Nevertheless, Stake and Oliver (1991) and Pope et al. (1986) reported that approximately 50% of the therapists surveyed in their studies pursued supervision or consultation when they experienced sexual attraction to clients. Their results imply that nearly half of the studied respondents did not bring the issue to supervision or consultation. Further, these results also closely resemble what was found by Ladany, et al. (1997).

The study conducted by Ladany et al. (1997) was of a qualitative design and included 13 predoctoral psychology interns (eight female and five male) from university counseling centers. The recruitment process for this research only included participants who had experienced sexual attraction to clients: of the 22 who responded, 9 were excluded. The authors' work focused on the impact sexual attraction to clients had on therapists' subjective sense of the treatment process, as well as on how likely they were to raise this issue in supervision. Additionally, the authors examined the reasons why interns either chose to disclose sexual attraction or the reason to keep this information from their supervisors. Ladany et al. (1997) found that the majority of

subjects felt negatively regarding their attraction to clients, (e.g., guilty and scared). Apropos to the treatment process, many participants had two tendencies: to feel more invested in the client's therapy and/or to feel an urge to separate from the client which was hypothesized as a way to counteract their feelings of attraction. In a few cases, therapists felt their attraction contributed to a loosening of boundaries with their clients. The participant sample was nearly evenly split in terms of choosing whether to disclose their feelings of sexual attraction in supervision. Of the seven who chose to disclose, all perceived having had a positive relationship with their supervisor. Four of the six who did not disclose cited negative feelings of the supervisory relationship or the feeling that their supervisor would not be supportive as contributing to nondisclosure. All seven who disclosed felt that their supervisor was supportive, helpful, and aided in normalizing their experience. Of the 13 participants, only five believed they had resolved the issue of sexual attraction to their individual client.

Ladany and colleagues (1997) highlight the diversity with which psychologists in training perceive, manage, and disclose feelings of sexual attraction to clients. Moreover, the study's results suggest that how feelings of sexual attraction are perceived by the therapist (normal vs. abnormal) may affect whether the issue is disclosed in supervision, which logically has an impact on how the issue is resolved in treatment. Pope et al. (2006) similarly acknowledged the inherent difficulties associated with sharing uncomfortable topics in supervision. Nonetheless, these authors believe to do so is of unquestionable importance if therapists' feelings of sexual attraction to their clients are to be managed effectively.

Ladany et al. (1996) reported in their study on nondisclosures in supervision that while in training, master's and doctoral level psychology students may hold back from divulging to their

supervisors that they felt sexually attracted to clients. The authors suggested that one possible reason for their not disclosing is that therapists at this level may not fully appreciate the importance these issues can have on a client's treatment. They may also not realize just how impactful this experience can be and, that sexual feelings are reactions that fall within the normal range of trainee experiences (Ladany et al., 1996). This area of the study's results points to the question of how trainees' formal education regarding sexual attraction to clients may impact disclosure in supervision.

Several studies have noted respondents' perspectives on their own educational experiences around therapist sexual attraction to clients. In a study conducted by Pope and Tabachnick (1993), they addressed this issue. They surveyed a sample of 300 male and 300 female psychologists randomly chosen from members of APA Division 12 (Clinical Psychology), Division 17 (Counseling Psychology), Division 29 (Psychotherapy), and Division 42 (Psychologists in Independent Practice), and 285 individuals responded (approximately 50% male, 50% female). Of these respondents, approximately 65% reported having received either "nonexistent or poor" (p. 151) graduate training regarding sexual attraction. Moreover, similar results were found in the Pope et al. (1986) study; where 55% of respondents reported having had no training either during graduate work or while on internship regarding matters of sexual attraction to clients. In Rodolfa et al.'s (1994) study, the authors found that 51% of the responding psychologists reported they received no training during their internship year and approximately 41% reported having received no training during their graduate program in regards to sexual attraction to clients. Taken together, these three studies suggest that both academic and training programs could be improved in terms of how they incorporate therapist sexual attraction to clients into their curricula.

Therapist Sexual Attraction to Clients

There is no doubt that immense damage can occur when therapists' sexual attractions to clients are physically realized and sexual contact takes place (e.g., Celenza & Gabbard, 2003; Sonne & Pope, 1991; Stake & Oliver, 1991). Pope et al. (1986) noted that their national self-report survey of psychotherapists found that 9.4% of men and 2.5% of women had actually violated the boundary of acting out sexually with a client. The fact that physical sexual interactions sometimes happen between therapists and clients and, that tremendous harm can result from these occurrences means that this is an important issue to consider for psychotherapy as a profession (Celenza & Gabbard, 2003). As such, the American Psychological Association ([APA], 2002) has strictly forbidden this practice in its ethical code of conduct and psychologists found in violation can have their professional licenses removed and potentially be vulnerable to lawsuits. While this is critical information for therapists to consider—especially when first approaching ethics as a graduate student—there may be unintended consequences inherent in overly highlighting the punitive ramifications of sexual attraction to clients. What is meant here is the idea that statements aimed at illustrating the negative consequences of sexual involvement with clients, such as loss of professional licensure, may set training therapists on a path of guilt, shame, and discomfort should they experience feelings of sexual attraction during their clinical work. In fact, these are the feelings and mental states which are mentioned in studies regarding clinicians' common reactions to feelings of sexual attraction to clients (Bernsen et al., 1994; Pope et al., 1986). But, as therapists are better able to comprehend reactions, such as sexual attraction to clients, and comprehend that these can provide the therapist with greater understanding of self and client, there is an opportunity for these feelings to benefit the therapeutic work (Paxton, Lovett, & Riggs, 2001).

SEXUAL ATTITUDES AND DISCLOSURE

As mentioned earlier, there are many publications focused on the issue of sexual boundary crossings between therapist and client; however, there is scant literature relating to the subject of sexual feelings for one's clients in the absence of sexual intimacy (Bernsen et al., 1994; Bridges, 2005; Pope et al., 1986; Pope et al., 2006). Still, some researchers did in fact seek to quantify this phenomenon (Pope et al., 1986; Pope, Tabachnick, & Keith-Spiegel, 1987; Rodolfa et al., 1994).

In Pope et al.'s study (1986), the authors surveyed 1,000 psychologists, half male and half female, who were identified by their APA membership as working in private practice. Of the respondents, 246 were female, and 339 were male. Of these, approximately 86% reported having had some level of sexual attraction to clients. In Pope et al.'s (1987) study, they also sent surveys to 1,000 psychologists, half male and half female; these surveys were sent to Division 29 of the APA, "Psychotherapy". Even though their study's aim was slightly broader, looking at psychologists' overall compliance with ethical standards, they, too, accumulated data regarding psychologists' self-reports of sexual attraction to clients. They received responses from 231 men and 225 women and found that approximately 90% of respondents reported having had experiences of sexual attraction to clients. In the third study, by Rodolfa et al. (1994), psychologists who identified through the APA as working in university counseling settings were surveyed. The authors sent questionnaires to 908 individuals (one half male and one half female) and received responses from 199 men and 187 women. Of these, 88% reported having experienced sexual attraction for at least one client.

It is notable that across these three studies the rates of therapists endorsing having experienced sexual attraction to clients is largely consistent. Additionally, these data suggest that the majority of therapists will in fact likely experience this phenomenon at least once in their careers. But if sexual attraction to clients is such a ubiquitous phenomenon, why might it be such a difficult

topic for clinicians to acknowledge and discuss? Multiple surveys have surmised that experiences of sexual attraction tend to make the majority of clinicians feel guilty, uncomfortable, and confused (Bernsen et al., 1994; Pope et al., 1986).

In regards to normalizing therapist sexual attraction, Yalom (2002), for example, writes that the therapeutic situation makes feelings of love and intimacy possible to occur for both parties, given that in therapy clients may experience intense positive transference to the therapist and therapists may feel their own positive countertransference to the client. Relatedly, the information embedded in a therapist's countertransference can be immensely useful in terms of adding clinical insights into the nature of what may be happening within a client (McWilliams, 2011). Further, this information can be vitally important for both connecting with a client's experience, as well as assisting in making diagnostic conclusions (McWilliams, 2011). In this way, therapists who are oriented to examining their countertransferential reactions may not only recognize when they feel sexual attraction for a client, but, they are also potentially situated such that this information has clinical utility. For example, Parkinson (2003) highlights a common psychoanalytic interpretation of sexual attraction in therapy as stemming from one's defense against dependency. When sexual attraction is interpreted thusly, a therapist may have the ability to make use of these feelings coming up in therapy, thereby allowing for the occurrence of sexual attraction to positively aid in therapeutic growth and greater self-understanding for the client.

Sherby (2009) related an account of one male client with whom she saw in treatment for four years and for whom she experienced sexual attraction. The author described the male client as a "womanizer" (p. 73) and a man who sought to conquer women sexually in order to bolster his self-regard. During their entire treatment, she concluded that her sexual fantasies regarding her client

were hers alone; that the genesis of these feelings was not a shared creation with the client. Her attitude towards her sexual attraction, which may have spawned from, “an almost phobic dread” (p. 73) to honestly acknowledge her feelings, left her reticent to address the issue in treatment with the client. Although the author reports that the client’s treatment made progress in decreasing his sexual conquering, the client-therapist enactment was never addressed in therapy and was noted as being a “serious lapse” (p. 74) in the client’s treatment. The author added that an important danger exists when a therapist solely focuses on the client and pays little attention to his or her own reactions in therapy.

In light of this, the findings from the studies by Pope et al. (1986), Pope et al. (1987), and by Rodolfa et al. (1994), point to the reasonable conclusion that the majority of psychologists will experience at one time or another sexual attraction to their client(s). Pragmatically, this conclusion means that psychologists should be prepared for knowing how to handle their feelings of sexual attraction to clients.

In line with the view that therapists should be in possession of sound clinical skills which can partly be understood as having a knowledge of one’s potential reactions to clients, it is logical to consider whether psychologists receive training and education around the issue of how to effectively manage feelings of sexual attraction to clients. In the study mentioned earlier that was conducted by Pope and Tabachnick (1993), the authors found that approximately 65% of the psychologists they surveyed reported having received either “nonexistent or poor” (p. 151) graduate training regarding sexual attraction. In a similar trend, the Pope et al. (1986) study mentioned in the previous paragraph found that more than half of their respondents (55%) reported having had no training either during graduate work or while on internship regarding

matters of sexual attraction to clients. Rodolfa et al.'s (1994) research also found that 51% of those surveyed received no training in regards to sexual attraction to clients during their internship year and approximately 41% reported having received no training during their graduate program.

The findings of these three studies highlight a broad educational and training deficit. However, where attention was given in training to the issue of sexual attraction to clients, Rodolfa et al. (1994) reported that their respondents more frequently encountered it in their supervision; not during a formalized classroom setting. Given the somewhat ubiquitous nature with which therapists may feel sexually attracted to clients, the scarcity of training to manage these feelings, and the potential for client harm if sexual attraction is left unacknowledged; it should be of profound interest in the therapist community to better grasp this problem.

Even if one's graduate study fails to adequately cover feelings of sexual attraction, another resource available to both training psychologists and veterans of the field alike is supervision and/or consultation. Yet, without normalizing this phenomenon through education and training, it is possible many therapists might resist disclosing such feelings in supervision and/or consultation. Conversely, believing that a degree of sexual attraction for a client is acceptable may lead a therapist to share such an experience in supervision. In Ladany et al.'s (1997) qualitative study, the authors suggested there was some agreement among their respondents regarding what steps a supervisor can take to assist trainees in disclosing in supervision that they felt sexually attracted to clients: (a) normalize the experience of sexual attraction, and (b) create space for supervisees to explore their feelings in supervision.

From the research and writings of many in the broad field of psychotherapy, it is possible to suggest several conclusions regarding the ramifications of therapist sexual attraction to clients. Several studies have shown that the majority of psychologists in clinical practice have experienced sexual feelings for their clients (Pope et al., 1986; Pope et al., 1987; Rodolfa et al., 1994), and others have found more than half of their research participants reported receiving insufficient graduate coursework or training in managing sexual attraction for clients (Pope & Tabachnick, 1993; Pope et al., 1986; Rodolfa et al., 1994). One protective factor that has an impact on the disclosure of sexual attraction in supervision is whether the therapist feels a sense of safety in the supervisory relationship (Rodolfa, et al., 1994). Additionally, in order to reduce the stigma associated with therapist sexual attraction to clients, therapists may benefit from normalizing the prevalence of these feelings, which may consequently increase therapists' use of supervision (Bridges, 1994; Pope, Sonne, & Greene, 2006; Rodolfa et al., 1994) thereby aiding in managing these feelings.

Chapter 3

Statement of the Problem

As noted previously, therapists' experiencing of sexual attraction for clients is a high statistical probability for the majority of clinicians in the United States (Bersen, Tabachnick, & Pope, 1994; Pope et al., 1986; Rodolfa et al., 1994). With the relative high rate of occurrence and potential to cause serious harm to clients, it is logical to conclude that therapists must have a way to effectively resolve these feelings. Clinical supervision is one such outlet that could contribute to the enhanced competence of trainees regarding these types of issues (Koenig & Spano, 2003; Ladany et al., 1997); however, as Bridges (1994) and Rodolfa et al. (1994) have noted, there are obstacles (e.g., therapist feelings of guilt, fear, shame, and denial) to therapists disclosing in supervision that they feel sexually attracted to clients. Moreover, with the tremendous danger inherent in actual sexual contact between therapist and client, both to the therapist through loss of prestige and license and the client via immense emotional damage, there may be an incentive for therapists to deny the existence of such feelings. In fact, issues of a sexual nature are rarely discussed in supervision (Ladany et al., 1996; Ladany et al., 1997; Mehr et al., 2010).

In Mehr et al.'s (2010) study, the authors found that trainees' reasons for nondisclosures centered around, "…impression management, deference to supervisor, and perceived negative consequences." (p. 110) and, were also related to trainees' experiencing of high levels of anxiety. The present research aimed to examine how trainees' sexual attitudes (i.e., the views one holds regarding sexuality and the appropriateness of various sexual behaviors and activities) related to endorsement of having experienced sexual attraction to therapy clients. This research also addressed two other questions. One focuses on whether incidences of therapist-client sexual

attraction were impacted by certain training variables. The other focuses on whether disclosures of therapist-client sexual attraction to supervisors were impacted by specific demographic variables.

For the purpose of the present research, multiple factors are considered to be functioning in the capacity of independent variables. These include: trainee and supervisor theoretical orientations as endorsed by study respondents; most recent training setting; as well as respondent sexual attitudes as denoted by BSAS scale scores. Additionally, the factors considered as functioning as dependent variables in the current study are the following: items 1-8 of the "Therapist-Client Sexual Attraction Questionnaire" which represent respondent experiences of therapist-client sexual attraction; and items 3 and 6 from the "Supervision Questionnaire" which represent respondent experiences of therapist-client sexual attraction and whether these experiences were disclosed in a supervisory setting.

Research Questions and Hypotheses

Questions for study included: Among doctoral psychology trainees, are disclosures to supervisors of therapist-client sexual attraction affected by certain demographic independent variables? Additionally, are incidences of therapist-client sexual attraction impacted by various training independent variables? Do doctoral psychology trainees' sexual attitudes significantly affect disclosures of sexual attraction?

Hypothesis 1a: There will be a significant difference of means scores in sexual attraction on summed items 1-8 of the "Therapist-Client Sexual Attraction Questionnaire" of supervisees claiming a humanistic-psychodynamic theoretical orientation compared to a cognitive-behavioral theoretical orientation.

Hypothesis 1b: There will be a significant difference in supervisee disclosures of sexual attraction to clients in supervision when comparing humanistic-psychodynamic to cognitive-behavioral supervisors.

A question that this research examined is whether it is possible to observe patterns in reported theoretical orientation and willingness to disclose in supervision the existence of sexual attraction to clients. The rationale underlying this question is that theoretical orientation, as in one's essential beliefs about psychology, may inherently relate to one's beliefs and attitudes towards sharing in supervision the existence of sexual attraction for a therapy client. For example, the concept of parallel process, which for some theoretical orientations has become a mainstay for the practice of supervision in the last 30 to 40 years (Bernard & Goodyear, 2013), has been described as occurring when, "supervisees unconsciously present themselves to their supervisors as their clients have presented to them." (Friedlander, Siegel, & Brenock, 1989, p. 149).

In considering parallel process as a possible explanation for phenomena occurring both in supervision as well as therapy, trainees are encouraged to consider internal aspects of self that may affect both situations. Perhaps relatedly, Raichelson, Herron, Primavera, and Ramirez (1997) reported that supervisors and supervisees of psychodynamic orientations more often acknowledged parallel process as well as its significance in therapy when compared to those of cognitive-behavioral orientations. As such, it was hypothesized here that individuals who endorse a theoretical orientation more closely aligned with the results found in Raichelson et al. (1997) would less frequently endorse feelings of sexual attraction to clients.

Hypothesis 2: Supervisees in college counseling centers and academic centers will endorse significantly higher rates of sexual attraction to clients than those in other settings.

Several studies have asked respondents to provide information regarding the client factors that led those therapists to feel sexually attracted. In Pope, et al.'s (1986) study, it was found that male and female therapists largely reported similar reasons for their attraction; however, in two respects the authors observed gender differences. They found that male therapists more frequently rated client physical attractiveness, whereas female therapists more often rated client successfulness as contributing to their sexual attraction to clients. Rodolfa et al.'s (1994) study of psychologists practicing in college counseling centers found that physical attractiveness was most often provided (63%) by respondents as the primary reason for therapist sexual attraction to clients, followed by "positive mental-cognitive traits" (p. 169) which was given as the primary reason by 31% of respondents.

In one qualitative study with predoctoral psychology interns (n = 13), Ladany and colleagues (1997) inquired about client factors that were believed to be related to the respondents' sexual attraction. The top two factors were: physical attractiveness and interpersonal aspects, such as the respondent viewed his or her client as a good therapy client. As demonstrated by the preceding studies, there are certain factors that appear to be most often associated with therapist sexual attraction to clients. Further, of the list of possible clinical sites to choose from on the Demographic Questionnaire (Appendix A), it seemed probable that "College Counseling Center" and "Academic" center would best align with the findings from the above studies .

Sexual Attitudes

Sexual attitudes have been described as a multidimensional construct (Hendrick & Hendrick, 1987) consisting of a number of different factors, such as beliefs about marriage, religion, morality, birth control concerns, and interpersonal relationships (Kufskie, 2009). It has also been noted that the opinions one holds on sex tend to indicate what an individual deems appropriate regarding types of sexual activities, partners, and situations (Woo et al., 2011). Researchers have found evidence that when therapists experience sexual attraction to their clients, many therapists tend to feel uncomfortable, guilty, confused (Bernsen et al., 1994; Pope et al., 1986), and sometimes scared (Ladany, et al., 1997). These descriptions of therapists' reactions to feelings of sexual attraction to clients comport with findings from one study (Pope et al., 1987) that psychologists' ethical beliefs regarding this issue are highly variable. Furthermore, if sexual attitudes consist in part of one's morality, as suggested by Kufskie (2009), then it is possible that these data from Pope et al. (1987) on ethics imply a link between sexual attitudes and whether a psychologist will disclose feelings of sexual attraction for a client.

In considering the extant information regarding sexual attitudes and the common negative reaction of therapists to feeling sexually attracted to clients, it seems likely that therapists who vary in their sexual attitudes will also vary in terms of their willingness to disclose the existence of such feelings. Additionally, one's beliefs regarding the sexual appropriateness of a given experience indicates a level of judgment occurring at the psychological level. As such, the present study hypothesized that sexual attitudes affect therapist disclosure of experiences of sexual attraction to clients.

In regards to the range of scores found for each of the dimensions of the BSAS, Hendrick et al. (2006) surveyed 518 individuals (219 men, 299 women) from a large southwestern university. The authors found the following mean scores for women: mean permissiveness score = 4.37; mean birth control score = 1.74; mean communion score = 2.02; and mean instrumentality score = 3.53. For men, the findings were as follows: mean permissiveness score = 3.31; mean birth control score = 1.83; mean communion score = 2.09; and mean instrumentality score = 3.38. Each of these mean scores is based on a five-point Likert scale that ranges from *strongly agree (1)* to *strongly disagree (5)*, with lower scores indicating greater agreement with the subscale sexual attitude (e.g., on the permissiveness dimension, more agreement with a permissive sexual attitude). It is important to note that for the present study all BSAS survey responses were reverse scored, which reflects an optional scoring method outlined in Hendrick & Hendrick (2011). This means that for the present study the higher the numerical score per dimension, the greater agreement a respondent shared with the sexual attitude of that dimension of the BSAS (e.g., the higher the mean permissiveness score, the greater agreement a respondent shares with a permissive sexual attitude).

Hypothesis 3a: There will be a significant positive correlation between BSAS "Permissiveness" scale scores and means scores of sexual attraction on summed items 1-8 of the "Therapist-Client Sexual Attraction Questionnaire."

In general, the dimension of sexual attitudes termed *permissiveness* can be described as a casual attitude towards sex (Hendrick & Hendrick, 2011). It has also been characterized as the belief that sex should not be limited or controlled, but should be free, open, and unrestricted (Feldman & Cauffman, 2000). What is salient about these descriptions regarding permissiveness

to the present study is that they imply an acceptance of sexual activities and behaviors and also an orientation towards engaging in them. Even though in Ladany et al.'s (1997) study where the authors suggested that it is common for trainees to react negatively to experiences of sexual attraction to clients, participants in the current study who possess greater permissiveness may be less likely to experience as strong of a negative reaction than less permissive individuals. Because of this, it was hypothesized that study participants who score higher on the permissiveness dimension would be less deterred to disclose on items 1-8 of the "Therapist-Client Sexual Attraction Questionnaire" regarding experiences of sexual attraction to clients.

Hypothesis 3b: There will be a significant negative correlation between BSAS "Communion" scale scores and means scores of sexual attraction on summed items 1-8 of the "Therapist-Client Sexual Attraction Questionnaire."

The dimension of sexual attitudes termed *communion* refers to an attitude of sex as an ideal or "peak experience" (p. 71) (Hendrick & Hendrick, 2011), a way to connect with others, and in a broad sense, a means of achieving emotional closeness. Hendrick and Hendrick (1995) observed positive correlations between the sexual attitude, communion, and three of Lee's (1973) love styles. The authors found that communion had the strongest correlation with passionate, romantic love, and that communion also correlated with possessive and altruistic types of love. In considering these correlations, it was hypothesized that study participants who score high on the communion dimension of the BSAS would be less likely to disclose histories of sexual attraction to clients. The rationale for this prediction is based on the consideration that for those high on the communion dimension, sexual attraction taking place across professional

boundaries may not be acknowledged or experienced as sexual attraction because the situation may be perceived as not being "ideal."

Hypothesis 3c: There will be a significant positive correlation between BSAS "Instrumentality" scale scores and means scores of sexual attraction on summed items 1-8 of the "Therapist-Client Sexual Attraction Questionnaire."

The dimension of sexual attitudes termed *instrumentality* refers to an attitude of sex as, "natural, biological, self-oriented" (Hendrick & Hendrick, 2011, p. 71). In one study by Hendrick and Hendrick (1995), the authors observed a significant positive correlation between the sexual attitude, instrumentality, and Lee's (1973) love style, *ludus*, or game-playing love. The authors also found that instrumentality significantly negatively correlated with *agape*, or self-sacrificing love. In considering these correlations, it was hypothesized that study participants who score higher on the instrumentality dimension of the BSAS would be more likely to disclose histories of sexual attraction to clients. The rationale for this prediction is based on the consideration that for those high on the instrumentality dimension, sexual attraction may be perceived as something natural, a normal part of life, and not perceived with as negative of a reaction as was suggested in the Ladany et al. (1997) study.

Chapter Four

Method

Participants

Research participants were a mixed gender and age sample of adults currently enrolled in clinical or counseling psychology doctoral programs. Participants were recruited in the United States through either the training directors of their academic programs or the training directors of predoctoral psychology internship sites. Participant demographics can be found in Table 1. In attempting to determine a requisite minimum number of participants for the present study, Cohen's (1992) article on statistical power suggests using a power of .80 when utilizing an α value of .05. Further, in order to achieve a moderate effect size given the six independent variables present in the current study, it was determined that a sample size of at least 97 individuals was required (Cohen, 1992).

A total of 954 recruitment emails were sent to training directors of Association of Psychology Postdoctoral and Internship Centers (APPIC) member predoctoral internship sites (690 emails), as well as training directors of American Psychological Association (APA) approved clinical and counseling psychology programs (264 emails). A total of 213 individuals completed all 53 items of the survey. In addition to these 213 respondents, 8 individuals who clicked into the survey were excluded from participation due to their not spending at least 25% of their clinical training in the past 2 years working with adults. Further, although 13 other individuals clicked into the survey, they did not complete the survey and therefore their partial responses were not incorporated into the data pool of 213 fully completed responses. The

following data pertains only to those individuals who were not excluded from the study and who completed the survey in its entirety.

Of the 213 respondents, 161 identified as female (75.6%), 49 as male (23%), 1 as transgender (.5%), and 2 as other (1%). Average age of the sample was 29.9 years (*SD* = 4.9), with an age range of 22 to 53 years. The average number of months of providing psychotherapy while being supervised in a doctoral program was 33.5 (*SD* = 16.9) ranging from 0 to 84 months. In regards to sexual orientation, 168 identified as heterosexual (78.9%), 17 as bisexual (8%), 19 as gay/lesbian/queer (8.9%), and 9 as questioning or other (4.2%). In regards to race/ethnicity, 169 identified as Caucasian (79.3%), 14 as African-American (6.6%), 12 as Latino (5.6%), 6 as Asian (2.8%), 2 as American Indian (.9%), 1 as Middle Eastern (.5%), 6 as multiracial (2.8%), and 3 as other (1.5%).

Respondents were provided with six options with which to best identify their theoretical orientation and the following are the endorsements of this sample: 4 Behavioral (1.9%); 99 Cognitive/Cognitive-behavioral (46.5%); 33 Existential/Phenomenological/Humanistic (15.5%); 5 Family Systems/Systems (2.4%); 20 Feminist (9.4%); and 52 Psychodynamic/Psychoanalytic (24.4%). Of these individuals, 150 (70.4%) were enrolled in a clinical psychology program, 58 (27.2%) were enrolled in a counseling psychology program, and 5 (2.4%) endorsed "other." Of the 5 who endorsed other: 2 (1%) identified as "clinical forensic"; 1 (.5%) as "clinical health psychology"; 1 (.5%) as "combined counseling psychology and school psychology"; and 1 (.5%) as "clinical-community psychology."

Item 7 of the Demographic Questionnaire asked respondents to identify their current or most recent training setting. Academic (teaching or research) was endorsed by 12 (5.6%)

individuals. Alcohol/Drug Abuse was endorsed by 7 (3.3%) individuals. College Counseling Center was endorsed by 53 (24.9%) individuals. Community Mental Health Agency was endorsed by 46 (21.6%) individuals. In-Patient Hospital was endorsed by 26 (12.2%) individuals. Out-Patient Hospital was endorsed by 26 (12.2%) individuals. Prison was endorsed by 9 (4.2%) individuals. "Other" was endorsed by 34 (16%) individuals and respondents were provided with a text box to type their setting. Of these individuals, 13 (6.1%) listed various versions of Veteran's Affairs treatment settings. Some of the additional endorsements were: partial hospital and out-patient forensic; out-patient memory clinic, residential treatment facility; therapeutic boarding school; private practice; long-term care facility; community corrections center; sex offender treatment; juvenile justice; primary care clinic; medical settings; and integrated care clinic.

Table 1
Participant Demographics

Demographic	Frequency	Percentage
Gender		
Female	161	75.6
Male	49	23
Transgender	1	.5
Other	2	1
Sexual Orientation		
Heterosexual	168	78.9
Bisexual	17	8
Gay/Lesbian/Queer	19	8.9
Questioning/Other	9	4.2
Race/Ethnicity		
Caucasian	169	79.3

African-American	14	6.6
Latino	12	5.6
Asian	6	2.8
American Indian	2	.9
Middle Eastern	1	.5
Multiracial	6	2.8
Other	3	1.5
Theoretical Orientation		
Behavioral	4	1.9
Cognitive/Cognitive-behavioral	99	46.5
Existential/Phenomenological/ Humanistic	33	15.5
Family Systems/Systems	5	2.4
Feminist	20	9.4
Psychodynamic/Psychoanalytic	52	24.4
Type of Doctoral Program		
Clinical Psychology	150	70.4
Counseling Psychology	58	27.2
Other	5	2.4
Current/Most Recent Training Site		
Academic (Teaching or Research)	12	5.6
Alcohol/Drug Abuse	7	3.3
College Counseling Center	53	24.9
Community Mental Health Agency	46	21.6
In-Patient Hospital	26	12.2
Out-Patient Hospital	26	12.2
Prison	9	4.23
Other	34	16

Measures

The following measures were used: (a) the "Demographic Questionnaire," (b) the Brief Sexual Attitudes Scale (BSAS, Hendrick et al., 2006), (c) the "Understanding of Therapist-Client

Sexual Attraction Questionnaire," (d) the "Therapist-Client Sexual Attraction Questionnaire," and (e) the "Supervision Questionnaire." The measures (found in appendices A through E) are hard copy versions of the SurveyMonkey created for the present study.

Demographic Questionnaire. A questionnaire developed by the primary investigator was used to gather demographic and background information, such as age, race, gender, sexual orientation, theoretical orientation, type of psychology program attending, the setting of current/most recent training site, and the number of months of supervised training while enrolled in a doctoral program. The Demographic Questionnaire can be found in Appendix A.

Brief Sexual Attitudes Scale. The BSAS (Hendrick et al., 2006) is a 23-item measure aimed at assessing how an individual's sexual attitudes align along four different dimensions. The four dimensions assessed by the BSAS are: (a) permissiveness, (b) birth control, (c) communion, and (d) instrumentality. Completion of the BSAS requires approximately 10 minutes (Ruzgyte, 2007). Hendrick et al. (2006) reported coefficient alphas for the four subscales: permissiveness = .93; birth control = .84; communion = .71; and instrumentality = .77. The authors noted that these were sufficiently comparable to the Sexual Attitudes Scale (SAS; Hendrick & Hendrick, 1987) and therefore appropriate for the brief version. The BSAS can be found in Appendix B. Cronbach's alphas for the present study were: permissiveness = .89; birth control = .70; communion = .73; and instrumentality = .67. The present study has been provided with written consent to use the BSAS (Hendrick et al., 2006) and to translate it into an internet survey (Appendix H).

Understanding of Therapist-Client Sexual Attraction Questionnaire. A 4-item questionnaire (Appendix C) developed by the primary investigator of this study to examine respondents' subjective evaluation of their training, knowledge, ability to manage, and personal

ethical views regarding therapist-client sexual attraction. At the outset of this portion of the survey, a definition of sexual attraction was provided to the respondent, which was slightly adapted from a definition created by Melincoff (2001) to describe trainee sexual attraction to his/her supervisor: The supervisee's "…feelings, thoughts, and behaviors related to being sexually drawn to the…" *client's* "…physical appearance, cognitive or intellectual abilities, and/or personality." (p. 3).

Therapist-Client Sexual Attraction Questionnaire. A questionnaire developed by the primary investigator was used to gather information regarding the frequency of respondents' experiences of feeling sexual attraction to therapy clients. Several items from this portion of the survey are based on the work of Pope et al. (1986) and Pope et al. (1987). This questionnaire surveys respondents' self-reported histories of experiencing feelings of sexual attraction to clients and provides dependent variable data for hypotheses 1a, 2, 3a, 3b, and 3c. Cronbach's alphas for items 1-8 of this questionnaire equaled .65. When item 7 of the questionnaire, "In the past two years, have you allowed sessions to go over time (e.g., more than what is your normal degree of variation) simply due to your enjoyment of being in the presence of a client(s)?," was removed, Cronbach's alpha for this scale improved to .71. The Therapist-Client Sexual Attraction Questionnaire can be found in Appendix C. Participant responses to the Therapist-Client Sexual Attraction Questionnaire can be found in Table 2.

Supervision Questionnaire. A questionnaire developed by the primary investigator was used to gather information regarding the respondent's experiences with supervision in regards to sexual attraction to clients. This includes examining the occurrence of: respondent disclosure in supervision of feeling sexual attraction to client(s); supervisor initiation of a discussion related to trainee-client sexual attraction; and whether a study respondent has desired to disclose in supervision

feelings of client sexual attraction, but did not, for fear of negative consequences. This portion of the survey also includes items related to supervisor theoretical orientation. The Supervision Questionnaire can be found in Appendix D.

Table 2

Trainees' Responses to Therapist-Client Sexual Attraction Questionnaire

	Frequency of Attraction				
	Never *N* (%)	1x *N* (%)	2x *N* (%)	3x *N* (%)	4+ *N* (%)
Sexually attracted to a client?	84 (39.4)	72 (33.8)	38 (17.8)	13 (6.1)	6 (2.8)
Sexual fantasy about a client?	159 (74.7)	38 (17.8)	10 (4.7)	4 (1.9)	2 (.9)
Fantasized about client during sex activity with partner?	205 (96.2)	7 (3.3)	1 (.5)	0	0
Fantasized about client while masturbating?	193 (90.6)	14 (6.6)	5 (2.4)	0	1 (.5)
Dressed up or altered appearance for client because of sexual attraction?	181 (85.0)	19 (8.9)	7 (3.3)	2 (1.0)	4 (1.9)
Flirting with client?	153 (71.8)	37 (17.4)	19 (8.9)	2 (1.0)	2 (1.0)
Allowed session time to go over because enjoyed being in the presence of client?	144 (67.6)	16 (7.5)	28 (13.2)	10 (4.7)	15 (7.0)
Questioned your ethicality in regards to sexual attraction to a client?	164 (77.0)	35 (16.4)	10 (4.7)	1 (.5)	3 (1.4)

Procedure

Prior to sending recruitment letters to training directors, a pilot study was conducted as a means for eliciting feedback in order to make corrections to the survey. Students enrolled in the doctoral program of the primary investigator of this study were sent emails asking for them to participate in critiquing the online survey. A total of 16 doctoral psychology students participated in the pilot study and several alterations were made based on the constructive feedback offered by the pilot study participants.

Item 5 of the Demographic Questionnaire, which asks the respondent to select the orientation that best captures their theoretical stance, received multiple comments. The initial form of the survey reflected the six options used by Norcross and Sayette (2014) to categorize theoretical orientations found in clinical and counseling psychology doctoral programs. One respondent requested that "feminist" be added as an option. Another respondent suggested collapsing what had initially been three separate categories: behavioral, cognitive, and cognitive-behavioral. A third respondent recommended adding "eclectic" as an option. In addressing this feedback, it was decided that feminist would be added, as it did not appear to be sufficiently captured through any of the other forced-choice categories that were offered. In terms of collapsing the three categories mentioned above, behavioral was kept as a stand-alone option, but, cognitive and cognitive-behavioral were collapsed into one category of cognitive/cognitive-behavioral. Incorporating eclectic/integrative as an option was considered, as there is evidence that a substantial number of contemporary psychologists identify as such (Norcross, Karpiak, & Lister, 2005). However, in considering this study's research questions and determining a feasible study design that might offer evidence to answer those questions, it was concluded that item 5 of

the Demographic Questionnaire would be most effective as forced-choice (i.e., "Orientation that BEST identifies your theoretical stance?").

Two respondents offered important feedback to the Understanding of Therapist-Client Sexual Attraction Questionnaire that resulted in adding an exclusion criteria item to the initial page of the survey. These two individuals commented on their difficulty responding to these questions because the majority of their clinical training was child focused. Based on their comments, it was decided that not only would an exclusionary item be added to the survey, but, that this would also be addressed in the recruitment email.

There were two comments written in regards to the Therapist-Client Sexual Attraction Questionnaire. Both comments addressed ambiguities around dressing up for clients and allowing sessions to exceed what would be the respondent's normal session length. What was reportedly unclear about these questions was that they did not clarify the cause/motivation for dressing up or allowing sessions to go over time. It was decided that more specificity, in terms of asking the respondent whether these behaviors were related to therapist-client sexual attraction, would clarify how a respondent chose to address these items.

Based on the above changes made to the survey items and the recruitment email, an addendum was submitted for approval to the institutional review board. Following that approval being granted, the study procedures outlined in the chapter "Method" were initiated.

The method of recruitment for study participants consisted of the primary researcher contacting training directors of counseling and clinical psychology doctoral programs that are accredited by the APA, as well as the directors of training sites that are members of APPIC. Contact was made through electronic mail. Directors were asked to forward a recruitment letter

(App F) to potential participants that was electronically mailed to each site. The recruitment letter contained a link to a universal resource locator (URL) that allowed participants to access an online survey containing the informed consent and recruitment letter (App G), Demographic Questionnaire (App A), BSAS (App B), Understanding of Therapist-Client Sexual Attraction Questionnaire (App C), Therapist-Client Sexual Attraction Questionnaire (App D), and Supervision Questionnaire (App E). The recruitment letter acted as an informed consent for participation in the study, in that by clicking on the link to the URL, participants were implicitly consenting to take part in the survey.

Following the mailing of recruitment letters, the URL link to the online survey was left open for a four-week period of time. All data were translated from the SurveyMonkey website into SPSS spreadsheets and maintained in a password protected file. Data entry was conducted by the primary author.

Chapter Five

Results

Data Analysis

All survey responses were entered into an SPSS spreadsheet for each respondent. BSAS scoring was reversed which reflects an optional scoring method outlined in Hendrick & Hendrick (2011), such that the higher the numerical score per dimension, the greater agreement a respondent shared with the sexual attitude of that dimension of the BSAS.

Each of the hypotheses outlined in "Chapter 3" contains a prediction of the strength and direction of the relationship between variables. The question and prediction described in hypothesis 1a was analyzed for statistical significance using an independent samples t-test. The question and prediction described in hypothesis 1b was analyzed for statistical significance using a chi-square analysis. The question and prediction outlined in hypothesis 2 was analyzed for statistical significance by using a chi-square analysis to compare college counseling setting and academic setting combined versus all other settings. In regards to the questions and predictions outlined in hypotheses 3a, 3b, and 3c, correlational statistical tests were used to determine correlation and fit.

Statistical Analyses of Hypotheses

This section presents data that were obtained through the online survey methods previously described and provides information as to whether the hypotheses outlined in this study have been seen to be sufficiently supported through the use of inferential statistics.

In addressing hypothesis 1a, an independent samples t-test was conducted to compare means scores in sexual attraction on summed items 1-8 of the "Therapist-Client Sexual

Attraction Questionnaire" of supervisees claiming a humanistic-psychodynamic theoretical orientation to those claiming a cognitive-behavioral theoretical orientation. There was a significant difference in means scores of therapist-client sexual attraction for individuals identifying with humanistic-psychodynamic (n = 105, M = 3.89, SD = 3.53) and cognitive-behavioral (n = 103, M = 2.69, SD = 3.34) theoretical orientations; $t(206) = -2.51$, $p = .013$, $d = .23$.

For hypothesis 1b, a chi-square analysis was performed to evaluate the relationship between supervisor theoretical orientation and supervisee disclosure to their supervisor of sexual attraction to a client. A significant difference in disclosures of sexual attraction was observed between those respondents endorsing item 1 of the Therapist-Client Sexual Attraction Questionnaire who identified their supervisors with cognitive-behavioral theoretical orientations and those respondents endorsing item 1 who identified their supervisors with humanistic-psychodynamic orientations, $\chi^2 (1, N = 122) = 6.57$, $p = .010$. Of respondents who identified their supervisors as having a cognitive-behavioral orientation, 8 (13.6%) endorsed having disclosed experiencing sexual attraction for a client. Of respondents who identified their supervisors as having a humanistic-psychodynamic orientation, 21 (33.3%) endorsed having disclosed experiencing sexual attraction for a client.

In attempting to address the prediction posed in hypothesis 2, a chi-square analysis was used to examine the relationship between type of training site and respondent endorsement of sexual attraction. Prior to running this analysis, responses from item 7 of the Demographic Questionnaire, relating to current or most recent training site, were used to calculate the percentages of where trainees endorsed conducting their clinical training. This information was

utilized in the chi-square analysis by providing what may be a reasonable estimate of the frequency of where this sample population tends to conduct clinical training. As such, 53 (30.5%) respondents endorsed current or most recent site as "Academic (Teaching or Research)" or "College Counseling Center," and 160 (69.5%) respondents endorsed training sites other than those two options. The frequency of sexual attraction occurrences was determined through item 1 of the "Therapist-Client Sexual Attraction Questionnaire." This question asks: "In the past two years, have you ever been sexually attracted to a client?" There were five response options and these incrementally ranged from "never" to "4+." A total of 129 (60.6%) respondents endorsed having experienced sexual attraction for a client at least once within the past two years. Of those individuals, 72 (33.8%) endorsed experiencing sexual attraction once; 38 (17.8%) endorsed twice; 13 (6.1%) endorsed three times; and 6 (2.8%) endorsed four or more times. Item 9 of the "Therapist-Client Sexual Attraction Questionnaire" asks respondents to identify from a list any and all sites where the respondent experienced sexual attraction for a client. By collating data from item 1 and item 9 on the Therapist-Client Sexual Attraction Questionnaire, it was possible to determine that sexual attraction occurred 91 times at college counseling/academic sites (44.2% observed vs. 30.5% expected) and 115 times at other sites (55.8% observed vs. 69.5% expected). A significant difference was found between these groupings of sites when looking at frequency of therapist-client sexual attraction, $\chi^2 (1, N = 206) = 18.17, p < .001$.

Hypotheses 3a, 3b, and 3c contain predictions regarding the strength and direction of the relationships between the scale scores of three of the sexual attitude dimensions on the Brief Sexual Attitudes Scale (BSAS; Hendrick et al., 2006) and means scores of sexual attraction on summed items 1-8 of the "Therapist-Client Sexual Attraction Questionnaire." Overall scores on

the BSAS and items 1-8 of the Therapist-Client Sexual Attraction Questionnaire can be found in Table 3.

A prediction is described in hypothesis 3a such that there would be a significant positive correlation between BSAS "Permissiveness" scale scores and means scores of sexual attraction on summed items 1-8 of the "Therapist-Client Sexual Attraction Questionnaire." Agreement with the sexual attitude, permissiveness was positively correlated with endorsement of sexual attraction, Pearson's $r(213) = .251$, $p < .001$.

Hypothesis 3b describes a prediction that there would be a significant negative correlation between BSAS "Communion" scale scores and means scores of sexual attraction on summed items 1-8 of the "Therapist-Client Sexual Attraction Questionnaire." Scale scores from the sexual attitude, communion were not found to be significantly correlated with endorsement of sexual attraction, Pearson's $r(213) = -.068$, $p = .322$.

Regarding hypothesis 3c, it was predicted that there would be a significant positive correlation between BSAS "Instrumentality" scale scores and means scores of sexual attraction on summed items 1-8 of the "Therapist-Client Sexual Attraction Questionnaire." Scale scores from the sexual attitude, instrumentality were not found to be significantly correlated with endorsement of sexual attraction, Pearson's $r(213) = -.011$, $p = .875$.

Table 3

Scale Scores of BSAS Dimensions and Summed Items 1-8 of the Therapist-Client Sexual Attraction Questionnaire

BSAS Dimensions	**Mean**	**SD**	**Range**	**Pearson's *r***
Permissiveness	2.75	.89	1-4.8	.251*
Communion	3.48	.74	1-5	-.068
Instrumentality	2.58	.69	1.2-4.6	-.011
Summed items 1-8 Therapist-Client Sexual Attraction Questionnaire	3.30	3.46	0-19	

Note. $n = 213$ and Pearson's r indicates correlation of BSAS dimension and summed items 1-8 of the Therapist-Client Sexual Attraction Questionnaire. *$p < .001$.

Chapter Six

Discussion

The current study set out to examine some of the variables hypothesized to be related to the issue of therapist-client sexual attraction among doctoral psychology students. This research utilized an anonymous online survey as a means for gathering data about doctoral psychology students' demographic information, sexual attitudes, assessment of their backgrounds on managing therapist-client sexual attraction, their own experiences of therapist-client sexual attraction, and their experiences with supervision around issues related to therapist-client sexual attraction. Based on the data gathered and the statistical analyses employed, it was possible to provide support for answering several of the questions posed in this research.

Doctoral psychology students' theoretical orientations were found to be significantly related to their endorsement of having experienced sexual attraction for a client within the past two years. Similarly, supervisors' theoretical orientations were found to be significantly related to whether a trainee disclosed in supervision the existence of sexual attraction to a client. Type of training site was also observed to be significantly related to respondents' endorsement of therapist-client sexual attraction. One sexual attitude dimension, "*Permissiveness*," of the Brief Sexual Attitudes Scale (BSAS; Hendrick et al., 2006), was found to be significantly positively related to doctoral psychology students' endorsement of sexual attraction to clients. Two other dimensions of the BSAS, "*Communion*" and "*Instrumentality*," were not found to be significantly related to endorsement of students' sexual attraction to clients.

Sexual Attraction, Theoretical Orientation, and Sexual Attitudes

One of the important pieces of information this study yields for the field of psychotherapy education and training is that it suggests theoretical orientation may play a substantive role in determining how trainees make sense of their feelings of sexual attraction for clients. Although it tends to logically follow that theoretical orientation relates to how one conceptualizes clinical experiences, this research provides an empirical basis for inferring that how one makes sense of therapist-client sexual attraction likely impacts both awareness and acknowledgement of sexual attraction and, disclosure in supervision of therapist-client sexual attraction. The issue of therapist-client sexual attraction and how one makes use of these experiences (e.g., bringing the experience into supervision) appears to be complex and highly dynamic. How therapists experience their sexual attraction for clients and what sexual attraction for a client means to each individual therapist likely has a significant impact on what one does with this information and, on how effectively the experience of sexual attraction is applied to one's clinical work.

Supervision is an area in psychology that has received substantial scholarship for many decades. One of the major concepts of supervision that has been developing and gaining resonance since the 1950s is parallel process (Allphin, 1987). Briefly stated, the general idea of parallel process is that dynamics and issues present in therapist-client interactions may emerge as analogs in supervisor-supervisee interactions. This concept may provide some of the understanding for why the present research observed a link between theoretical orientation and both endorsement of therapist-client sexual attraction and disclosure of this in supervision. As mentioned earlier in Chapter 3, parallel process has been described as, "supervisees

unconsciously present[ing] themselves to their supervisors as their clients have presented to them." (Friedlander et al., 1989, p. 149). Additionally, what has also been observed in the literature is that supervisees and supervisors of psychodynamic orientations more often noted the importance of parallel process to their therapy work than those of cognitive-behavioral orientations (Raichelson et al., 1997). This finding in combination with the notion mentioned by McWilliams (2011) and Ladany et al. (2005), that a therapist's countertransference holds information that can be immensely useful to developing clinical insights about a therapy client, suggests a further explanation for what was observed in this research. Notably, that theoretical orientation likely plays an integral role in how an individual therapist makes sense of his or her feelings of sexual attraction to a client.

Some client reactions to a therapist can include a desire for the therapist's love, approval, or acceptance and how these reactions manifest through transference-countertransference may contain varying utility for therapists of different theoretical orientations (Gelso & Carter, 1985). These kinds of reactions by clients that are potentially aimed at producing certain types of affective responses by therapists could contain information about the origins and meanings of these reactions. For example, reactions like the ones mentioned above could be interpreted as stemming from unmet needs related to caretakers in childhood and made sense of as a way of coping such that the client can avoid acknowledging difficult experiences and memories (Gelso & Carter, 1985). However, drawing conclusions such as these about a client's reaction partly rests on a therapist's theoretical orientation and how the therapist is making sense of the clinical material that arises during therapy. For example, from a psychodynamic-psychoanalytic theoretical perspective, a therapist could potentially utilize the concept of projective

identification as a means for making sense of a given process occurring in therapy, such as the reactions described above (McWilliams, 2011). Doing thusly may offer the therapist a way to attribute meaning to both what the client may be bringing to their encounter, as well as to what the therapist may be contributing to the interaction.

With that being stated, however, therapists of varying theoretical persuasions may attend to transference-countertransference material to different degrees. Gelso and Carter (1985) noted that there is a lack of attention paid to noticing and treating transference by therapists of behavioral orientations. Even so, it is suggested that all psychotherapy forms of treatment have a transference dimension or stated differently: the existence of transference phenomena is somewhat universal across therapies (Gelso & Carter, 1985). It is believed that a therapist's reaction to transference is partly based on the client's communications and partly due to the therapist's own conflicts and personal issues (Gelso & Carter, 1985). Differing theoretical persuasions between therapists may offer insights into some of what was observed in the present study.

Several studies have highlighted common feelings and mental states that clinicians may experience around therapist-client sexual attraction, such as guilt, fear, shame, and denial (Bridges, 1994; Rodolfa et al., 1994). In the context of a therapeutic encounter, reactions such as these to something taking place between therapist and client can have the potential for offering meaningful information about the process of therapy (McWilliams, 2011). What one does with these reactions, in terms of how they are processed, is likely related to how a therapist makes sense of them or the meaning these reactions hold for an individual therapist. For example, as mentioned previously, Parkinson (2003) highlighted that at times therapist-client sexual

attraction may indicate a defense against the occurrence of intimacy within the therapeutic dyad. In a scenario such as this, making use of the therapist's own awareness of this reaction to experiencing sexual attraction may be pivotal to a given client's treatment. But, several issues may impact whether and how this takes place. Both therapist awareness of feeling sexually attracted to a client and the safety and trust within the supervisory relationship likely play key roles in whether this issue is even disclosed in supervision. Factors such as these appear to impact how effectively this type of a feeling on the therapist's part is managed within the context of a client's treatment. With that stated, however, Pope et al. (2006) suggest that for these feelings to be managed effectively, it is essential that clinicians bring these issues into supervision/consultation.

Given the diversity mentioned by Ladany et al. (1997) with which psychologists in training perceive, manage, and disclose feelings of sexual attraction to clients, it may be possible to suggest that attitudes about sex and sexual attraction play a role in how these feelings are dealt with. Moreover, the sorts of common negative reactions therapists may have in regards to therapist-client sexual attraction, such as those mentioned in the preceding paragraph, could offer guidance in respect to the kinds of sexual attitudes that might be most conducive to disclosing the existence of therapist-client sexual attraction. Therefore because of the common negative affective reactions to therapist-client sexual attraction (e.g., fear, discomfort, and guilt) and, how these reactions may stymie acknowledgement of, awareness of, and willingness to disclose therapist-client sexual attraction in supervision, the relationship between permissive/restrictive sexual attitudes and sexual guilt may create a scenario whereby it is reasonable to conclude that trainees (and supervisors) should work to foster a training environment that reflects a more

permissive (i.e., normalizing) attitude towards encountering sexual attraction in one's clinical work. This may, at least in part, help to provide an explanation for the trend observed in this study—i.e., that agreement with the sexual attitude, permissiveness, was seen to predict endorsement of therapist-client sexual attraction. This result suggests that how feelings of sexual attraction are perceived by trainees (e.g., normal vs. abnormal) may affect how the issue is managed and, whether it comes to be resolved in treatment.

The relationships predicted in hypotheses 3b and 3c were not observed to be statistically significant. Nonetheless, these results may yield information in regards to what the sexual attitudes of doctoral psychology students may mean when considered in light of their endorsement of sexual attraction to clients.

The sexual attitude, communion reflects a view of sex that has been positively correlated with passionate, romantic love (Hendrick & Hendrick, 1995) and an orientation to seeing sex as representing an ideal or "peak experience" (Hendrick & Hendrick, 2011, p. 71). It was hypothesized in the present study that a significant negative relationship would be seen between agreement with this sexual attitude and means scores on the Therapist-Client Sexual Attraction Questionnaire. This was predicted to be the case because it was thought that trainees high on this sexual attitude would perceive sexual attraction across professional lines as not representing the ideal and therefore not endorse it on the questionnaire. However, the rationale underlying this hypothesis may have missed a key part of understanding this process. What may explain these results is that this particular sexual attitude may more strongly interact with feelings of love, but not with feelings of sexual attraction that are confined to a clinical encounter. What is meant by this is that one's sexual attitude on the dimension of communion may not be as strong of a

predicting variable as permissiveness when it comes to endorsing sexual attraction. The explanation for the results of hypothesis 3c may also stem from a similar process regarding which sexual attitude dimensions offer greater predictive power when it comes to determining the endorsement of therapist-client sexual attraction. What is meant here is that the sexual attitude dimension, instrumentality, which represents agreement with a view of sex that it is "natural, biological, self-oriented" (Hendrick & Hendrick, 2011, p. 71), may not act as a primary predictor for determining endorsement of therapist-client sexual attraction. Communion and instrumentality may only weakly (if at all) play a role in the endorsement of these experiences. The observation that these two sexual attitude dimensions do not play a substantive role in predicting endorsement of sexual attraction may nonetheless offer important information to the field of psychology. Because, as noted in the preceding paragraph, the sexual attitude dimension of permissiveness, which was observed to have a significant positive relationship with endorsement of sexual attraction, may provide trainers and educators with more simplified guidance in respect to the sorts of attitudes that are most conducive for acknowledging the existence of sexual attraction.

As noted in the chapter, "Method," Cronbach's alpha coefficient for items 1-8 of the Therapist-Client Sexual Attraction Questionnaire was .65; however, when item 7 was removed the coefficient increased to .71. Item 7 asks: "In the past two years, have you allowed sessions to go over time (e.g., more than what is your normal degree of variation) simply due to your enjoyment of being in the presence of a client(s)?," In reviewing this issue, it is reasonable to conclude that endorsement of this item does not require that the respondent actually experienced

sexual attraction for a client and therefore it is suggested for any future research in this area that this item be removed.

Training Issues and Implications

Several factors appear to be important to keep in mind as one considers the issue of therapist-client sexual attraction and training doctoral psychology students. The research attempted in this study involved delving into large and complexly interconnected domains of clinical work—e.g., possible implications of theoretical orientation, factors impacting the endorsement of therapist-client sexual attraction, trainees' sexual attitudes, and disclosure in supervision—and therefore it is difficult in a single study to create a complete picture of this issue as it pertains to education and training. Nonetheless, in combination with related literature on this topic, the present study can offer important information regarding therapist-client sexual attraction and clinical training.

One of the issues examined in this study was type of training site and frequency of therapist-client sexual attractions. There were proportionally more occurrences of sexual attraction that took place at academic and college counseling training sites than at other types of training sites. Research has been conducted on self-reported reasons for why therapists felt attracted to clients and Rodolfa et al. (1994) found physical attractiveness and "positive mental-cognitive traits" (p. 169) were most often endorsed in this respect. Similarly, Ladany et al. (1997) found physical attractiveness and interpersonal factors to be the most frequently cited reasons. Although the causes of the results from the present study, regarding type of site and sexual attraction occurrence, were not elicited by the research method, it may be possible to infer from Rodolfa et al. (1994) and Ladany et al. (1997) that the sample of psychology doctoral

students surveyed for this study encountered a higher occurrence of those characteristics at academic and college counseling centers than at other types of training sites. While not neglecting the importance of sexual attraction at other sites, this inference might direct those responsible for training at academic and college counseling sites to conclude that therapist-client sexual attraction among their trainees should be given a level of attention that is concordant with the evidence that it occurs with greater frequency at these types of sites. Similarly, it may also be important for those responsible for training to consider that the present study found a higher percentage of males endorsing experiencing sexual attraction for clients than the percentage of females (males = 73.5% vs. females = 56.5%).

In line with paying attention to trainees' experiences of sexual attraction, it is also important to consider how doctoral students rate their academic programs and their clinical training experiences in terms of adequately covering the topic of therapist sexual attraction to clients. In reflecting on the discomfort that can come with a student therapist who is feeling sexually attracted to a client, it is difficult to overestimate the importance of how doctoral psychology students evaluate their education and training around the issue of sexual attraction. Previous research in this area (e.g., Pope et al., 1986; Pope & Tabachnick, 1993; Rodolfa et al., 1994), has found that roughly half of those surveyed report poor or virtually no academic and clinical training around issues of therapist sexual attraction to clients. The results from the present study portray a similar picture, such that 47.9% of respondents evaluated their academic programs' coverage of this topic as virtually none or poor, and that 58.2% evaluated their clinical training as virtually none or poor. These findings indicate a shortcoming on the part of

psychology education and training, especially when noting that the research illustrating these deficits has now been in existence for 20 to 30 years.

Of additional importance, this area of the study's results points to the question of how students' training and formal education regarding sexual attraction to clients may impact whether and how they utilize supervision for managing these feelings. It has been suggested that one possible reason for students not disclosing is that therapists at this level may not fully appreciate just how impactful feelings of sexual attraction can be on a client's treatment (Ladany et al., 1996). They also may not realize that sexual feelings are reactions that fall within the normal range of trainee experiences (Ladany et al., 1996). For example, as was observed in the present study, only 17.4% of respondents reported that at the outset of their current or most recent supervisory relationship did their supervisor mention that talking about sexual attraction was an appropriate topic for supervision. Although there is almost no research in the area of how often supervisors set the stage for discussing sexual attraction, Ladany et al. (2005) suggest that doing so is pivotal in order for issues of therapist-client sexual attraction to come up in supervision. This may represent an area of training where supervisors could play a key educative role in normalizing the occurrence of therapist-client sexual attraction.

There may be a link between: lack of therapist-client sexual attraction education and training, the tendency to feel discomfort around a lack of competency in managing sexual attraction, and some of the negative affective reactions to sexual attraction (Pope & Tabachnick, 1993). Somewhat conversely, though, it may be justified to consider that as trainees are better able to examine their reactions, such as reactions to feeling sexually attracted to clients, and to

comprehend that these can provide them with greater understanding of self and client, they could be in a position for these feelings to benefit their therapeutic work (Paxton et al., 2001).

In a qualitative study conducted by Ladany et al. (1997), predoctoral psychology interns noted several aspects of supervision and training that would promote greater learning and more comfort around the topic of therapist-client sexual attraction. Communicating the normative nature of therapist-client sexual attraction was reported as helpful and, they also expressed a desire for more modeling and sharing of experiences by senior staff members and professors around their experiences of therapist-client sexual attraction (Ladany et al., 1997). Another aspect of what their study sample desired was that the environment for discussing these issues be "safe and open" in order for there to be greater comfort around examining these issues in depth (Ladany et al., 1997, p. 423).

In a broad sense, much of what has been discussed in this chapter relates in some way to what therapists, educators, supervisors, and students find to be important in their work. More specifically, another way of stating this is to assert that how clinical value or worth is assigned to the issue of therapist-client sexual attraction likely relates to multiple areas of the clinical practice of psychology—e.g., theoretical orientation, permissiveness of the therapist's sexual attitude, clinical self-awareness, supervisor normalization of sexual attraction, the internal experience of the trainee or therapist, and beliefs about the ethicality of therapist-client sexual attraction. In a comprehensive statement relating to this topic, Pope and Tabachnick (1993) provided the following observation: "Acknowledging and trying to understand the feelings that come with the work may be an important part of the work *itself*." (p. 151).

The information gathered during this study has the potential to spark many questions for future research, as well as possible conclusions about the direction of doctoral psychology training and education. One area mentioned in the literature review that could be used as a bellwether for gauging how current trainees generally relate to the issue of therapist-client sexual attraction is how ethical they believe it is for a practitioner to feel sexual attraction for a client in the absence of any sexual contact. Pope et al. (1987) found that over 20% of psychologists thought that being sexually attracted to a client was either "unquestionably" (p. 997) unethical or only ethical in rare circumstances; approximately 20% of psychologists were unsure or did not know; another approximate 20% reported believing "under many circumstances" (p. 997) it was ethical; and 30% believed it was "absolutely" ethical (Pope, et al., 1987). The present study, conducted nearly three decades later and with a sample of student therapists, observed somewhat of a shift in these percentages. Nearly 65% endorsed either "under many circumstances" or "absolutely yes" in regards to whether it is ethical for a therapist to feel sexual attraction for a client in the absence of sexual contact. Approximately 20% noted they were unsure, 8% under rare circumstances, and 8.5% reported absolutely not. These numbers may speak to changes occurring in the field, and beliefs about therapist-client sexual attraction are evolving in the direction of greater awareness and acceptance that these experiences take place.

Limitations

One limitation of this study is the difficulty inherent in determining a response rate while conducting recruitment via electronic mailing to so many training directors. A total of 954 emails were sent to training directors and 234 potential respondents clicked into the online survey, of which 213 met inclusion criteria and completed the survey in its entirety. It was not requested of

training directors that they provide a response to the primary investigator as to whether they had forwarded the recruitment letter onto their trainees. Although doing so had been considered, it was determined that asking training directors to complete one more task could potentially negatively impact whether training directors forwarded the request for participation. Therefore because the total number of forwarded recruitment requests from training directors is unknown (i.e., it was not possible to determine how many potential respondents were actually presented with the request to participate), it may not be possible to positively conclude that the study sample is representative of the current population of clinical and counseling psychology doctoral students. Furthermore, a limitation of this research design is that a self-selecting bias may be present in the study sample such that doctoral students who were more open to acknowledging the existence of therapist-client sexual attraction consented to participate in this research, and doctoral students less open to acknowledging this avoided participation. Somewhat differently, however, given that therapist-client sexual attraction tends to be a sensitive topic for many practitioners, it may be that some respondents did not fully disclose in this survey the extent of their experiences with this issue. Taken together, inferences from the results of the present study to the population of doctoral psychology students should be made while keeping these limitations in mind.

Another limitation of this research regards the general design of the study. The topics addressed in this study are highly complex and this research attempts to shed light on large and interconnected areas of psychology, e.g., the implications of theoretical orientation, factors that impact endorsing sexual attraction, sexual attitudes, and disclosure in supervision. Considering

this in combination with the limited nature of existing research on this topic, a qualitative study may offer a more robust understanding of how some of these variables may relate to one another.

References

Akhtar, S. (2009). *Comprehensive dictionary of psychoanalysis.* London: Karnac Books.

Ali-Faisal, S.F. (2014). *Crossing sexual barriers: The influence of background factors and personal attitudes on sexual guilt and sexual anxiety among Canadian and American Muslim women and men*. (Doctoral Dissertation). Retrieved from proquest.com (NR98795).

Allphin, C. (1987). Perplexing or distressing episodes in supervision: How they can help in the teaching and learning of psychotherapy. *Clinical Social Work Journal*, *15*(3), 236-245.

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. Retrieved from http://www.apa.org/ethics/code/index.aspx

Barnett, J.E., Cornish, J. A.E., Goodyear, R.K., & Lichtenberg, J.W. (2007). Commentaries on the ethical and effective practice of clinical supervision. *Professional Psychology: Research and Practice*, *38*, 268-275.

Bernard, J.M., & Goodyear, R.K. (2013). *Fundamentals of clinical supervision*. (5th Ed.) Boston, MA: Allyn and Bacon.

Bernsen, A., Tabachnick, B.G., & Pope, K.S. (1994). National survey of social workers' sexual attraction to their client: Results, implications, and comparison to psychologists. *Ethics & Behavior, 4*(4), 369-388. doi:10.1207/s15327019eb0404_4

Bridges, N.A. (1994). Meaning and management of attraction: Neglected areas of psychotherapy training and practice. *Psychotherapy: Theory, Research, Practice, Training*, *31*(3), 424-433. doi:10.1037/0033-3204.31.3.424

Bridges, N.A. (2005). *Moving beyond the comfort zone in psychotherapy*. Oxford, UK: Jason

Aronson.

Celenza, A., & Gabbard, G.O. (2003). Analysts who commit sexual boundary violations: A lost cause? *Journal of the American Psychoanalytic Association*, *51*(2), 617-636. doi: 10.1177/00030651030510020201

Cohen, J. (1992). A power primer. *Psychological Bulletin*, *112*(1), 155-159.

Darling, C.A., Davidson Sr, J.K., & Passarello, L.C. (1992). The mystique of first intercourse among college youth: The role of partners, contraceptive practices, and psychological reactions. *Journal of Youth and Adolescence*, *21*(1), 97-117.

De Mauro, D. (1986). *Paradigms of sexual knowledge in psychology: an epistemological critique of female sexual problems* (Doctoral Dissertation). Retrieved from proquest.com (8616695).

Ellis, M.V., & Douce, L.A. (1994). Group supervision of novice clinical supervisors: Eight recurring issues. *Journal of Counseling & Development*, *72*(5), 520-525.

Eysenck, H.J. (1992). *Decline and fall of the Freudian empire*. New York, NY: Penguin.

Feeney, J.A., Peterson, C., Gallois, C., & Terry, D.J. (2000). Attachment style as a predictor of sexual attitudes and behavior in late adolescence. *Psychology & health*, *14*(6), 1105-1122.

Feldman, S.S., & Cauffman, E. (2000). Your cheatin' heart: Attitudes, behaviors, and correlates of sexual betrayal in late adolescents. *Journal of Research on Adolescence, 9*(3), 227-252.

Freud, S. (1950). Extracts from the Fliess papers. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 1, pp. 175-281). London:

Hogarth (Original work published 1897).

Freud, S. (1957). The future prospects of psychoanalytic therapy. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 11, pp. 139-152). London: Hogarth (Original work published 1910).

Freud, S. (1962). The aetiology of hysteria. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 3, pp. 189-221). London: Hogarth (Original work published 1896).

Friedlander, M.L., Siegel, S.M., & Brenock, K. (1989). Parallel processes in counseling and supervision: A case study. *Journal of counseling psychology*, *36*(2), 149-157. doi: 10.1037/0022-0167.36.2.149

Gabbard, G.O. (1996). *Love and hate in the analytic setting.* Northvale, NJ: Jason Aronson.

Gabbard, G.O., & Lester, E.P. (1995). *Boundaries and boundary violations in psychoanalysis.* New York: BasicBooks.

Gelso, C.J., & Carter, J.A. (1985). The Relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. *The Counseling Psychologist*, *13*(2), 155-243. doi: 10.1177/0011000085132001

Graham, J., Haidt, J., & Nosek, B.A. (2009). Liberals and conversatives rely on different sets of moral foundations. *Journal of Personality Processes and Individual Differences, 96*(5), 1029-1046. doi: 10.1037/a0015141

Hendrick, C., & Hendrick, S. (1983). *Liking, loving, and relating.* Monterery, CA: Brooks/Cole.

Hendrick, S., & Hendrick, C. (1987). Multidimensionality of sexual attitudes. *Journal of Sex Research*, *23*(4), 502-526.

Hendrick, C., & Hendrick, S.S. (1989). Research on love: Does it measure up?. *Journal of Personality and Social Psychology*, *56*(5), 784-794. doi: 10.1037/0022-3514.56.5.784.

Hendrick, S.S., & Hendrick, C. (1995). Gender differences and similarities in sex and love. *Personal Relationships*, *2*(1), 55-65. doi: 10.1111/j.1475-6811.1995.tb00077.x

Hendrick, S.S., & Hendrick, C. (2011). Sexual attitudes scale and brief sexual attitudes scale. In T.D. Fisher, C.M. Davis, W.L. Yarber, & S.L. Davis (Eds.), *Handbook of Sexuality-related Measures* (pp. 71-74). New York, NY: Routledge.

Hendrick, C., Hendrick, S.S., & Reich, D.A. (2006). The brief sexual attitudes scale. *The Journal of Sex Research, 43*(1), 76-86. Retrieved from http://search.proquest.com/docview/215278017?accountid=9902

Hendrick, S., Hendrick, C., Slapion-Foote, M.J., & Foote, F.H. (1985). Gender differences in sexual attitudes. *Journal of Personality and Social Psychology*, *48*(6), 1630.

Hunt, M. (2007). *The story of psychology*. New York, NY: Random House.

Koenig, T.L., & Spano, R.N. (2004). Sex, supervision, and boundary violations: Pressing challenges and possible solutions. *The Clinical Supervisor*, *22*(1), 3-19.

Kimberly, C., Werner-Wilson, R., & Motes, Z. (2014). Brief Report: Expanding the Brief Sexual Attitudes Scale. *Sexuality Research and Social Policy*, *11*(1), 88-93. doi: 10.1007/s13178-013-0124-7

Kufskie, K. L. (2009). *Family functioning and parental divorce as predictors of attachment styles and sexual attitudes in college students*. (Doctoral Dissertation). Retrieved from proquest.com (3393632).

Ladany, N., Friedlander, M.L., & Nelson, M.L. (2005). *Critical events in psychotherapy*

supervision: An interpersonal approach. Washington, D.C.: American Psychological Association.

Ladany, N., Hill, C.E., Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology, 43*(1), 10-24. doi:10.1037/0022-0167.43.1.10

Ladany, N., & Inman, A.G. (2012). Training and supervision. In E.M. Altmaier, & J.I.C. Hansen (Eds.), *Oxford Handbook of Counseling Psychology* (pp. 179-207). London: Oxford University Press.

Ladany, N., Lehrman-Waterman, D., Molinaro, M., & Wolgast, B. (1999). Psychotherapy supervisor ethical practices adherence to guidelines, the supervisory working alliance, and supervisee satisfaction. *The Counseling Psychologist*, *27*(3), 443-475. doi: 10.1177/0011000099273008

Ladany, N., O'Brien, K.M., Hill, C.E., Melincoff, D.S., Know, S., & Peterson, D.A. (1997). Sexual attraction toward clients, use of supervision, and prior training: A qualitative study of predoctoral psychology interns. *Journal of Counseling Psychology, 44*(4), 413-424. doi:10.1037/0022-0167.44.4.413

Lee, J.A. (1973). *The colors of love: An exploration of the ways of loving.* Don Mills, Ontario: New Press.

Le Gall, A., Mullet, E., & Shafighi, S.R. (2002). Age, religious beliefs, and sexual attitudes. *The Journal of Sex Research, 39*(3), 207-216. Retrieved from http://search.proquest.com/docview/215278906?accountid=9902

Love, R.E., Sloan, L.R., & Schmidt, M.J. (1976). Viewing pornography and sex guilt: The

priggish, the prudent, and the profligate. *Journal of Consulting and Clinical Psychology*, *44*(4), 624-629.

McWilliams, N. (2004). *Psychoanalytic psychotherapy: A practitioner's Guide.* New York: Guilford.

McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. New York: Guilford Press.

Mehr, K.E., Ladany, N., & Caskie, G.I. (2010). Trainee nondisclosure in supervision: What are they not telling you?. *Counselling and Psychotherapy Research*, *10*(2), 103-113.

Melincoff, D.S. (2001). *Counselor trainees' sexual attraction toward their supervisors: A qualitative study* (Doctoral Dissertation). Retrieved from proquest.com (3010416).

Morrison, T.G., Harriman, R., Morrison, M.A., Bearden, A., & Ellis, S.R. (2004). Correlates of exposure to sexually explicit material among Canadian post-secondary students. *Canadian Journal of Human Sexuality*, *13*(3-4), 143-156.

Mosher, D.L. (1979). Sex guilt and sex myths in college men and women. *Journal of Sex Research*, *15*(3), 224-234. doi: 10.1080/00224497909551043

Mosher, D.L., & Cross, H.J. (1971). Sex guilt and premarital sexual experiences of college students. *Journal of Consulting and Clinical Psychology*, *36*(1), 27.

Norcross, J.C. (1987). A rational and empirical analysis of existential psychotherapy. *Journal of Humanistic Psychology*, *27*(1), 41-68.

Norcross, J.C., Karpiak, C.P., & Lister, K.M. (2005). What's an integrationist? A study of self-identified integrative and (occasionally) eclectic psychologists. *Journal of Clinical Psychology*, *61*(12), 1587-1594. doi: 10.1002/jclp.20203

Norcross, J.C., & Sayette, P.M.A. (2014). *Insider's guide to graduate programs in clinical and counseling psychology: Revised 2014/2015 Edition*. New York: Guilford Publications.

Parkinson, J. (2003). Psychiatrist or sex worker? Emotional awareness in ethics education. *11*(1), 71-73. doi: http://dx.doi.org.carlow.idm.oclc.org/10.1046/j.1440-1665.2003.00507.x

Paxton, C., Lovett, J., & Riggs, M.L. (2001). The nature of professional training and perceptions of adequacy in dealing with sexual feelings in psychotherapy: Experiences of clinical faculty. *Ethics & Behavior*, *11*(2), 175-189.

Pisani, A. (2005). Talk to me: Supervisee disclosure in supervision. *Smith College Studies in Social Work*, *75*(1), 29-47.

Pope, K.S., Keith-Spiegel, P., & Tabachnick, B.G. (1986). Sexual attraction to clients: The human therapist and the (sometimes) inhuman training system. *American Psychologist, 41*(2), 147-158. doi:10.1037/0003-066X.41.2.147

Pope, K.S., Sonne, J.L., & Greene, B. (2006). *What therapists don't talk about and why: Understanding taboos that hurt us and our clients*. Washington, D.C.: American Psychological Association.

Pope, K.S., Sonne, J.L., & Holroyd, J. (1993). *Self-assessment*. Washington, D.C.: American Psychological Association.

Pope, K.S., & Tabachnick, B.G. (1993). Therapists' anger, hate, fear, and sexual feelings: National survey of therapists responses, client characteristics, critical events, formal complaints, and training. *Professional Psychology: Research and Practice, 24*(2), 142-152. doi:10.1037/0735-7028.24.2.142

Pope, K.S., Tabachnick, B.G., & Keith-Spiegel, P. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist, 42*(11), 993-1006. doi:10.1037/0003-066X.42.11.993

Raichelson, S.H., Herron, W.G., Primavera, L.H., & Ramirez, S.M. (1997). Incidence and effects of parallel process in psychotherapy supervision. *The Clinical Supervisor*, *15*(2), 37-48. doi: 10.1300/J001v15n02 03

Rodolfa, E., Hall, T., Holms, V., Davena, A., Komatz, D., Antunez, M., & Hall, A. (1994). The management of sexual feelings in therapy. *Professional Psychology: Research and Practice, 25*(2), 168-172. doi:10.1037/0735-7028.25.2.168

Ruzgyte, E. (2007). *Human sexuality in Lithuania: A cross generational study of sexual attitudes and behavior*. (Doctoral Dissertation). Retrieved from proquest.com (3295491).

Seto, M.C. (1995). Sex with therapy clients: Its prevalence, potential consequences, and implications for psychology training. *Canadian Psychology/Psychologie canadienne*, *36*(1), 70-86.

Sonne, J.L., & Pope, K.S. (1991). Prior therapist-patient sexual involvement among patients seen by psychologists. *Psychotherapy: Theory, Research, Practice, Training*, *28*(3), 174-187.

Stake, J.E., & Oliver, J. (1991). Sexual contact and touching between therapist and client: A survey of psychologists' attitudes and behavior. *Professional Psychology: Research and Practice*, *22*(4), 297.

Sternberg, R.J. (1986). A triangular theory of love. *Psychological Review, 93*(2), 119-135. doi: 0033-295X

Sternberg, R.J. (1988). Triangulating love. In R.J. Sternberg & M.L. Barnes (Eds.), *The*

psychology of love (pp. 119-138). London: Yale University Press.

Watson, J. (1913). Psychology as the behaviorist views it. *Psychological Review, 20*(2), 158-177.

Wolpe, J., & Rachman, S. (1960). Psychoanalytic “evidence": A critique based on Freud's case of Little Hans. *The Journal of Nervous and Mental Disease*, *130*(8), 135-148.

Woo, J.S., Brotto, L.A., & Gorzalka, B.B. (2011). The role of sex guilt in the relationship between culture and women’s sexual desire. *Archives of Sexual Behavior*, *40*(2), 385-394.

Appendix A

Background and Demographic Questionnaire

Background and Demographics

Instructions: Please provide a response for each of the following questions.

1. What is your age?

2. What is your gender?

- ◯ Female
- ◯ Male
- ◯ Transgender
- ◯ Other (option to specify)

3. What is your sexual orientation?

- ◯ Bisexual
- ◯ Gay
- ◯ Heterosexual
- ◯ Lesbian
- ◯ Queer
- ◯ Questioning
- ◯ Other (option to specify)

4. With which racial or ethnic category do you identify?

- ◯ African American
- ◯ Asian/Pacific Islander
- ◯ American Indian/Alaskan Native
- ◯ Caucasian/White
- ◯ Latino
- ◯ Middle Eastern
- ◯ Multi-racial
- ◯ Other (option to specify)

5. Orientation that BEST identifies your theoretical stance?

- ◯ Behavioral
- ◯ Cognitive/Cognitive-behavioral
- ◯ Existential/Phenomenological/Humanistic
- ◯ Family Systems/Systems
- ◯ Feminist
- ◯ Psychodynamic/Psychoanalytic

6. Type of program you are attending?

- ◯ Clinical Psychology
- ◯ Counseling Psychology
- ◯ Other

7. Current or most recent training setting?

- ◯ Academic (Teaching or Research)
- ◯ Alcohol/Drug Abuse
- ◯ College Counseling Center
- ◯ Community Mental Health Agency
- ◯ In-Patient Hospital
- ◯ Out-Patient Hospital
- ◯ Prison
- ◯ Other

8. Number of months you have been supervised while providing psychotherapy in your doctoral program?

Appendix B

BSAS

Sexual Attitudes

Listed below are several statements that reflect different attitudes about sex. For each statement choose the response that indicates how much you agree or disagree with that statement. Some of the items refer to a specific sexual relationship, while others refer to general attitudes and beliefs about sex. Whenever possible, answer the questions with your current partner in mind. If you are not currently dating anyone, answer the questions with your most recent partner in mind. If you have never had a sexual relationship, answer in terms of what you think your responses would most likely be.

1. I do not need to be committed to a person to have sex with him/her.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

2. Casual sex is acceptable.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

3. I would like to have sex with many partners.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

4. One-night stands are sometimes very enjoyable.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

5. It is okay to have ongoing sexual relationships with more than one person at a time.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

6. Sex as a simple exchange of favors is okay if both people agree to it.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

7. The best sex is with no strings attached.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

8. Life would have fewer problems if people could have sex more freely.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

9. It is possible to enjoy sex with a person and not like that person very much.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

10. It is okay for sex to be just good physical release.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

11. Birth control is part of responsible sexuality.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

12. A woman should share responsibility for birth control.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

13. A man should share responsibility for birth control.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

14. Sex is the closest form of communication between two people.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

15. A sexual encounter between two people deeply in love is the ultimate human interaction.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

16. At its best, sex seems to be the merging of two souls.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

17. Sex is a very important part of life.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

18. Sex is usually an intensive, almost overwhelming experience.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

19. Sex is best when you let yourself go and focus on your own pleasure.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

20. Sex is primarily the taking of pleasure from another person.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

21. The main purpose of sex is to enjoy oneself.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

22. Sex is primarily physical.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

23. Sex is primarily a bodily function, like eating.

- ◯ Strongly agree with statement
- ◯ Moderately agree with the statement
- ◯ Neutral - neither agree nor disagree
- ◯ Moderately disagree with the statement
- ◯ Strongly disagree with the statement

Appendix C

Understanding of Therapist-Client Sexual Attraction Questionnaire

Understanding of Therapist-Client Sexual Attraction

Instructions: Please provide a response for each of the following questions.

Sexual Attraction defined as: The supervisee's feelings, thoughts, and behaviors related to being sexually drawn to the client's physical appearance, cognitive or intellectual abilities, and/or personality.

1. Please evaluate your academic program in respect to adequately covering the topic of therapist sexual attraction to clients.

- ◯ Virtually None
- ◯ Poor
- ◯ Adequate
- ◯ Good
- ◯ Excellent

2. Please evaluate your clinical training (i.e., activities engaged in while at your practicum site(s) and/or predoctoral internship) in respect to adequately covering the topic of therapist sexual attraction to clients.

- ◯ Virtually None
- ◯ Poor
- ◯ Adequate
- ◯ Good
- ◯ Excellent

3. Based on your education/training, how prepared do you believe you are to manage feelings of sexual attraction to a client(s)?

- ◯ Not at all
- ◯ Slightly
- ◯ Moderately
- ◯ Adequately
- ◯ Very

4. In your view, is it ethical for a therapist to feel sexual attraction for a client (in the absence of any sexual contact)?

- ◯ Absolutely not
- ◯ Under rare circumstances
- ◯ Don't know/Not sure
- ◯ Under many circumstances
- ◯ Absolutely yes

Appendix D

Therapist-Client Sexual Attraction Questionnaire

Therapist-Client Sexual Attraction Questionnaire

Please provide a response for each of the following questions.

1. In the past two years, have you ever been sexually attracted to a client?

- ◯ Never
- ◯ 1x
- ◯ 2x
- ◯ 3x
- ◯ 4+

2. In the past two years, have you had a sexual fantasy about a client?

- ◯ Never
- ◯ 1x
- ◯ 2x
- ◯ 3x
- ◯ 4+

3. In the past two years, have you fantasized about a therapy client while engaging in sexual activity with a partner?

- ◯ Never
- ◯ 1x
- ◯ 2x
- ◯ 3x
- ◯ 4+

4. In the past two years, have you fantasized about a therapy client during masturbation?

- ◯ Never
- ◯ 1x
- ◯ 2x
- ◯ 3x
- ◯ 4+

5. In the past two years, have you dressed up or altered your appearance for a client(s) because you wanted to appear more sexually attractive?

- ◯ Never
- ◯ 1x
- ◯ 2x
- ◯ 3x
- ◯ 4+

6. In the past two years, have you recognized behavior in yourself that could be considered flirting with a client(s)?

- ◯ Never
- ◯ 1x
- ◯ 2x
- ◯ 3x
- ◯ 4+

7. In the past two years, have you allowed sessions to go over time (e.g., more than what is your normal degree of variation) simply due to your enjoyment of being in the presence of a client(s)?

- ◯ Never
- ◯ 1x
- ◯ 2x
- ◯ 3x
- ◯ 4+

8. In the past two years, how often have you questioned your ethicality in regards to your sexual attraction to a client (in the absence of sexual contact).

- ◯ Never
- ◯ 1x
- ◯ 2x
- ◯ 3x
- ◯ 4+

9. If you have felt sexual attraction for a client in the past two years, select any and all types of training sites from the list below where you have experienced sexual attraction for a client. If all of your above responses were "Never," please select "N/A."

- [ ] Academic (Teaching or Research)
- [ ] Alcohol/Drug Abuse
- [ ] College Counseling Center
- [ ] Community Mental Health Agency
- [ ] In-Patient Hospital
- [ ] Out-Patient Hospital
- [ ] Prison
- [ ] N/A
- [ ] Other (please specify)

Appendix E

Supervision Questionnaire

Supervision Questionnaire

Instructions: Please provide a response for each of the following questions.

1. Based on your education/training, how prepared do you believe you are to manage sexual issues in supervision?

- ◯ Not at all
- ◯ Slightly
- ◯ Moderately
- ◯ Adequately
- ◯ Very

2. At the outset of your current or most recent supervisory relationship, did your supervisor set an expectation that discussing sexual attraction in general was an appropriate topic for supervision?

- ◯ Yes
- ◯ No
- ◯ Cannot remember

3. In the past two years, have you ever disclosed to a supervisor feeling sexual attraction toward a client?

- ◯ Yes
- ◯ No
- ◯ Cannot remember

4. In the past two years, has your supervisor(s) ever attempted to initiate a discussion with you about your feeling sexually attracted to a specific client?

- ◯ Yes
- ◯ No
- ◯ Cannot remember

5. Please select the theoretical orientation from the following list that best captures the supervisor's theoretical orientation on whom the majority of your responses to items 3-4 from this page are based. If all of those responses were "No," please select "N/A."

- ◯ Behavioral
- ◯ Cognitive/Cognitive-behavioral
- ◯ Existential/Phenomenological/Humanistic
- ◯ Family Systems/Systems
- ◯ Feminist
- ◯ Psychodynamic/Psychoanalytic
- ◯ N/A

6. In the past two years, have you ever wanted to bring up in supervision your sexual attraction to a client, but, did not for fear of negative consequences?

- ◯ Yes
- ◯ No
- ◯ Cannot remember

7. If you selected "Yes" to item 6, please choose the theoretical orientation from the following list that best captures the supervisor's theoretical orientation on whom the majority of that response was based. Otherwise, please select "N/A."

- ◯ Behavioral
- ◯ Cognitive/Cognitive-behavioral
- ◯ Existential/Phenomenological/Humanistic
- ◯ Family Systems/Systems
- ◯ Feminist
- ◯ Psychodynamic/Psychoanalytic
- ◯ N/A

8. Regardless of how you answered any of the items on this page, please indicate which of the following theoretical orientations best captures your most recent supervisor's theoretical orientation.

- ◯ Behavioral
- ◯ Cognitive/Cognitive-behavioral
- ◯ Existential/Phenomenological/Humanistic
- ◯ Family Systems/Systems
- ◯ Feminist
- ◯ Psychodynamic/Psychoanalytic

Appendix F

Informed Consent

Dear Study Participant,

My name is George Herrity and I am a Doctoral Candidate in the Counseling Psychology Program at Carlow University. The purpose of my dissertation is to try to better understand how a therapist's sexual attitudes relate to his/her disclosure in supervision of having experienced sexual attraction to a therapy client.

Participation Criteria

If you are currently working towards completing a doctoral degree in psychology and if at least 25% of your doctoral clinical training over the past 2 years has been spent working with adults, then please consider participating in this study. It is **not** a requirement for this study that you have experienced sexual attraction to a client. Please take your time in reading this document before deciding if you would like to participate. If you wish to retain a copy of this informed consent form for your information and records, please click on the pdf attachment in the recruitment email.

Participation Procedure and Confidentiality

Your participation in this study will be limited to 10 minutes of an electronic survey on surveymonkey.com. Your responses will be completely anonymous. All responses are confidential, and results will be maintained in a password protected file. Your participation is voluntary and you may withdraw from this project at any time.

Your voluntary response to this request constitutes your informed consent to your participation in this study. You are not required to participate.

Risks and Benefits

There are no foreseeable risks associated with completing this study nor are there any direct benefits to you.

Costs and Compensation

There are no costs to participate in this study.

Questions or Problems

This study has been approved by the Carlow University Institutional Review Board. This Committee administers both the General Assurance of Compliance with the United States Department of Health and Human Services Policy for the protection of Human Subjects and the University policy covering the protection of human subjects. The Committee may be contacted through the Chairperson, Dr. Robert Reed, at 412-578-6349.

If you have any questions, concerns, or comments about the study, please contact George Herrity or Dr. Joseph Roberts at the contact information listed below.

Thank you for your valuable contribution to this research. Your time and effort is greatly appreciated.

Sincerely,

George Herrity, MSW
Doctoral Candidate, Counseling Psychology
Carlow University
774-392-1986

Joseph M. Roberts, Ph.D.
Associate Professor
Director, Master's of Professional Counseling Program
412-578-6331
Antonian 506-E

Link to URL

Appendix G

Online Survey Informed Consent

Informed Consent

Dear Study Participant,

My name is George Herrity and I am a Doctoral Candidate in the Counseling Psychology Program at Carlow University. The purpose of my dissertation is to try to better understand how a therapist's sexual attitudes relate to his/her disclosure in supervision of having experienced sexual attraction to a therapy client.

Participation Criteria

If you are currently working towards completing a doctoral degree in psychology and if at least 25% of your doctoral clinical training over the past 2 years has been spent working with adults, then please consider participating in this study. It is not a requirement for this study that you have experienced sexual attraction to a client. Please take your time in reading this document before deciding if you would like to participate. If you wish to retain a copy of this informed consent form for your information and records, please click on the pdf attachment in the recruitment email.

Participation Procedure and Confidentiality

Your participation in this study will be limited to 10 minutes of an electronic survey on surveymonkey.com. Your responses will be completely anonymous. All responses are confidential, and results will be maintained in a password protected file. Your participation is voluntary and you may withdraw from this project at any time.

Your voluntary response to this request constitutes your informed consent to your participation in this study. You are not required to participate.

Risks and Benefits

There are no foreseeable risks associated with completing this study nor are there any direct benefits to you.

Costs and Compensation

There are no costs to participate in this study.

Questions or Problems

This study has been approved by the Carlow University Institutional Review Board. This Committee administers both the General Assurance of Compliance with the United States Department of Health and Human Services Policy for the protection of Human Subjects and the University policy covering the protection of human subjects. The Committee may be contacted through the Chairperson, Dr. Robert Reed, at 412-578-6349.

If you have any questions, concerns, or comments about the study, please contact George Herrity or Dr. Joseph Roberts at the contact information listed below.

Thank you for your valuable contribution to this research. Your time and effort is greatly appreciated.

George Herrity, MSW
Doctoral Candidate, Counseling Psychology
Carlow University
774-392-1986

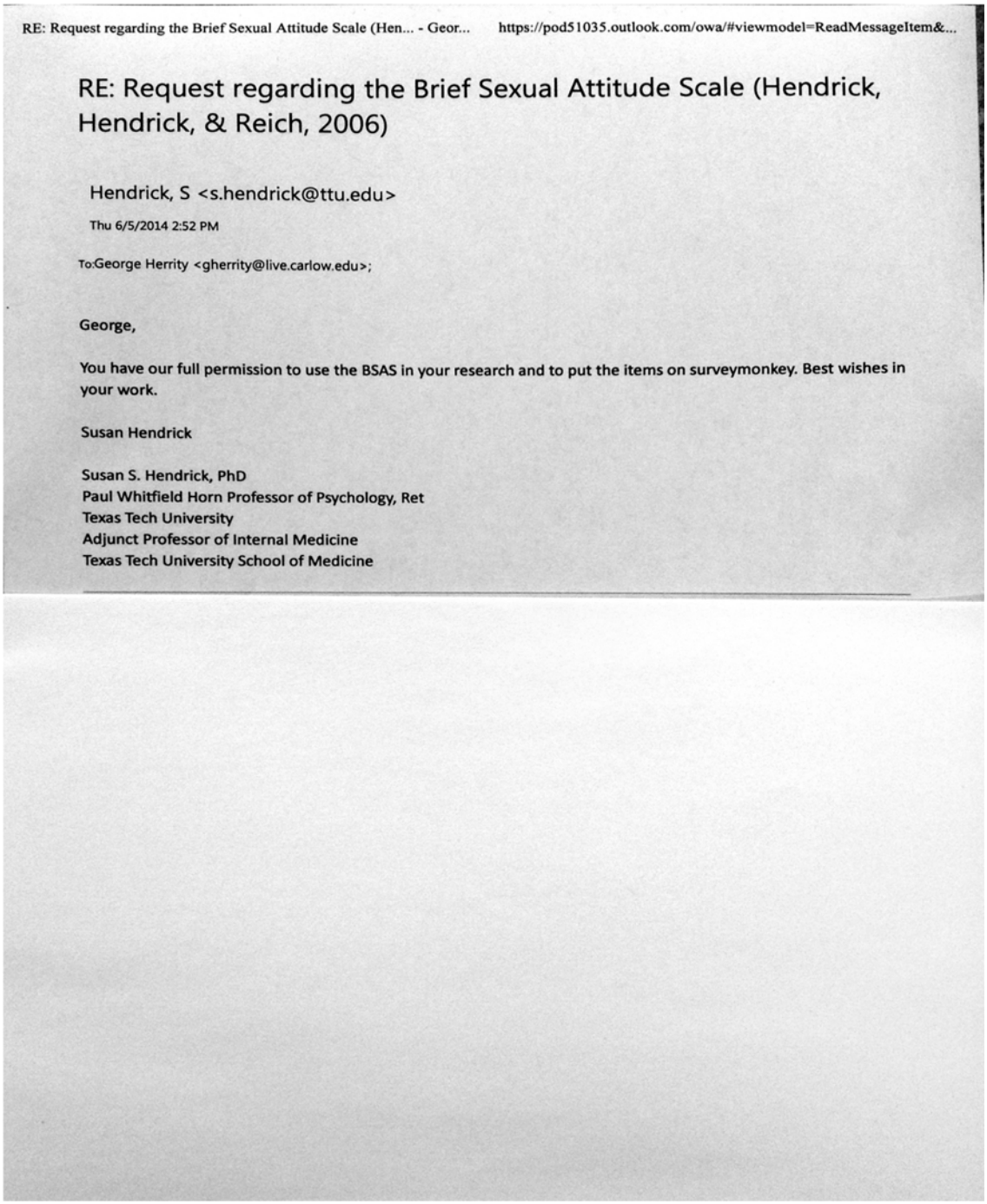
Joseph M. Roberts, Ph.D.
Associate Professor
Director, Master's of Professional Counseling Program
412-578-6331
Antonian 506-E

1. As a doctoral trainee during the past 2 years, at least 25% of your clinical training time was spent working with adults.

- ◯ Yes
- ◯ No (respondent will be excluded from participating in survey)

Appendix H

Consent to Use the BSAS



RE: Request regarding the Brief Sexual Attitude Scale (Hen... - Geor... https://pod51035.outlook.com/owa/#viewmodel=ReadMessageItem&...

RE: Request regarding the Brief Sexual Attitude Scale (Hendrick, Hendrick, & Reich, 2006)

Hendrick, S <s.hendrick@ttu.edu>

Thu 6/5/2014 2:52 PM

To:George Herrity <gherrity@live.carlow.edu>;

George,

You have our full permission to use the BSAS in your research and to put the items on surveymonkey. Best wishes in your work.

Susan Hendrick

Susan S. Hendrick, PhD
Paul Whitfield Horn Professor of Psychology, Ret
Texas Tech University
Adjunct Professor of Internal Medicine
Texas Tech University School of Medicine