

60. How cheerful I feel about the sexual aspects of my life
61. How mad I feel about the sexual aspects of my life
62. How fearful I feel about the sexual aspects of my life
63. How delighted I feel about the sexual aspects of my life
64. How embarrassed I feel about the sexual aspects of my life
65. How relaxed I feel about the sexual aspects of my life
66. How unhappy I feel about the sexual aspects of my life
67. How suspicious I feel about the sexual aspects of my life
68. How detached I feel about the sexual aspects of my life
69. How worried I feel about the sexual aspects of my life
70. How joyful I feel about the sexual aspects of my life
71. How irritated I feel about the sexual aspects of my life
72. How frightened I feel about the sexual aspects of my life

^aThe columns are not shown here to conserve space.

^bThe scale is the same as that for the SSDS except that "with an intimate partner" follows each descriptor.

Sexual Self-Efficacy Scale for Female Functioning

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The evaluation and alteration of self-efficacy expectations is important in the cognitive-behavioral treatment of psychosexual problems. The Sexual Self-Efficacy Scale for females (SSES-F) is a measure of perceived competence in the behavioral, cognitive, and affective dimensions of female sexual response. Recently, researchers studying women's perceived sexual self-efficacy, using the SSES-F, have focused on sexual adjustment (Reissing, Laliberté, & Davis, 2005), marital satisfaction (Oluwole, 2008), and the treatment of genital pain (Sutton, Pukall, & Chamberlain, 2009).

Description

The SSES-F was developed as a multidimensional counterpart to the SSES-E (erectile function in men), and has been used for clinical screening and assessment, as well as for research (Fichten et al., 2010; Libman, Rothenberg, Fichten, & Amsel, 1985).

The SSES-F has 37 items, sampling capabilities in four phases of sexual response: interest, desire, arousal, and orgasm. In addition, the measure samples diverse aspects of female individual and interpersonal sexual expression (e.g., communication, body comfort and acceptance, and enjoyment of various sexual activities). The instrument includes the following subscales determined by factor

analysis (items in parentheses): Interpersonal Orgasm (4, 28, 29, 30, 32, 33, 34, 36, 37), Interpersonal Interest/Desire (1, 5, 6, 7, 9, 22), Sensuality (17, 18, 19, 20, 21, 27), Individual Arousal (24, 25, 26, 31), Affection (8, 15, 16), Communication (12, 13, 14, 23, 35), Body Acceptance (2, 3), and Refusal (10, 11).

The SSES-F may be used by single or partnered women of all ages. Female respondents indicate those activities they can do and, for each of these, rate their confidence level. In addition, their partners can rate how they perceive the respondents' capabilities and confidence levels.

Response Mode and Timing

For each item, respondents check whether the female can do the described activity and rate her confidence in being able to engage in the activity. Confidence ratings range from 10 (*Quite Uncertain*) to 100 (*Quite Certain*). If an item is unchecked, the corresponding confidence rating is assumed to be zero. The measure takes about 10 to 15 minutes to complete.

Scoring

The SSES-F yields an overall self-efficacy strength score as well as eight subscale scores. The total strength score is

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given by the average of the confidence ratings; items not checked in the "Can Do" column are scored as zero. The strength scores for the separate subscales are given by the average of the confidence ratings for that subscale.

Reliability

The SSES-F was administered to a nonclinical sample of 131 women (age range = 25 to 68 years). The sample included 51 married or cohabiting women and 80 single women. Thirty-six of the women completed the SSES-F a second time, after an interval of 4 weeks. The male partners of the 51 married or cohabiting women also completed the SSES-F.

Evaluation of the women's confidence ratings ($N = 131$) included a factor analysis to identify subscales and analyses to assess test-retest reliability and internal consistency. Item analysis demonstrated a high degree of internal consistency (Cronbach's $\alpha = .93$) for the overall test. A factor analysis, using a varimax rotation, yielded eight significant factors, accounting for 68% of the total variance. Internal consistency coefficients for the separate subscales ranged from $\alpha = .70$ to $\alpha = .87$. Subscale-total and intersubscale correlations, carried out on the mean confidence score for each subscale, indicated reasonably high subscale-total correlations (range = .31 to .85) and moderate intersubscale correlations (range = .08 to .63).

Test-retest correlations for the total scores ($r = .83, p < .001$) and for the subscales (range = .50 to .93) indicate good stability over time. For the married or cohabiting couples, the correlation between the partners' total SSES-F scores was $r = .46, p < .001$.

Validity

Creti et al. (1989) reported on a preliminary validity analysis for the SSES-F. Both nonclinical and clinical samples were administered the SSES-F along with a test battery including measures of psychological, marital, and sexual adjustment and functioning. The overall strength score of the SSES-F was found to correlate significantly with other measures of sexual functioning, such as the Sexual History Form (Nowinski & LoPiccolo, 1979), the Golombok Rust Inventory of Sexual Satisfaction (Rust & Golombok, 1985), and the Sexual Interaction Inventory (LoPiccolo & Steger, 1974), and with marital satisfaction (Locke Wallace Marital Adjustment Scale; Kimmel & Van der Veen, 1974). In addition, the overall strength scores of the SSES-F were significantly lower for sexually dysfunctional women who

presented for sex therapy at our clinic than for those of a sample of women from the community who reported no sexual dysfunction. Sexually dysfunctional women also showed significantly lower scores than the community sample on the Interpersonal Orgasm, Interpersonal Interest/Desire, Sensuality, and Communication subscales. Creti et al. (1989) found that older women (age > 50) had significantly lower total strength scores than younger women (age < 50). Recently, Sutton et al. (2009) reported that women with provoked vestibulodynia had lower scores on the total SSES-F score as well as on the sensuality, affection, and communication subscales compared to controls. Reissing et al. (2005) found that sexual self-efficacy, as measured by the SSES-F, was a mediating variable between sexual self-schema and sexual adjustment.

Other Information

The SSES-F is available in the French language.

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27. Become sexually aroused during foreplay when both partners are nude.			
28. Maintain sexual arousal throughout a sexual encounter.			
29. Become sufficiently lubricated to engage in intercourse.			
30. Engage in intercourse without pain or discomfort.			
31. Have an orgasm while masturbating when alone.			
32. Have an orgasm while the partner stimulates you by means other than intercourse.			
33. Have an orgasm during intercourse with concurrent stimulation of the clitoris.			
34. Have an orgasm during intercourse without concurrent stimulation of the clitoris.			
35. Stimulate a partner to orgasm by means other than intercourse.			
36. Stimulate a partner to orgasm by means of intercourse.			
37. Reach orgasm within a reasonable period of time.			

Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory

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LGB-affirmative psychotherapy is defined as “therapy that celebrates and advocates the authenticity and integrity of lesbian, gay and bisexual persons and their relationships” (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000, p. 328). Theoretical tenets of social cognitive theory (Bandura, 1986) were applied to LGB-affirmative psychotherapist training to better delineate ways to train psychotherapists in LGB-affirmative practices (Bieschke, Eberz, Bard, & Croteau, 1998). Exposure of psychotherapists and trainees to four sources of self-efficacy (performance accomplishments, vicarious learning, verbal reinforcement, and physiological states/reactions) is posited to foster increases in LGB-affirmative counselor self-efficacy. An optimal level of LGB-affirmative counseling self-efficacy may serve as a mechanism for implementing LGB-affirmative counseling behaviors and positive therapeutic outcomes, as well as for promoting psychotherapists’ interest in LGB-affirmative psychotherapy.

The Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory (LGB-CSI) measures participants’ self-efficacy to perform LGB-affirmative counseling behaviors. LGB-affirmative counseling behaviors include (a) *advocacy skills*: identifying and utilizing community resources that are supportive of LGB clients’ concerns; (b) *application of knowledge*: counseling LGB clients through unique issues using knowledge of LGB issues in psychology; (c) *awareness*: maintaining awareness of attitudes toward one’s own and others’ sexual identity development; (d) *assessment*: assessing relevant issues and problems

of LGB clients; and (e) *relationship*: building a working alliance with LGB clients. An optimal level of self-efficacy is one that slightly exceeds one’s ability. Successful performance requires both high efficacy beliefs and acquisition of knowledge and skills (Bandura, 1986).

Description

The LGB-CSI consists of 32 items. Each item represents an LGB-affirmative counseling behavior. Higher scores are indicative of higher levels of self-efficacy to counsel gay, lesbian, and/or bisexual clients.

The scale is intended for mental health professionals (e.g., psychologists, social workers, counselors) ranging in professional background and level of experience.

The development and validation of the LGB-CSI included five studies. In Study 1, item development procedures and an exploratory factor analysis of an initial item pool were conducted. Item development involved investigating LGB-affirmative counseling competencies. First, literature was reviewed to determine the competencies. Five categories were hypothesized to represent the current conceptualization of LGB-affirmative counseling: (a) application of knowledge of LGB issues and the counseling behaviors reliant on a priori understanding of LGB issues, including: the impacts of race, ethnicity, gender, religion, locale, and other cultural variables on sexual identity development; internalized homophobia/heterosexism and biphobia; anti-LGB violence; causality

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