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FACTORS IMPACTING PARENTAL ACCEPTANCE OF AN LGBT CHILD

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FACTORS IMPACTING PARENTAL ACCEPTANCE OF AN LGBT CHILD

DISSERTATION

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the College of Education at the University of Kentucky

By

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Lexington, Kentucky

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Lexington, Kentucky

2018

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ABSTRACT OF DISSERTATION

FACTORS IMPACTING PARENTAL ACCEPTANCE OF AN LGBT CHILD

Chrisler's (2017) *Theoretical Framework of Parental Reactions When a Child Comes Out as Lesbian, Gay, or Bisexual* suggests that parental reactions to having a non-heteronormative child are impacted by a process of cognitively appraising information about their child's identity and experiencing and coping with emotional responses, both of which are influenced by contextual factors such as a parent's value system. However, some religious values can challenge parents in the process of accepting a lesbian, gay, bisexual, or transgender (LGBT) child. The purpose of this study was to test a model that examines the influence of cognitive-affective factors (cognitive flexibility, emotional regulation), religious-value based factors (religious fundamentalism, parental sanctification), and gender and sexual identity on self-reported parental acceptance. Participants were 663 parents of LGBT children who submitted responses to an online survey. A Tobit regression with a single-indicator latent variable approach revealed that religious fundamentalism, parental sanctification, the control component of cognitive flexibility, parent gender, and parent sexual identity significantly predicted parental acceptance. Lower religious fundamentalism, higher parental sanctification, and higher cognitive flexibility scores were associated with parental acceptance of an LGBT child. Participants identifying as a woman or LGB parent also significantly predicted acceptance. Implications of findings are discussed.

KEYWORDS: Parental Acceptance, LGBT, Religious Fundamentalism, Parental Sanctification, Cognitive Flexibility

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TABLE OF CONTENTS

Acknowledgements	iii
List of Tables	vi
List of Figures	vii
Chapter 1: Problem Statement and Theoretical Framework.....	1
Religiosity and Parental Acceptance/Rejection.....	2
Theoretical Framework.....	4
Cognitive-Affective Factors.....	5
Cognitive Flexibility.....	5
Emotional Regulation.....	7
Religious Value-Based Factors.....	7
Religious Fundamentalism.....	8
Parental Sanctification.....	9
The Present Study.....	10
Hypotheses.....	11
Chapter 2: Method.....	12
Participants.....	12
Participant Recruitment.....	12
Procedure.....	13
Measures.....	14
Parental Acceptance Instrument.....	14
Cognitive Flexibility Instrument.....	14
Emotional Regulation Instrument.....	15
Religious Fundamentalism Instrument.....	16
Parental Sanctification Instrument.....	16
Demographic Variables.....	17
Data Analysis Plan.....	17
Data Cleaning.....	17
Preliminary Analyses.....	18
Psychometric Dimensionality Analyses.....	18
Sample Statistics and Assumption Checking.....	19
Primary Regression Analyses.....	20
Chapter 3: Results.....	26
Preliminary Analyses.....	26
Psychometric Dimensionality Analysis.....	26
Parental Acceptance Instrument.....	26
Cognitive Flexibility Instrument.....	27
Emotional Regulation Instrument.....	28

Religious Fundamentalism Instrument.....	28
Parental Sanctification Instrument.....	29
Sample Statistics and Assumption Checking.....	29
Primary Regression Analyses.....	29
Chapter 4: Discussion.....	41
Study Limitations and Future Research.....	43
Implications.....	45
Appendices.....	51
Appendix A: Recruitment Materials.....	77
Appendix B: Survey Instruments.....	
References.....	88
Vita.....	101

LIST OF TABLES

Table 2.1, Participant Demographic Characteristics.....	21
Table 2.2, Parental Acceptance Item Sources.....	23
Table 3.1, Parental Acceptance Item Removal Process.....	32
Table 3.2, Parental Acceptance Instrument Loadings.....	35
Table 3.3, Cognitive Flexibility Instrument Loadings.....	36
Table 3.4, Descriptive Statistics.....	37
Table 3.5, Correlations and Multicollinearity Statistics.....	38
Table 3.6, Regression Model Results.....	39

LIST OF FIGURES

Figure 3.1, Tobit Regression with Single Indicator Latent Variable Main Effects Model.....	40
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Chapter 1: Problem Statement and Theoretical Framework

According to Parental Acceptance-Rejection theorists, “children everywhere need a specific form of positive response-acceptance-from parents” (Rohner, Khaleque, & Cournoyer, 2005, p. 300). Described as the “warmth” dimension of parenting, Rohner and colleagues define acceptance as “the warmth, affection, care, comfort, concern, nurturance, support, or simply love that children can experience from their parents” (p. 305). Alternatively, parental rejection is considered “the absence or significant withdrawal of these feelings and behaviors and...the presence of a variety of physically and psychologically hurtful behaviors and emotions,” including hostility, aggression, indifference, and/or neglect (Rohner, Khaleque, & Cournoyer, 2005, p. 305).

The view that children’s functioning is influenced by experiences of acceptance or rejection has been empirically supported in research with lesbian, gay, bisexual, and transgender (LGBT) children and their parents. According to research by the Family Acceptance Project, having rejecting parents places LGB children at risk for depression and suicide (Ryan, Huebner, Diaz, & Sanchez, 2009), whereas having parents who are accepting of their child’s LGBT identity can serve as a protective factor that supports well-being (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Positive responses from parents have been associated with better emotional adjustment (e.g., Darby-Mullins & Murdock, 2008; D’Amico, Julien, Tremblay, & Chartrand, 2015), positive identity (e.g., Bregman, Malik, Page, Makynen, & Lindahl, 2013; Mohr & Fassinger, 2003), and higher self-esteem (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Snapp, Watson, Russell, Diaz, & Ryan, 2015). Better mental health (e.g., Dickenson & Huebner, 2015; D’Augelli, 2002) and general health (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010) outcomes have also been associated with parental support. In contrast, negative reactions have been related to substance abuse and sexual risk-taking behaviors (e.g., D’Amico & Julien, 2012;

Padilla, Crisp, & Rew, 2010), in addition to fear of disclosure and internalized stigma (D'amico, Julien, Tremblay & Chartrand, 2015).

LGB children are disclosing their identities to their parents at younger ages, elongating their time of in-home exposure to parental reactions to their sexual identity (Gro, Bimbi, NaniN, & Parsons, 2006; Ryan, 2003). Similarly, the limited research exploring transgender identity awareness and disclosure suggests that transgender children become aware of their identity in early childhood and disclose before adulthood (Grossman & D'Augelli, 2006; Grossman, D'Augelli, Howell, & Hubbard, 2006). Coming out at younger ages can be a positive experience for children in supportive homes, but can also be increasingly negative for children with parents who are not accepting. The evidenced high costs of parental rejection and benefits of parental acceptance necessitate understanding factors that influence parental acceptance of an LGBT child. Thus, the purpose of my study is to test a theoretically driven model of parental acceptance that has implications for interventions.

Religiosity and Parental Acceptance/Rejection

To date, the literature on parental acceptance is comprised primarily of research focusing either on children's perceptions of acceptance/rejection or parents' qualitative narratives of their acceptance processes post-disclosure (Bouris et al., 2010; Rosenkrantz et al., 2017). Within child and parent samples, religiosity, a connection and commitment to a religious tradition, has been identified as a factor that can be particularly challenging for many parents in the process of finding acceptance. For example, in a sample of 245 LGBT young adult children, Ryan, Russell, Huebner, Diaz, and Sanchez (2010) found that family religiosity (indicated by responses to the question "how religious or spiritual was your family growing up?") significantly predicted less perceived parental acceptance (correlation not reported). In another study of 310 Seventh-day Adventist adult Millennials, 82.4% of participants reported that religious beliefs led to difficulty in their parents accepting their LGBT identities (VanderWaal, Sedlacek, & Lane, 2017). One psychometric evaluation study of the Heterosexism Scale (Park, 2001) found that religiosity,

defined as an individual's commitment to their religious tradition, was associated with heterosexist superiority in a sample of 441 parents of LGB children ($r = 0.09$; Goodrich, Selig, & Crofts, 2014). In a recent online qualitative survey of 314 LGBT identified individuals, participants reported struggling with negative experiences in conservative religious families and communities of origin (Rosenkrantz, Rostosky, Riggle, & Cook, 2016).

Qualitative explorations from the perspective of parents of LGBT children reflect similar tensions. Based on preliminary findings from a review of the parental acceptance literature with parent samples from 1990-2016 (Rosenkrantz et al., 2017), approximately 34 qualitative explorations have inquired about the experiences of parents after their child's disclosure of an LGBT identity. Across these qualitative studies, many parents share more complex and nuanced experiences in reconciling tensions between having an LGBT child and their religious beliefs (Bertone & Franchi, 2014; Broad, 2011; Freedman, 2008; Goodrich, 2009; Lee & Lee, 2006; Maslowe & Yarhouse, 2015; Oswald, 2000; Pearlman, 2005; Phillip & Ancis, 2008; Tyler, 2015). Some parents state that they accept their LGBT child, but not their child's sexual identity (e.g., Bertone & Franchi, 2014; Freedman, 2008). Others report that they reject anti-gay doctrines of religious institutions (e.g., the Catholic Church) but still identify with local communities (e.g., Bertone & Franchi, 2014; Pearlman, 2005). In a semi-structured interview study of 202 self-identified Christian parents that examined parent experiences of religious support from their Church communities, 49.5% reported experiencing negative responses from other church members and 36.4% reported being advised to pray for an orientation change (Sides, 2017). Parents also describe changing faith beliefs or moving away from beliefs such as "being gay is a choice" to feeling their child was born LGBT (e.g., Bertone & Franchi, 2014; Freedman, 2008).

In addition to findings indicating the challenges religion can generate for parents in the process of acceptance, the literature also indicates that religion can be a positive source of strength for parents adjusting to their new realities as parents of LGBT children. Parents report using religious resources including prayer, supportive clergy, and affirming faith communities

during the process of acceptance (e.g., Freedman, 2008; Maslowe & Yarhouse, 2015; Pearlman, 2005; Sides, 2017). Moreover, a validation study of a model of family functioning post sexual orientation disclosure found that religiosity, defined as religious commitment and measured with the Religious Commitment Inventory-10 (Worthington et al., 2003) was associated with higher family functioning, defined as the parent's reported levels of general family functioning and measured with the General Functioning Subscale of the Family Assessment Device (Epstein, Baldwin, & Bishop, 1983), in a sample of 440 parents of LGB children (Goodrich & Gilbride, 2010). Together, these findings support Tyler's (2015) assertion that religiosity is a complex factor in the relational process between parents and their LGBT child post-disclosure.

The above literature paints a picture of a nuanced relationship between parental religiosity and acceptance; religious parents may struggle with accepting their LGBT child because of religious tensions and use religious resources as sources of strength and motivation during the acceptance process. This complex relationship, as well as the potential increased risk of harm to LGBT youth when exposed to unaccepting family environments (see review by Bouris et al., 2010), necessitates theoretically driven model testing that builds on previous studies and moves our understanding forward in ways that support intervention.

Theoretical Framework

Chrisler's (2017) *Theoretical Framework of Parental Reactions When a Child Comes Out as Lesbian, Gay, or Bisexual* offers a useful framework for considering factors that influence parental acceptance of an LGBT child. Chrisler's theory suggests that parents' reactions are impacted by a process of cognitively appraising and reappraising information about their child's non-heteronormative identity in addition to experiencing and coping with emotional responses, both of which are influenced by contextual factors such as a parent's value system. Consistent with this conceptualization are four cognitive-affective and religious value-based factors that may help explain the relationship between religiosity and acceptance in parents of LGBT children: cognitive flexibility, emotional regulation, religious fundamentalism, and parental sanctification.

Cognitive-affective factors. As suggested by Chrisler's (2017) theory, parents across multiple qualitative studies describe cognitive-affective components in their acceptance process. For example, many parents describe changes in their perspectives (e.g., Bertone & Franchi, 2014; Fields, 2001; Gonzalez, Rostosky, Odom, & Riggle, 2013) and moving through intense emotional reactions (e.g., Fields, 2001; Grafsky, 2014). These narratives suggest two cognitive-affective factors that may contribute to parental acceptance of an LGBT child: cognitive flexibility and emotional regulation.

Cognitive flexibility. Dennis and Vander Wal (2010) define cognitive flexibility as "the ability to switch cognitive sets to adapt to changing environmental stimuli" (p. 242). According to Ionescu (2012), this "switching of cognitive sets" can refer to different behavior changes, including "changing behavior in light of a new rule, finding a new solution to a problem, and creating new knowledge or tools" (p. 191). Ionescu notes that cognitive flexibility is often contrasted with rigidity of thought, resistance to change, and overall consistency in behavior. For parents of LGBT children, cognitive flexibility may involve creative problem solving and navigating tensions between a connection to religious traditions espousing heteronormative views of sexuality and gender and a desire to maintain connection with their LGBT child. Cognitive flexibility could also help parents to engage in behavior change toward their child while still processing their own reactions and conflicts.

Research with parents of LGBT children supports the exploration of cognitive flexibility in the parental acceptance process. In qualitative projects, parents report working to change their perspectives, describe increased critical thinking, and endorse changes in their ideas of parenting and beliefs about sexual identity during the acceptance process (e.g., Bertone & Franchi, 2014; Fields, 2001; Gonzalez, Rostosky, Odom, & Riggle, 2013). To date, two studies have assessed cognitive flexibility in samples of parents of LGBT children. However, these studies focus on associations between cognitive flexibility and parent perceptions of their family's functioning (e.g., ability to work together and communicate, Goodrich & Gilbride, 2010) and heterosexism

(Goodrich, Selig, & Crofts, 2014), rather than acceptance. In a sample of 440 parents of LGB children, Goodrich and Gilbride tested a model that examined associations between nine explanatory variables, including cognitive flexibility as indicated by the Cognitive Flexibility Scale (Martin & Rubin, 1995), and the outcome variable, family functioning as indicated by the General Functioning Subscale of the Family Assessment Device (Epstein, Baldwin, & Bishop, 1983). Cognitive flexibility was reported to be a significant predictor of family functioning (standardized $\beta = .08$) and was noted to be one of the largest contributors to the overall explained variance (overall model $R^2 = .57$). Cognitive flexibility also was reported to mediate the relationships between three variables in the model (parents' initial emotional experiences post-disclosure, parents' choice to honor the needs of their child or themselves regarding disclosure decisions, and religiosity) and family functioning. Religiosity was measured using the Religious Commitment Inventory by Worthington et al. (2003), which examines intrapersonal and interpersonal commitment to religious belief. The finding that cognitive flexibility mediated the relationship between religiosity and family functioning suggests that cognitive flexibility may be an important skill for religious parents in developing acceptance.

Using the same data set, Goodrich, Selig, and Crofts (2014) examined the factor structure of Park's (2001) Heterosexism Scale and assessed the relationship between the measure's two subscales (Superiority and Tolerance) and measures of cognitive flexibility, religiosity, and family functioning. Lower scores on cognitive flexibility and higher scores on religiosity were significantly associated with heterosexist superiority ($r = .09$), but not with tolerance ($r = .06$). The authors interpreted these findings to suggest that while more religious and more cognitively inflexible people tend to have more superior heterosexist attitudes, the relationship between these variables and tolerance require further investigation (Goodrich et al., 2014). Tolerance is different from acceptance, and to date, no published studies have directly examined associations between cognitive flexibility and parental acceptance.

Emotional regulation. According to Gratz and Roemer (2004), emotional regulation can be defined as:

(a) awareness and understanding of emotions, (b) acceptance of emotions, (c) ability to control impulsive behaviors and behave in accordance with desired goals when experiencing negative emotions, and (d) ability to use situationally appropriate emotion regulation strategies flexibly to modulate emotional responses as desired in order to meet individual goals and situational demands. The relative absence of any or all of these abilities would indicate the presence of difficulties in emotion regulation, or emotion dysregulation (pp. 42-43).

Emotional regulation may help parents of LGBT children to self-soothe more effectively and work toward problem solving rather than being “stuck” in their intense emotional reactions. No studies have assessed emotional regulation skills in relation to acceptance; however, parents have described intense emotions and how they processed them (e.g., Fields, 2001; Grafsky, 2014), and recent interventions have focused on helping parents with emotion regulation (e.g., *Lead with Love*, Huebner, Rullo, Thoma, McGarrity, & Mackenzie, 2013; *Family Acceptance Project*, Ryan & Rees, 2012). Additionally, Goodrich and Gilbride’s (2010) assessment of a model of family functioning found that the intensity and type of emotions (i.e., anger vs. surprise) parents reported at the time of disclosure predicted family functioning, such that higher intensity of emotions related to less flexible thinking (standardized $\beta = -.13$) and poorer family functioning scores (standardized $\beta = -.17$). These findings suggest that emotion regulation skills may be associated with the parental acceptance process.

Religious value-based factors. According Ryan and colleagues (2010), scores on a one-item measure of family religiosity were found to be significantly associated with lower levels of acceptance. While important, the use of a one-item measure limits our understanding of the impact of religiosity on the parental acceptance process. As described by Pargament, Mahoney, Exline, Jones, and Shafrankse (2013), religion is a complex construct consisting of a variety of

components. A lack of specificity obscures understanding of religious diversity; this may be particularly important considering the diverse views of sexuality and gender across the liberal to fundamentalist religious spectrum. Such diversity requires a more nuanced assessment of religiosity's effect on acceptance. Two religious value-based constructs may offer a more complete understanding of ways religiosity may hinder and facilitate parental acceptance: religious fundamentalism and parental sanctification.

Religious fundamentalism. Providing the ability to discern difference between religious individuals following liberal vs. conservative religious traditions, religious fundamentalism has been defined as:

The belief that there is one set of religious teachings that contains the fundamental, basic, intrinsic, inerrant truth about humanity and deity; that this essential truth is opposed to evil which must be actively fought; that this truth must be followed today according to the fundamental practices of the past; and that those who follow these fundamental teachings have a special relationship with the deity (Altemeyer & Hunsberger, 1992, p.118).

Some religious parents may experience increased difficulty in the acceptance process if they identify with a faith tradition that emphasizes strict adherence to fundamentalist religious tenets, particularly those related to sexuality and gender, as the way to maintain a relationship with a higher power and protect against evil.

No research to date has examined religious fundamentalism in parents of LGBT children; however, research with parents (child identities not specified, $r = .57$; Altemeyer & Hunsberger, 2004) and with general and college population samples found associations between religious fundamentalism and measures of negative feelings towards non-heterosexuals ($r = .51$; Altemeyer & Hunsberger, 2004; see meta-analysis by Whitley, 2009). In addition to homophobia, religious fundamentalism demonstrated moderate to strong positive associations with measures of right-wing authoritarianism and dogmatism in samples of 424 parents and 352

undergraduate students (parent sample $r = .72$ and student sample $r = .79$ for right-wing authoritarianism; parent sample $r = .70$ and student sample $r = .75$ for dogmatism; Altemeyer & Hunsberger, 2004). Moreover, in a study of 198 undergraduates, religious fundamentalism and avoidance were significantly related ($r = -.37$, Schwartz, & Lindley, 2005). Together, these findings suggest that religious fundamentalism may be associated with the parental acceptance process.

Parental sanctification. In light of the positive religious resources described in parent narratives (e.g., Freedman, 2008; Maslowe & Yarhouse, 2015; Pearlman, 2005), a consideration of the impact of positive components of religiosity on parental acceptance, such as parental sanctification, is important. Sanctification is defined as the process through which secular aspects of life are attributed spiritual, divine importance, character, and meaning (Mahoney, 2013; Pargament & Mahoney, 2005). In the context of the parent-child relationship, parental sanctification involves imbuing the parental relationship with divine qualities, such that maintenance and preservation of the parent-child relationship becomes a spiritual task (Mahoney, 2010). For some, sanctification can include the belief that one's higher power is manifested in the parent-child relationship (theistic sanctification), while for others sanctification is simply about a relationship having spiritual value (nontheistic sanctification, Mahoney, Pargament, Murray-Swank & Murray-Swank, 2013). Some religious parents may draw on these understandings of their parenting role when faced with difficulty in the parent-child relationship. Parental sanctification might motivate parents to prioritize preservation of their holy relationship with their child rather than prioritizing religious-based negative beliefs about LGBT identity. While no published study of parents of LGBT individuals to date has examined this construct, qualitative reports suggest that demonstrating religious values such as "unconditional love" are important for some parents in the parental acceptance process (e.g., Bertone & Franchi, 2014; Freedman, 2008; Maslowe & Yarhouse, 2015). Additionally, recent religiously-oriented

intervention work has focused on helping parents draw connections to religious tenets supporting the divine importance of the parent-child bond (Ryan & Rees, 2012).

Collectively, these two cognitive-affective and religious-value based variables may contribute to parental acceptance in important ways. Understanding these relationships may provide empirical support for Chrisler's theory and thus expand the literature on parental acceptance processes.

The Present Study

Based on Chrisler's (2017) theory and previous empirical studies reviewed above, the current study examined two cognitive-affective factors (cognitive flexibility, emotional regulation) and two religious value-based factors (religious fundamentalism, parental sanctification) and associations with self-reported parental acceptance of an LGBT child. Additionally, given Chrisler's emphasis on contextual factors and prior research suggesting gender differences in parental acceptance amongst cisgender parents (Chung, 2017; Conley, 2011; D'Amico et al., 2015, Kuvalanka, Weiner, & Mahan, 2014; Riggs, & Due, 2015), parent gender and sexual identity were also examined. New understanding of the specific contribution of psychological and religiosity-related skills, beliefs, and characteristics that affect the parental acceptance process expands current understanding of the parental acceptance process in ways that can aid intervention.

Based on the literature reviewed, the aim of my study was to answer the following primary research question: What is the association between the outcome variable, self-reported parental acceptance, and the explanatory variables cognitive flexibility, emotional regulation, religious fundamentalism, parental sanctification, and parent gender and sexual identity? In addition to the theory-driven hypothesis 1 below, several exploratory hypotheses were developed to examine interactions between the explanatory variables (hypotheses 2-6 below). Drawing on Chrisler's *Theoretical Framework of Parental Reactions When a Child Comes Out as Lesbian*,

Gay, or Bisexual, as well as the previous literature on parental acceptance, the following hypotheses were examined:

Hypothesis 1: The set of explanatory variables (emotional regulation, cognitive flexibility, religious fundamentalism, parental sanctification, parent gender, and sexual identity) will contribute significantly to the explanation of variability in parental acceptance. It is expected that lower religious fundamentalism, higher emotional regulation, cognitive flexibility, parental sanctification, and identification as a woman and sexual minority will be associated with greater parental acceptance.

Hypothesis 2: The influence cognitive flexibility has on parental acceptance will change based on level of religious fundamentalism. It is expected that lower religious fundamentalism and higher cognitive flexibility will result in higher parental acceptance.

Hypothesis 3: The influence cognitive flexibility has on parental acceptance will change based on level of parental sanctification. It is expected that higher parental sanctification and higher cognitive flexibility will result in higher parental acceptance.

Hypothesis 3: The influence emotional regulation has on parental acceptance will change based on level of religious fundamentalism. It is expected that lower religious fundamentalism and higher emotional regulation will result in higher parental acceptance.

Hypothesis 4: The influence emotional regulation has on parental acceptance will change based on level of parental sanctification. It is expected that higher parental sanctification and higher emotional regulation will result in higher parental acceptance.

Hypothesis 6: The influence parental sanctification has on parental acceptance will change based on level of religious fundamentalism. It is expected that higher parental sanctification and lower religious fundamentalism will result in higher parental acceptance.

Chapter 2: Method

Participants

An initial sample of 687 self-identified parents of LGBT children submitted responses to an online survey. Due to the small number of parents representing non-cisgender identities (1.8%), only parents who identified as cisgender were included in analyses. Eight influential outliers were also removed (see details in Data Cleaning section of the Data Analysis Plan). This resulted in a final sample of 663 parents of LGBT children. Table 2.1 provides participant demographic characteristics and parent reported child demographic characteristics. . Parents ranged in age from 25 to 85 years ($M = 51.75$, $SD = 10.45$) and identified being from 48 of the 50 United States (missing from South Dakota and Montana) and 14 countries (Australia, Bosnia, Canada, England, France, India, Indonesia, Ireland, Mexico, New Zealand, South Africa, Sweden, the United States, and Wales . Parents reported their children's ages as between 3 and 58 ($M = 21.89$, $SD = 8.96$). While age three may appear to be an unusually young child age for parents to identify as a parent of an LGBT child , Grossman, D'Augelli, Howell, and Hubbard (2006) suggest that age three is when children begin to state their pronouns, verbally indicating their identification with a gender identity which may not align with the sex assigned at birth; Therefore, these parents were retained in the sample. About fifty-eight percent of parents identified their child as a cisgender sexual minority and 42.1% identified their child as non-cisgender.

Participant Recruitment

All of the following procedures were officially approved by the university Institutional Review Board (IRB) prior to commencing the study. In light of the sensitivity of this subject matter and concerns about recruitment of a population with members who may be uncomfortable identifying themselves as the parent of an LGBT child, purposive and snowball sampling was used. Parents were recruited between January to March 2017 from a variety of sources following

the plan of Goodrich et al. (2010). As Goodrich and colleagues report, four groups needed to be targeted in order to capture the widest range of perspectives:

- openly LGBT supportive groups, both secular (i.e., PFLAG, LGBT community and youth centers) and religious, with a range of conservatism (i.e., Keshet, a more reform Jewish organization and Eshel, an orthodox Jewish organization);
- unaccepting groups such as those that support conversion therapies (i.e., Focus on the Family, American Family Association);
- ethnic minority LGBT groups that are often not represented in the literature (i.e., Reach LA); and
- religious groups unaffiliated with LGBT issues.

An initial goal of 400 parents was set based on the sample size achieved by Goodrich and colleagues (2010). Parents were contacted through postings on online forums including websites, social media pages, and email listservs. Groups were asked to forward a recruitment email that included a link to the survey. This recruitment plan was designed to reduce score restrictions on measures and most adequately sample this population. See Appendix A for recruitment materials.

Procedure

Prior to sending out the survey link, the survey was piloted amongst a team of trained researchers with content knowledge of LGBT issues and survey research methodology. After incorporating feedback, the survey was finalized and shared via the participant recruitment procedures above. To incentivize participation, all participants were offered the opportunity to enter a random drawing for one of four \$25 Amazon gift cards. A raffle database was used to store provided emails separately from survey responses.

When participants clicked on the survey link, they were taken to a welcome page that included an informed consent page. Once parents acknowledged consent, they were asked for basic demographic information about parent gender, sexual identity, race, socioeconomic status,

education level, and religious group identification. Current age and gender of their LGBT child were also requested. Additionally, parents were asked to answer the prompt: “How long have you known your child is LGBT?” After providing information on demographics, participants were presented with measures for the five constructs of interests, below.

Measures

Parental acceptance instrument. Due to the limited measurement tools available to assess self-reported parental acceptance of an LGBT child, parental acceptance was assessed using a 39-item Parental Acceptance scale (PA) created by the author. Item development was informed by the Family Acceptance Project’s suggestions of accepting and rejecting behaviors (Ryan & Rees, 2012). Table 2.2 details all 39 items and the specific source they were adapted from. The scale also included items adapted from The Parental Acceptance of Sexual Orientation Scale (Freedman, 2008) and global measures of parental acceptance and rejection by Rohner and Khaleque (2005). Parents were asked how often they engage in specific behaviors on a 4-point likert scale, ranging from 1 (*always true*) to 4 (*never true*). Sample behaviors included “I participate/attend LGBT events to support my child.” and “I support my child’s LGBT identity even though I may feel uncomfortable.” Higher scores indicate greater parental acceptance. Internal consistency of reliability was $\alpha = .77$ and $\omega = .80$ for this sample.

Cognitive flexibility instrument. Cognitive flexibility was operationalized using the Cognitive Flexibility Inventory scale (CFIS, Dennis & Vander Wal, 2010). The CFIS is a 20-item measure with 7-point likert response options ranging from 1 (*strongly agree*) to 7 (*strongly disagree*). The CFIS consists of an Alternatives subscale (CFIS-A) and a Control subscale (CFIS-C). It assesses “(a) the tendency to perceive difficult situations as controllable, (b) the ability to perceive multiple alternative explanations for life occurrences and human behavior, and (c) the ability to generate multiple alternative solutions to difficult situations” (Dennis & Vander Wal, 2010, p. 243). Sample items include: “I try to think about things from another person’s point of view” and “When I encounter difficult situations, I feel like I am losing control.” Scores

on the CFIS have demonstrated evidence for validity of the instrument based on internal structure ($\alpha = .90$). Bivariate correlations conducted between two time points provided evidence for test-retest reliability over a 7-week time period ($r = .81$). Additionally, evidence for convergent construct validity of CFIS scores was demonstrated by significant positive correlations with Martin and Rubin's (1995) Cognitive Flexibility Scale (r ranged from .73 to .75 at different time points). Additionally, evidence for concurrent criterion validity of CFIS scores was demonstrated by significant inverse correlations with Beck, Steer, Ball, and Ranieri's (1996) Beck Depression Inventory-Second Edition (r ranged from -.35 to -.39 at different time points). Higher scores indicate higher levels of flexibility and the normative sample consisted of non-clinical adult undergraduates. Internal consistency of reliability was $\alpha = .87$ and $\omega = .88$ for the CFIS-A and $\alpha = .81$ and $\omega = .81$ for CFIS-C for this sample.

Emotional regulation instrument. Emotional regulation was measured using the Difficulties in Emotion Regulation Scale (DERS, Gratz & Roemer, 2004). The DERS is a 36-item measure with 5-point likert response options ranging from 1 (*almost never [0-10%]*) to 5 (*almost always [91-100%]*). It assesses emotional dysregulation with six subscales: 1) non-acceptance of emotional responses, 2) difficulties engaging in goal-directed behavior, 3) impulse control difficulties, 4) lack of emotional awareness, 5) limited access to emotional regulation strategies, and 6) lack of emotional clarity. Sample items include: "When I'm upset, I feel out of control" and "When I'm upset, my emotions feel overwhelming." Lower scores typically indicate lower emotional regulation skills for this measure; however, for the purposes of this study, the scale was reverse coded so that higher scores would equal higher emotional regulation. Scores on the DERS have been found to have high internal consistency ($\alpha = .93$) and strong test-retest reliability over a period of 4-8 weeks. Acceptable construct and predictive validity has also been demonstrated (Gratz & Roemer, 2004). The DERS was normed on a non-clinical adult sample of undergraduates and has been applied in a sample of racially and socioeconomically diverse parents. Scores on the DERS have demonstrated strong evidence for validity of the

instrument based on internal structure ($\alpha = .94$, Buckholdt, Parra, & Jobe-Shields, 2014). Internal consistency of reliability was $\alpha = .94$ and $\omega = .95$ for this sample.

Religious fundamentalism instrument. Religious fundamentalism was operationalized using the Revised Religious Fundamentalism Scale (RFS, Altemeyer & Hunsberger, 2004). The RFS (Altemeyer & Hunsberger, 2004) includes 12-items assessing attitudes toward religious beliefs across religious traditions. The RFS was originally designed with 9-point likert response options ranging from 1 (*very strongly disagree*) to 9 (*very strongly agree*), but has been given with 7-point ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) and 5-point scales ranging from 1 (*disagree*) to 5 (*agree*); Asp, Ramchandran, & Tranel, 2012; James, Griffiths, & Pedersen, 2011). A 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) was used for this study. Sample items include: “God has given humanity a complete, unailing guide to happiness and salvation, which must be totally followed” and “no single book of religious teachings contains all the intrinsic, fundamental truths about life.” Higher scores indicate higher levels of religious fundamentalism. The normative samples comprised of university students and parents; scores on the RFS have demonstrated strong evidence for validity of the instrument based on internal structure ($\alpha = .91, .92$, respectively), as well as evidence for construct validity of the RFS scores based on positive correlations with related measures (Right Wing Authoritarianism Scale by Altemeyer [1999], r ranged from .72- .79; Dogmatism Scale by Altemeyer [1996], r ranged from .70-.75; Altemeyer & Hunsberger, 2004). Evidence for discriminant validity of RFS scores was also demonstrated, based on a negative correlation with a measure of religious doubt (Religious Doubt Scale by Altemeyer and Hunsberger [1997], $r = - .44$; Altemeyer & Hunsberger, 2004). Internal consistency of reliability was $\alpha = .94$ and $\omega = .94$ for this sample.

Parental sanctification instrument. Parental sanctification was measured using a modified Manifestation of God in Parenting Scale (MGP, Murray-Swank et al. 2006). The MGP is a 14-item measure with 7-point likert scale ranging from ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Sample items include: “God is present in my role as a parent” and “Being a

parent is a calling from God.” Scores on the MGP have been found to have a strong internal consistency ($\alpha = .98$) and convergent validity. It was normed on a sample of mothers. Internal consistency of reliability was $\alpha = .98$ and $\omega = .98$ for this sample.

Demographic variables. In addition to these five constructs, demographic information for parent gender and sexual identity was collected. In light of the removal of non-cisgender parents from analyses due to the small sample size, parent gender was coded as 0 = cisgender woman and 1 = cisgender man. Additionally, parent sexual identity was coded as 0 = LGB identity and 1 = Heterosexual identity.

Data Analysis Plan

Data cleaning. Data cleaning procedures included handling of missing data and removal of outliers. Several missing data patterns were observed at the scale and item level. At the scale level, 18 patterns were observed and 516 participants completed all measures. A range of patterns were also noted at the item level across variables. On the Parental Acceptance instrument, 20 missing data patterns were noted, and 546 participants completed all items. Nine missing data patterns were observed on the Cognitive Flexibility Instrument and 635 participants completed all items. For the Emotional Regulation Instrument, 35 missing data patterns were noted, and 559 participants completed all questions. Parental Sanctification instrument items were fully completed by 644 participants, and 15 patterns of missingness were observed. Finally, Religious Fundamentalism instrument items were fully completed by 603 participants and 11 missing data patterns were noted.

Missing data were handled by applying full information maximum likelihood estimation in Mplus using the maximum likelihood robust (MLR) estimator and participant age as an auxiliary correlate (Graham, Taylor, Olchowski, & Cumsille, 2006). Both MLR and weighted least squares (WLSMV) estimation were considered due to the presence of likert scale data and the presence of missing data. While WLSMV has an increased ability at handling categorical data, MLR was chosen due to its ability to handle data with missingness. Therefore, data were

treated as continuous.

Review of the data also indicated the presence of eight influential outliers which were removed prior to analyses. Each scale was examined individually and multivariate outliers were identified using Mahalanobis distance based on all the items (De Maesschalck, Jouan-Rimbaud, & Massart, 2000). Extremely Mahalanobis distance cases were sequentially examined and response sequences were reviewed for validity (e.g., random responding). Two cases were removed after review of the Religious Fundamentalism instrument based on validity concerns based on both cases responding strongly agreed to all items, including those that were reverse coded. Outliers were also reviewed in the Main Effects Regression results, and influential outliers were identified using Cook's distance (Stevens, 1994). Six cases were removed due to the undue influence they exhibited over the parameter estimates.

Preliminary analyses. Prior to conducting the primary analyses, dimensionality analyses, as well as sample statistics review and assumption checking, were conducted.

Psychometrics dimensionality analyses. A series of factor analyses were conducted to evaluate the accuracy of scores generated from all five measures in assessing their intended constructs and to identify the best items to represent the constructs to be used in the primary analyses. A typical procedure when conducting Structural Equation Modeling is to assess the dimensionality of the instruments to be used in the model are behaving as intended in the current sample as developed and proposed in previous literature (Kline, 2016). Therefore, psychometric dimensionality analyses were conducted. For exploratory factor analyses (EFA), the scree procedure, and O'Conner's (2000) parallel analysis based on Pearson correlation coefficients were performed to evaluate the number of factors to retain. Theory, previous research, and interpretability were also considered to ascertain the number of factors to retain. Items were assessed to ensure all items loaded distinctively on one factor and identified for possible removal if loadings were below .5 or had problematic cross-loadings (e.g., an item with a loading of .5 or higher on one factor and .1 or higher on a second factor). Absolute standardized item residuals

were also examined and values above .1 (Kline, 2016) were flagged for removal in order to find the most parsimonious solution (i.e., inspect local fit). Both loading and residual based-removals were done iteratively starting with the largest issues.

For confirmatory factor analyses (CFAs), overall model fit was assessed by review of Chi-Square (χ^2), Comparative Fit Index (CFI), Tucker Lewis index (TLI), Standardized Root Mean Residual (SRMR), and Root Mean Square Error of Approximation (RMSEA). The following benchmarks were used as a guide to determine acceptable fit: the χ^2 MLR (good fit indicated by insignificant result at a .05 threshold; Barrett, 2007; Hooper, Coughlan, & Mullen, 2008), CFI (conservative CFI \geq .95, liberal CFI \geq .90; Hu & Bentler, 1999; Hooper, Coughlan, & Mullen, 2008), TLI (conservative TLI \geq .95, liberal TLI \geq .80; Hu & Bentler, 1999; Hooper, Coughlan, & Mullen, 2008), SRMR (conservative SRMR \leq .05, liberal SRMR \leq .08; Hooper, Coughlan, & Mullen, 2008), and RMSEA (conservative RMSEA \leq .06, liberal RMSEA \leq .10; Hooper, Coughlan, & Mullen, 2008, Hu & Bentler, 1999; MacCallum et al, 1996). Additionally, local fit was investigated using residual correlations between item pairs with a threshold of .1 for concern (Kline, 2016) and .2 as being unacceptable (Morizot, Ainsworth, & Reise, 2007). Internal consistency was calculated for all measures using both the traditional alpha as well as omega due to debate regarding the accuracy of alpha as a metric for reliability (Zinbarg, Yovel, Revelle, & McDonald, 2006).

Sample statistics and assumption checking. Normality, bivariate correlations, and collinearity assessments were conducted for all study variables. Histograms of individual scores on each scale were examined and summary statistics computed to identify major concerns with non-normality. Correlations amongst scores on study scales and multicollinearity statistics were examined to assess relationships among variables. Multicollinearity was assessed using the Variance Inflation Factor (VIF) and Tolerance as indicators of problematic correlations (VIF threshold of 10 or more, Tolerance threshold of .1 or less; Berk, 1977; Craney & Surles, 2002; Marquardt, 1970).

Primary regression analyses. Tobit regressions were conducted to evaluate the contribution of the variables of interest and their interactions to parental acceptance of an LGBT child. Tobit regression is a regression technique used to account for data censoring (i.e., skew of scores toward an extreme) through adjustment of the standard errors and point estimates. Parent age was added as an auxiliary correlate to all regression models to aid with the handling of missing data as described by Enders (2010) and originally described in Graham (2003). To address hypothesis one, a tobit regression model was calculated to explain parental acceptance based on the set of explanatory variables (emotional regulation, cognitive flexibility (control), cognitive flexibility (alternatives), religious fundamentalism, parental sanctification, parent gender, and parent sexual identity), while accounting for censoring on the outcome variable (Main Effects Model). To address hypotheses 2-6, several interactions were added to the main effects model (Interactions Model). The Main Effects Tobit Regression Model and Interaction Effects Tobit Regression Model were compared prior to interpretation using an F change test to determine the most parsimonious model. Results were presented with Tobit regression alone and then with the addition of a Single Indicator Latent Variable approach (SILV) to correct for measurement error in the explanatory variables by specifying the unreliable (residual) variance (Cole & Preacher, 2014). This technique was added after the model was determined due to the lack of ability to conduct Tobit regression with SILV and interaction terms and the need for the Main Effects Tobit Regression Model to be nested, and therefore consistent in approach, with the Interactions Effects Tobit Regression Model to be able to perform a model comparison. All analyses were conducted in *Mplus* version 8 (Muthén & Muthén, 1998-2017).

Table 2.1

Participant Demographic Characteristics (N = 663)

Variable	%	<i>n</i>
Gender		
Female/Woman	84.31	566
Male/Man	15.69	105
Sexual Orientation		
Heterosexual	87.56	584
Bisexual	6.68	45
Other	1.82	12
Lesbian	1.52	10
Queer	0.91	6
Questioning	0.91	6
Gay	0.61	4
Race/Ethnicity		
Caucasian/White/European American	90.65	608
Hispanic/Latino/A/South American	3.17	21
Other	2.41	16
Black/African American	1.66	12
Asian/Asian American/Pacific Islander	1.21	8
Native American	0.75	5
Arab/Middle Eastern	0.15	1
Religious or Spiritual Affiliation		
Protestant	27.49	185
None	20.24	134
Other	17.67	120
Spiritual	15.56	103
Catholic	10.57	71
Jewish	6.65	44
Buddhist	1.21	8
Muslim	0.30	3
Hindu	0.30	2
Religious Interpretation		
Liberal	39.94	264
Moderate	23.45	158
Conservative	9.68	68
Education Level		
Graduate Level College Degree	36.20	243
College Degree	26.55	179
Some College	23.23	155
Some Graduate Level Coursework	8.30	56
High School	1.36	29

Table 2.1 (continued)

Participant Demographic Characteristics (N = 663)

Variable	%	<i>n</i>
Political Identification		
Liberal	58.78	385
Moderate	24.89	166
Conservative	8.55	61
Other	7.60	51
Parent Reported Child Gender		
Male/Man	28.85	198
Female/Woman	28.55	190
Trans Man	19.18	127
Trans Woman	9.97	66
Gender Non-conforming/Non-binary	9.67	64
Other	3.63	24
Parent Reported Child Years Out		
2-5 Years	43.87	295
10 Years Or More	22.69	151
6-10 Years	18.15	122
1 Year Or Less	15.28	101
Parent Reported Child Age		
11-20 Years	44.86	284
21-30 Years	35.07	222
31-40 Years	10.59	67
6-10 Years	4.42	28
41-50 Years	2.69	17
3-5 Years	1.58	10
51-58 Years	0.79	5

Table 2.2

Parental Acceptance Item Sources

Parental Acceptance Scale Item	Source Item Adapted From
PAS1. I invite my child to family events and ask them to bring their best friend.	Freedman (2008)
PAS2. I visit my child and am sure to be friendly to their partner.	Freedman (2008)
PAS3. I tell my child that I think they should seek help to change their sexual orientation or gender identity.	Freedman (2008)
PAS4. I have told my child that it would be a good idea for them to date members of the opposite sex.	Freedman (2008)
PAS5. I tell my child that I think they are intentionally hurting me.	Freedman (2008)
PAS6. I ask my child how their relationships are going.	Freedman (2008)
PAS7. I offer my child support in their relationships.	Freedman (2008)
PA1. I feel negative emotions (anger, sadness) regarding my child's LGBT identity.	Ryan and Rees (2012)
PA2. I talk with my child about their LGBT identity.	Ryan and Rees (2012)
PA3. I am upset by my child's relationships with LGBT people.	Ryan and Rees (2012)
PA4. I support my child's LGBT identity even though I may feel uncomfortable.	Ryan and Rees (2012)
PA5. I advocate for my child when they are mistreated because of their LGBT identity.	Ryan and Rees (2012)
PA6. At times, I am so overwhelmed with negative emotions regarding my child's identity that I become violent toward them.	Ryan and Rees (2012)
PA7. If other family members speak negatively about my child's LGBT identity, I support my family members.	Ryan and Rees (2012)
PA8. I participate/attend LGBT events to support my child.	Ryan and Rees (2012)
PA9. I am uncomfortable when my child wears clothes or presents themselves in ways that are gender atypical.	Ryan and Rees (2012)

Table 2.2 (continued)

Parental Acceptance Item Sources

Parental Acceptance Scale Item	Source Item Adapted From
PA10. I require that other family members respect my child's LGBT identity.	Ryan and Rees (2012)
PA11. I avoid engaging with LGBT people, events, and resources.	Ryan and Rees (2012)
PA12. I support my child's gender expression, even if it is not typical.	Ryan and Rees (2012)
PA13. I believe it is partially my child's fault when they experience discrimination because of their LGBT identity.	Ryan and Rees (2012)
PA14. I believe my child can have a happy future as an LGBT adult.	Ryan and Rees (2012)
PA15. I try to get my child to be more (or less) masculine or feminine.	Ryan and Rees (2012)
PA16. I tell my child I love them unconditionally.	Ryan and Rees (2012)
PA17. I fear my child will not be able to have a happy future as an adult because of their LGBT identity.	Ryan and Rees (2012)
PA18. I stand up for my child at school to prevent and address bullying & harassment (or would feel comfortable doing so if my child was school age).	Ryan and Rees (2012)
PA19. I tell my child that I am ashamed of them or that how they look or act will shame the family.	Ryan and Rees (2012)
PA20. I ask my child how their relationships are going.	Freedman (2008)
PA21. I ask my child keep their LGBT identity a secret in the family and not talk about it.	Ryan and Rees (2012)
PA22. I offer my child support in their relationships.	Freedman (2008)
PA23. I believe it is important that my child feels they can confide in me.	Rohner and Khaleque (2005)
PA24. I have difficulty expressing love for my child because of their LGBT identity.	Ryan and Rees (2012)
PA25. I try to make my child feel wanted and needed.	Rohner and Khaleque (2005)

Table 2.2 (continued)

Parental Acceptance Item Sources

Parental Acceptance Scale Item	Source Item Adapted From
PA26. I am uncomfortable with my child bringing other LGBT people to my home or family events.	Freedman (2008)
PA27. I am/would be upset by my child's participation in the LGBT community.	Ryan and Rees (2012)
PA28. I welcome my child bringing other LGBT people to my home.	Ryan and Rees (2012)
PA29. I do not support my child's LGBT identity.	Ryan and Rees (2012)
PA30. I am supportive of my child participating in LGBT organizations or events.	Ryan and Rees (2012)
PA31. I am not comfortable talking with my child about their LGBT identity.	Ryan and Rees (2012)
PA32. If I visit my child, I do not feel comfortable being around their partner (or would not if they had a partner).	Freedman (2008)

Chapter 3: Results

Preliminary Analyses

Psychometrics dimensionality analysis. A review of the five instruments and final items determined as a result of the factor analysis process used are detailed in the sections below. A complete review of all instrument items can be found in Appendix B.

Parental acceptance instrument. An EFA using MLR was conducted to determine which items from the item set developed herein should be used as a measure of parental acceptance. Prior to data analysis, negatively phrased items were scrutinized further. Dalal and Carter (2015) suggests that negatively phrased items can lead to misleading conclusions due to the cognitive complexity required for responding to negatively phrased versus positively phrased items. Therefore, only the 17 positively phrased items were included in the EFA. The items for the parental acceptance instrument were coded as PAS, indicating that they were adaptations from Freedman (2008), and PA, indicating that they were from the other two sources (Ryan & Rees, 2012; Rohner & Khaleque; 2005). PAS items 6 (*I ask my child how their relationships are going.*) and 7 (*I offer my child support in their relationships.*) were removed because they had been erroneously duplicated in survey items PA20 and PA22, and the PAS items demonstrated higher loadings.

Inspection of the scree plot indicated the presence of 1 factor, whereas the parallel analysis suggested possibly 2 factors to be extracted. Eigenvalues also demonstrated a substantive difference in size between Eigenvalues for factors one and two (5.82 vs. 1.54). Based on these initial results, a 2-factor solution was examined to see if two meaningful factors could be extracted. It was observed that items on the second factor demonstrated low loadings, with the exception of two items that had been taken from the Parental Acceptance and Rejection measure, which was developed without a specific focus on the population of parents of LGBT children. These results suggest the potential for over-extraction (Osborne, 2008). After theoretical consideration and interpretability, a 1-factor solution was retained for further use.

Next, loadings and residuals were examined for the 1-factor solution. Items with a factor loading less than .5 were not considered a strong representation of the factor. Residual correlations above .15 were inspected to reduce item redundancy and to improve simplicity. An iterative process was used for item removal until all items exhibited loadings above the .5 threshold, displayed residuals below .1, demonstrated clarity in sentence structure, and maintained adequate representation of the breadth of the parental acceptance construct. For example, item 16 was removed due to it having the lowest loading, appearing to have redundancy with item 25, and appearing to be less focused on the parents of LGBT children population, and the largest residual correlation occurred between item 16 and 25 (.34). This process resulted in the retention of 11 items (see Table 3.1 for a list of all 39 original items and reasons for item removal; see Table 3.2 for the final items and their loadings). Internal consistency of reliability was $\alpha = .77$ and $\omega = .80$ for this sample.

Cognitive flexibility instrument. Initially, a CFA was conducted to evaluate the two-factor structure described in the original CFIS development paper (Dennis & Vander Wal, 2010). However, after several unsuccessful attempts to improve fit in combination with review of the literature on the CFIS which revealed a lack of prior CFA evaluation and cross loadings in the original EFA that complicate the ability to confirm the CFIS structure with a CFA approach, an EFA of the CFIS was conducted to evaluate fit using the same methodology as used for the PA EFA. Two factors were identified from the parallel analysis and visual inspection of the scree plot. In order to explore the potential to consider the 2-factor measure as a univariate measure of cognitive flexibility, both a 1-Factor and 2-Factor structure were explored. Inspection of the 1-Factor loadings indicated that items on the alternatives subscale were larger than the control items, which lent further support to presence of two factors. Therefore, two factors were retained for the use in the final model, consisting of nine items for the Alternatives factor and three items for the Control factor. Reliability was $\alpha = .87$ and $\omega = .88$ for the CFIS-A and $\alpha = .81$ and $\omega = .81$ for CFIS-C for this sample. Table 3.3 shows items and loadings for each factor. Internal

consistency of reliability was $\alpha = .87$ and $\omega = .88$ for the CFIS-A and $\alpha = .81$ and $\omega = .81$ for CFIS-C for this sample.

Emotional regulation instrument. A CFA of the DERS was conducted to evaluate fit and explore the potential to consider the 6-Factor measure as a univariate measure of emotional regulation. Analysis of the original 6-Factor structure of the DERS revealed less than ideal fitness and motivated exploration of a higher order 6-Factor analysis. Review of the literature indicated that the Awareness factor has been problematic in past research (e.g., Bardeen, Fergus & Orcutt, 2012; Bardeen, Fergus, Hannan & Orcutt, 2016; Lee, Witte, Bardeen, Davis, & Weathers, 2016). Therefore, a 5-factor model excluding all awareness items (2, 6, 8, 10, 17, 34) was evaluated. Results indicated that the 5-factor DERS model demonstrated an improved fit to the sample data, $\chi^2(395) = 1067.363$, $p < .001$, CFI = .889, TLI = .878, SRMR = .056, RMSEA = .053, 90% CI [.049, .057]. However, because of the presence of moderate to high correlations (.6 to .8) among factors and inconsistencies about the factor structure in the literature led to examination of a Bi-Factor model to determine if a general factor could better explain the structure (Rodriguez, Reise, & Haviland, 2016). Results of the Bi-Factor model results demonstrated marginally improved fit to the sample data, $\chi^2(375) = 922.731$, $p < .001$, CFI = .909, TLI = .895, SRMR = .046, RMSEA = .049, 90% CI [.045, .053]. Investigation of local fit revealed that 5 of the 435 item pairs had a residual correlation larger than .1 and none had residual correlations greater than .2, indicating acceptable local fit. Further inspection revealed larger loadings on the general factor than the individual five factors. This finding supported the presence of a generalized factor that would allow for use of all DERS items as a 1-factor measure without bias being a substantive concern. Therefore, all DERS items excluding awareness items were used as univariate measure to assess emotional regulation. Internal consistency of reliability was $\alpha = .94$ and $\omega = .95$ for this sample.

Religious fundamentalism instrument. A CFA of the RFS was conducted to evaluate fit with the original 1-Factor measure of religious fundamentalism. Results indicated that the 1-

factor RFS model was a marginal fit to the sample data, $\chi^2(54) = 324.549, p < .001, CFI = .912, TLI = .893, SRMR = .046, RMSEA = .090, 90\% CI [.080, .099]$. Examination of local fit indicated that 5 of the 66 item pairs had a residual correlation larger than .1 and none had residual correlations greater than .2, indicating acceptable local fit. Internal consistency of reliability was $\alpha = .94$ and $\omega = .94$ for this sample.

Parental sanctification instrument. A CFA of the MGP was conducted to evaluate fit with the original 1-Factor measure of parental sanctification. The 1-factor MGP model was a marginal fit to the sample data, $\chi^2(77) = 578.553, p < .001, CFI = .928, TLI = .915, SRMR = .030, RMSEA = .099, 90\% CI [.092, .107]$. Review of local fit revealed that 2 of the 91 item pairs had a residual correlation larger than .1 and none had residual correlations greater than .2, indicating acceptable local fit. Internal consistency of reliability was $\alpha = .98$ and $\omega = .98$ for this sample.

Sample Statistics and Assumption Checking. Mean, standard deviation, range, skewness and kurtosis statistics can be found in Table 3.4. Data censoring was evident in the distribution of PA scores. Scores on the PA variable were observed to be highly kurtotic (5.60) and strong left skewed (-2.08). Further inspection revealed that 32.42% of participants received the maximal score of 44, supporting the presence of a strong ceiling effect and a need to account for the right censoring of the PA variable and heteroscedasticity in later analyses. Correlations and multicollinearity statistics (variance inflation factor and tolerance) can be found in Table 3.5.

Primary Regression Analyses

Table 3.6 provides the regression statistics for all regression models. Results show the the Main Effects Tobit Regression Model was statistically significant, $F(7, 655) = 30.36, p < .001$ with an R^2 of .25. Results for the Interaction Effects Tobit Regression Model were also significant, $F(15, 647) = 14.37, p < .001, R^2 = .26$. Next, an F change test comparing these nested models was conducted and was found to not be significant, $F(8, 647) = 1.86, p = 0.06, \Delta R^2 = 0.02$. Therefore, the Main Effects Tobit Regression Model was retained as the most parsimonious

model and used for further interpretation of the contribution of the explanatory variables to the outcome variable. A single-indicator latent variable approach (SILV) was then applied to account for measurement error in the explanatory variables for the Main Effects Tobit Regression Model.

Results of the Main Effects Tobit Regression Model with SILV revealed a significant regression equation, $F(7, 655) = 33.56, p < .001, R^2 = .26$. Cognitive flexibility control, religious fundamentalism, parental sanctification, parent gender, and parent sexual identity were significant predictors of parental acceptance. The standardized regression coefficients detailed below can be considered effect size indicators as they allow for comparison of relative contributions of each predictor within the model. Higher cognitive flexibility control ($\beta = .22, p = .02$) and parental sanctification ($\beta = .18, p = .004$) scores significantly predicted higher parental acceptance scores. Controlling for all other predictors, each one standard deviation increase in cognitive flexibility control and parental sanctification scores resulted in a .22 and .18 standard deviation increase in parental acceptance, respectively. Lower religious fundamentalism scores also significantly predicted higher parental acceptance scores ($\beta = -.43, p < .001$). This finding means that with each one standard deviation increase in religious fundamentalism, parental acceptance scores decreased by .43 standard deviations, controlling for all other predictors. In addition, parent gender was a significant contributor to parental acceptance, such that fathers reported lower levels of acceptance than mothers ($\beta = -.14, p = .002$). Parent sexual identity was also a significant contributor to parental acceptance, with heterosexual parents reporting lower levels of acceptance than LGB parents ($\beta = -.15, p = .001$). The research hypothesis that cognitive flexibility alternatives and emotional regulation would explain a significant amount of variance in parental acceptance scores was not confirmed ($p = .64$ and $.28$, respectively). See Figure 3.1 for a diagram of the Main Effects Tobit Regression Model with SILV.

Structure coefficients were also computed as an additional check for multicollinearity. The structure coefficient provides the correlation of the explanatory variable with the predicted score for the outcome variable. Results indicated that structure coefficients mimicked the

ordering of the significant regression coefficients in terms of magnitude of contribution to the model, providing further evidence that multicollinearity is not a concern.

Review of the regression analyses results revealed a suppression effect between the religious value-based variables. Specifically, the bivariate correlation between parental sanctification and parental acceptance was negative ($r = - .12$), whereas the contribution of parental sanctification to parental acceptance in the regression model was positive ($\beta = .18$). Upon examination, this sign change was only found when religious fundamentalism was included in the model, indicating that the positive impact of parental sanctification on parental acceptance is only uncovered after partialing out the variance shared between parental sanctification and religious fundamentalism.

Table 3.1

Parental Acceptance Item Removal Process

Parental Acceptance Scale Item	Reason for Removal (If Applicable)
PAS1. I invite my child to family events and ask them to bring their best friend.	Low loading and largest residual with PAS1 and PAS2 (.23)
PAS2. I visit my child and am sure to be friendly to their partner.	Not Applicable
PAS3. I tell my child that I think they should seek help to change their sexual orientation or gender identity.	Negative item phrasing
PAS4. I have told my child that it would be a good idea for them to date members of the opposite sex.	Negative item phrasing
PAS5. I tell my child that I think they are intentionally hurting me.	Negative item phrasing
PAS6. I ask my child how their relationships are going.	Duplicate with 20
PAS7. I offer my child support in their relationships.	Duplicate with 22
PA1. I feel negative emotions (anger, sadness) regarding my child's LGBT identity.	Negative item phrasing
PA2. I talk with my child about their LGBT identity.	Low loading and residual correlation with PA20 (.23). Inspection of items resulted in identification of item 2 as more ambiguous in terms of acceptance behavior (i.e., talking about LGBT identity might not necessarily be positive)
PA3. I am upset by my child's relationships with LGBT people.	Negative item phrasing
PA4. I support my child's LGBT identity even though I may feel uncomfortable.	Low loading and and conditional wording.
PA5. I advocate for my child when they are mistreated because of their LGBT identity.	Not Applicable
PA6. At times, I am so overwhelmed with negative emotions regarding my child's identity that I become violent toward them.	Negative item phrasing
PA7. If other family members speak negatively about my child's LGBT identity, I support my family members.	Negative item phrasing
PA8. I participate/attend LGBT events to support my child.	Not Applicable

Table 3.1 (continued)

Parental Acceptance Item Removal Process

Parental Acceptance Scale Item	Reason for Removal (If Applicable)
PA9. I am uncomfortable when my child wears clothes or presents themselves in ways that are gender atypical.	Negative item phrasing
PA10. I require that other family members respect my child's LGBT identity.	Not Applicable
PA11. I avoid engaging with LGBT people, events, and resources.	Negative item phrasing
PA12. I support my child's gender expression, even if it is not typical.	Not Applicable
PA13. I believe it is partially my child's fault when they experience discrimination because of their LGBT identity.	Negative item phrasing
PA14. I believe my child can have a happy future as an LGBT adult.	Not Applicable
PA15. I try to get my child to be more (or less) masculine or feminine.	Negative item phrasing
PA16. I tell my child I love them unconditionally.	Low loading, redundancy with item 25, less focused on the parents of LGBT children population, and largest residual correlation occurred between item 16 and 25 (.34)
PA17. I fear my child will not be able to have a happy future as an adult because of their LGBT identity.	Negative item phrasing
PA18. I stand up for my child at school to prevent and address bullying & harassment (or would feel comfortable doing so if my child was school age).	Large residual correlation with item 5; inspection of items indicated they were very similar. Item 18 was more ambiguous and item 5 had a higher loading than item 18 (.64 vs .50)
PA19. I tell my child that I am ashamed of them or that how they look or act will shame the family.	Negative item phrasing
PA20. I ask my child how their relationships are going.	Not Applicable
PA21. I ask my child keep their LGBT identity a secret in the family and not talk about it.	Negative item phrasing
PA22. I offer my child support in their relationships.	Not Applicable
PA23. I believe it is important that my child feels they can confide in me.	Not Applicable

Table 3.1 (continued)

Parental Acceptance Item Removal Process

Parental Acceptance Scale Item	Reason for Removal (If Applicable)
PA24. I have difficulty expressing love for my child because of their LGBT identity.	Negative item phrasing
PA25. I try to make my child feel wanted and needed.	Low loading, less focused on the parents of LGBT children population
PA26. I am uncomfortable with my child bringing other LGBT people to my home or family events.	Negative item phrasing
PA27. I am/would be upset by my child's participation in the LGBT community.	Negative item phrasing
PA28. I welcome my child bringing other LGBT people to my home.	Not Applicable
PA29. I do not support my child's LGBT identity.	Negative item phrasing
PA30. I am supportive of my child participating in LGBT organizations or events.	Not Applicable
PA31. I am not comfortable talking with my child about their LGBT identity.	Negative item phrasing
PA32. If I visit my child, I do not feel comfortable being around their partner (or would not if they had a partner).	Negative item phrasing

Table 3.2

Final Parental Acceptance Scale Loadings

PA Item	Loading	Item Phrasing
PAS2	.34	I visit my child and am sure to be friendly to their partner.
PA5	.45	I advocate for my child when they are mistreated because of their LGBT identity.
PA8	.56	I participate/attend LGBT events to support my child.
PA10	.47	I require that other family members respect my child's LGBT identity.
PA12	.59	I support my child's gender expression, even if it is not typical.
PA14	.43	I believe my child can have a happy future as an LGBT adult.
PA20	.57	I ask my child how their relationships are going.
PA22	.64	I offer my child support in their relationships.
PA23	.46	I believe it is important that my child feels they can confide in me.
PA28	.48	I welcome my child bringing other LGBT people to my home.
PA30	.62	I am supportive of my child participating in LGBT organizations or events.

Note. PAS2 = Parental Acceptance Scale item adapted from Friedman's (2008) Parental Acceptance of Sexual Orientation Scale; PA1-PA30 = Parental Acceptance Scale item.

Table 3.3

Final Cognitive Flexibility Instrument Loadings

CFIS Item	CFIS-A Factor	CFIS-C Factor	Actual Item
CFIS2	0	.73	I have a hard time making decisions when faced with difficult situations.
CFIS4	-.01	.85	When I encounter difficult situations, I feel like I am losing control.
CFIS5	.61	.00	I like to look at difficult situations from many different angles.
CFIS6	.52	-.06	I seek additional information not immediately available before attributing causes to behavior.
CFIS7	.08	.72	When encountering difficult situations, I become so stressed that I cannot think of a way to resolve the situation.
CFIS8	.56	-.04	I try to think about things from another person's point of view.
CFIS10	.51	.04	I am good at putting myself in others' shoes.
CFIS13	.80	-.02	When in difficult situations, I consider multiple options before deciding how to behave.
CFIS14	.78	-.05	I often look at a situation from different viewpoints.
CFIS16	.62	.08	I consider all the available facts and information when attributing causes to behavior.
CFIS18	.75	.06	When I encounter difficult situations, I stop and try to think of several ways to resolve it.
CFIS20	.84	.01	I consider multiple options before responding to difficult situations.

Note. Factor loadings in boldface indicate strong loading on either CFIS-A factor or CFIS-C factor. CFIS = Cognitive Flexibility; Inventory; CFIS-A = Cognitive Flexibility Alternatives; CFIS-C = Cognitive Flexibility Control. Bold indicates strong loading on factor.

Table 3.4

Descriptive Statistics for Study Variables (N = 663)

Variable	<i>M</i>	<i>SD</i>	Range	Skewness	Kurtosis
PA	3.80	.25	2.46, 4.00	-2.08	5.60
CFIS-A	5.98	.63	3.44, 7.00	-0.66	0.74
CFIS-C	4.95	1.33	1.00, 7.00	-0.60	-0.21
DERS	4.29	.46	1.73, 5.00	-1.60	4.14
RFS	2.39	1.36	1.00, 7.00	1.25	1.03
MGP	4.10	2.01	1.00, 7.00	-0.22	-1.34

Note. PA = Parental Acceptance Scale; CFIS-A = Cognitive Flexibility Inventory Alternatives Subscale; CFIS-C = Cognitive Flexibility Inventory Control subscale; DERS = Difficulties in Emotional Regulation Scale; RFS = Religious Fundamentalism Scale; MGP = Manifestation of G-d in Parenting Scale.

Table 3.5

Correlations and Multicollinearity Statistics

Variable	PA	CFIS -A	CFIS -C	DERS	RFS	MGP	PGen	PSex	VIF	Tol
PA	1.0	.21***	.21***	.13**	-.34***	-.12**	-.19***	-.15***	-	-
CFIS-A		1.00	.18***	.16***	-.17***	.03	-.12***	-.10**	1.10	0.91
CFIS-C			1.00	.58***	-.07	-.08	.11**	.07	1.56	0.64
DERS				1.00	.08**	.07*	-.01	.05	1.56	0.64
RFS					1.00	.61***	.07	.10**	1.71	0.59
MGP						1.00	.06	.04	1.67	0.60
PGen							1.00	.08*	-	-
PSex								1.00	-	-

Note. PA = Parental Acceptance Scale; CFIS-A = Cognitive Flexibility Inventory Alternatives subscale; CFIS-C = Cognitive Flexibility Inventory Control subscale; DERS = Difficulties in Emotional Regulation Scale; RFS = Religious Fundamentalism Scale; MGP = Manifestation of G-d in Parenting Scale. PGen = Parent Gender; PSex = Parent Sexual Orientation; VIF = Variance Inflation Factor, Tol = Tolerance.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 3.6

Regression Model Results, $N = 663$

Variable	Tobit Main Effects			Tobit Interactions			Tobit Main Effects SILV			SC
	<i>B</i>	<i>SE</i> <i>B</i>	β	<i>B</i>	<i>SE</i> <i>B</i>	β	<i>B</i>	<i>SE</i> <i>B</i>	β	
CFIS-A	.02	.03	.03	.02	.03	.03	.02	.04	.03	.41
CFIS-C	.06***	.02	.20***	.05***	.02	.19***	.07*	.03	.22*	.41
DERS	.09	.05	.11	.10	.05	.13*	.08	.08	.09	.26
RFS	-.11***	.02	-.39***	-.11***	.02	-.40***	-.12***	.02	-.43***	.67
MGP	.03**	.01	.14**	.03*	.01	.13*	.03**	.01	.18**	.24
PGen	-.15***	.05	-.15**	.17	.28	.17	-.14**	.05	-.14**	
PSO	-.17***	.05	-.15**	-.16***	.05	-.14***	-.17***	.05	-.15***	
CFIS-AXRFS				.01	.02	.03				
CFIS-CXRFS				.00	.02	.02				
DERSXRFS				.03	.07	.04				
CFIS-AXMGP				.01	.02	.03				
CFIS-CXMGP				.00	.01	.03				
DERSXMGP				.01	.03	.02				
RFSXMGP				.00	.01	.01				
PGenXPSO				-.33	.28	-.31				
R^2		.25***			.26***			.26***		
F		30.36***			15.31***			33.56***		
ΔR^2					.02					
ΔF					1.86, $p = .06$					

Note. CFIS-A = Cognitive Flexibility Inventory Alternatives subscale; CFIS-C = Cognitive Flexibility Inventory Control subscale; DERS = Difficulties in Emotional Regulation Scale; RFS = Religious Fundamentalism Scale; MGP = Manifestation of G-d in Parenting Scale; PGen = Parent Gender; PSO = Parent Sexual Orientation; CFIS-AXRFS = Cognitive Flexibility Alternatives X Religious Fundamentalism; CFIS-CXRFS = Cognitive Flexibility Control X Religious Fundamentalism; DERSXRFS = Emotional Regulation X Religious Fundamentalism; CFIS-AXMGP = Cognitive Flexibility Alternatives X Parental Sanctification; CFIS-CXMGP = Cognitive Flexibility Control X Parental Sanctification; DERSXMGP = Emotional Regulation X Parental Sanctification; RFSXMGP = Religious Fundamentalism X Parental Sanctification; PGenXPSO = Parent Gender X Parental Sexual Orientation; SC = Structure Coefficient. $p < .05$. ** $p < .01$. *** $p < .001$.

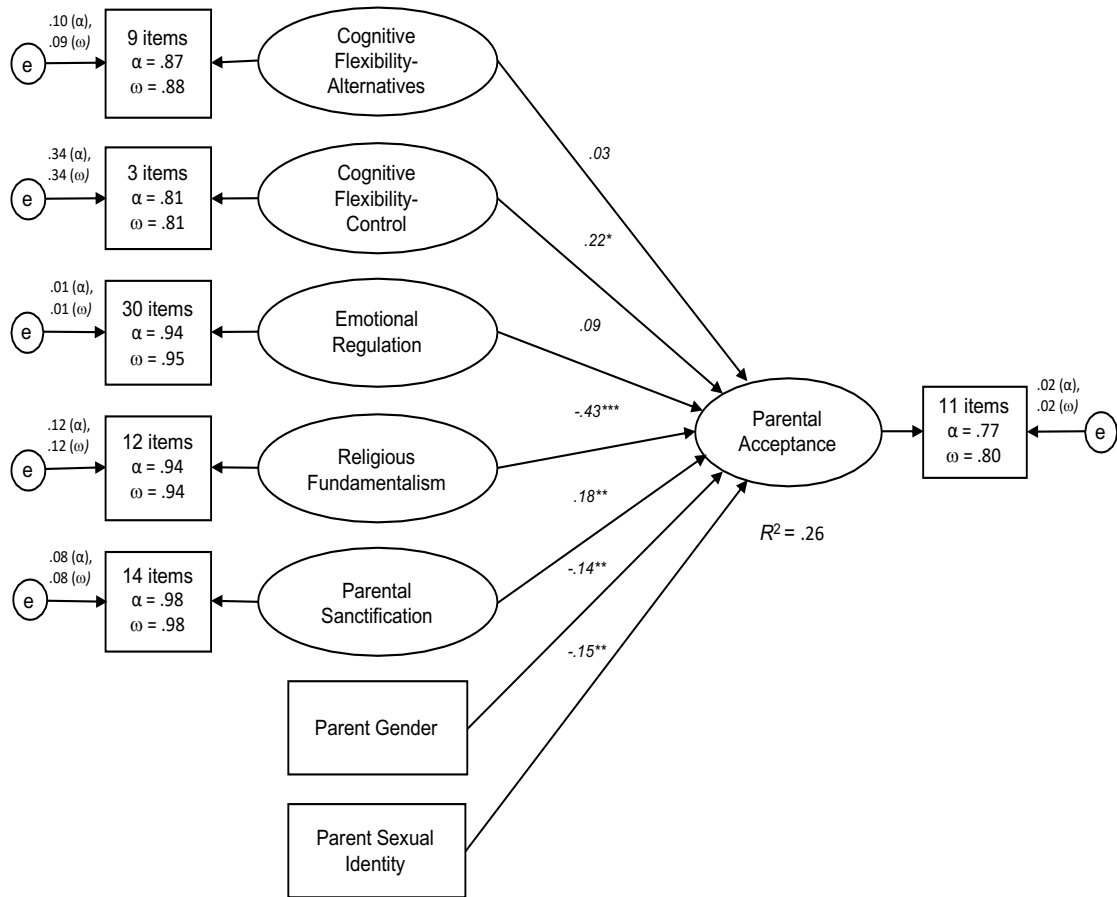


Figure 3.1. Tobit Regression with SILV Main Effects Model.

Chapter 4: Discussion

The current study aimed to assess a theoretically and empirically driven model of self-reported parental acceptance that included cognitive-affective and religious value-based factors. Hypothesis 1 was partially confirmed, such that the cognitive flexibility control factor, parental sanctification, religious fundamentalism, parent gender, and parent sexual orientation significantly predicted parental acceptance. The predictive capacity of the cognitive flexibility alternatives factor and emotional regulation were not confirmed in this sample. Similarly, hypotheses 2-6 were not confirmed in this sample, as no significant interactions were found and the interactions model did not appear to be the most parsimonious model for the present data. These findings are consistent with components of Chrisler's theory and support the impact of cognitive processes and contextual factors on the parental acceptance process.

Consistent with Chrisler's emphasis on parent appraisal, the finding that the cognitive flexibility control factor, but not the alternatives factor, significantly and positively impacted parental acceptance suggests the importance of parent's sense of control in handling challenges such as having an LGBT child in a heteronormative society. The cognitive behavior of being able to generate alternatives did not significantly influence parental acceptance, suggesting that there may be an important distinction between these two facets of cognitive flexibility that impact the acceptance process differently. However, it is also important to note that these results may also relate to a methodological limitation, considering the limited amount of variation on the cognitive flexibility alternatives factor in this sample ($SD = 0.63$). These findings extend previous qualitative research suggesting the impact of cognitive flexibility in the acceptance process (e.g., Bertone & Franchi, 2014; Fields, 2001; Gonzalez, Rostosky, Odom, & Riggle, 2013), and quantitative research suggesting the impact of cognitive flexibility on the functioning of families with LGBT children (Goodrich & Gilbride, 2010), in addition to our understanding of factors relating to heterosexism (Goodrich, Selig, & Crofts, 2014). Future research should

continue examination of cognitive-affective factors in larger samples with more response variation.

Also consistent with Chrisler's stressing of the importance of contextual factors, the religious value-based factors significantly impacted parental acceptance such that less religious fundamentalism and more parental sanctification predicted more parental acceptance of an LGBT child. Religious fundamentalism provided the largest contribution to the model, suggesting that religious fundamentalist values are a challenging barrier to parental acceptance. Though not as strong, parental sanctification's significant and positive contribution to the model suggests that some religious values can positively impact the parental acceptance process. These findings extend previous research on the impact of religiosity on the acceptance process (e.g., Freedman, 2008; Maslowe & Yarhouse, 2015; Pearlman, 2005), in particular Ryan and colleagues (2010) findings that family religiosity relates to less perceived parental acceptance. The findings from this sample of parents build on these previous findings by highlighting the complexity of religiosity as a construct with both challenging and beneficial components.

While a multicollinearity relationship was not observed between these two religious variables, a suppression effect was noted. This suggests that the inclusion of religious fundamentalism as a control when examining the predicative ability of parental sanctification on parental acceptance allows us to see a more accurate picture of the relationships among these variables than we would have been able to capture in bivariate correlations. More research on the relationship between these two variables would be a valuable contribution to the literature in this area.

The influence of parent gender and sexual identity further supports Chrisler's emphasis on context. Parent gender significantly predicted parental acceptance, such that cisgender mothers were more accepting than cisgender fathers. This finding is also consistent with previous literature that suggests parent gender differences in the acceptance process amongst cisgender parents (e.g., Chung, 20¹⁷; Conley, 2011; D'Amico et al., 2015, Kivalanka, Weiner, & Mahan,

2014; Riggs, & Due, 2015). Additionally, parents who identified as LGB were significantly more accepting than parents who identified as heterosexual. This finding regarding parent sexual identity's contribution to parental acceptance provides a new contribution to the published literature. Importantly, these demographic contributions to the model should be interpreted with caution due to the size differences between groups and the lack of ability to do measurement invariance testing as a result of the small sample sizes.

Study Limitations and Future Research

While the model tested provides valuable insights, accounting for 26% of the variance in parental acceptance scores and highlighting the nuanced impact of religious values based values on self-reported parental acceptance, several limitations exist that should be considered when interpreting these findings. A large portion of the variance (74%) remains unaccounted for by this model that suggests the influence of other factors. Two factors that were not addressed by this model were the potential impact of the LGBT child's age and the number of years that parents have known their child's LGBT identity. Parental acceptance may be influenced by the stage of life the child is in (i.e., early childhood, puberty, adulthood) and the amount of time parents have known their child was LGBT. Future research could collect data from large cohorts of parents grouped by child age and length of time knowing their child's identity and examine differences in parental acceptance. Methodologically, it is also possible that parental acceptance scores may be impacted by parent's having to project into the future for certain items (i.e., those related to dating) on the parental acceptance scale. Future research should consider refining measurement of parental acceptance to addresses the diverse experiences parents at different stages.

Another consideration for future instrument development relates to the possibility that there may be different types of parental acceptance. For example, parental acceptance of sexual identity may be different than gender identity. Moreover, differences between global measures of parental acceptance of children in general and LGBT specific parental acceptance have yet to be

examined. Future measurement development research would benefit from this increased specificity in the concept of parental acceptance.

Similarly, another point for future consideration is the examination of more religious-value based variables to refine understanding of the myriad ways religious values impact parental acceptance. Religious fundamentalism and parental sanctification are two of many religious variables that could impact parental acceptance. Future research should consider other variables like religious coping and religious conflict in addition to the two addressed in this model to increase understanding of the impact of religious factors on parent's acceptance of their LGBT children.

Several other methodological factors should also be considered in interpretation of these findings. Although a strong effort was made to recruit participants diverse in gender, race, religion, religious interpretation, and parental acceptance, the majority of participants were White, Christian mothers with a liberal religious interpretation and high levels of parental acceptance. The challenges obtaining a representative sample may have impacted my ability to test the model I set out to test by limiting the generalizability to the majority demographics of this sample stated above. Future research would benefit from more sample diversity, an outcome that would be greatly aided by inclusion of members of these groups on research teams conducting research on parental acceptance to increase parent trust. Additionally, while the use of an online sampling methodology can be a valuable tool for recruiting a large sample focused on a sensitive subject, issues with internal validity and sampling bias due to accessibility for non-internet users are limitations.

Another methodological limitation is the lack of questioning about where participants received the link for the survey. While knowing the locations participants suggests location diversity, knowing the specific recruitment source may have contributed increased understanding about the parents in this sample, such as a high level of sampling from members of PFLAG. Future research should include a question identifying where participants learned about the study.

Similarly, the failure to ask parents their child's sexual identity was another challenge in this study. Future research should inquire about the sexual identity of the child to more fully capture the experiences of parents in their sample.

Finally, construct measurement is another limitation of this project. The lack of measures available on parental acceptance of an LGBT child necessitated the use of a measure developed by the author which has not been used previously. In this study, censoring of the author-developed parental acceptance scale was a challenge. This censoring could be caused by multiple factors, including limited response options (only a 4-point likert scale, ranging from 1 [*always true*] to 4 [*never true*]), questions that were too easy, and/or having a large amount of highly accepting participants. Future research should consider how to strengthen the instrument by providing more response options and increasing the difficulty of the items, in addition to efforts to increase representativeness of the population of parents of LGBT children inclusive of less accepting and more diverse parents. This will improve the precision of the instrument and the generalizability to parents beyond white, highly educated, liberal mothers with high levels of acceptance. Based on this limitation, generalizability to parents with other demographic characteristics should be done with caution.

Additionally, similar to the cognitive flexibility measure, a small variance was noted on the emotional regulation measure ($SD = .46$), which may have impacted the ability to find significance in this sample. Future research could consider examining emotional regulation with multiple instruments and in a more representative sample.

Implications

The present study has important implications for psychological practice, education, and advocacy with parents of LGBT children. From a practice perspective, this study highlights three important variables to consider in the treatment process: sense of control in being cognitively flexible to work through challenging situations, religious fundamentalist beliefs, and sanctification of their role as a parent. These findings suggest that parents may need support in

feeling a sense of control in thinking through the challenge of having an LGBT child and time to explore and process the nuances in their religious values and ways their beliefs both challenge and promote their acceptance. Recognizing the importance of building this sense of control, and honoring the complex impact religiosity can have on the acceptance process, may be an important part of the therapy process.

Chrisler's (2017) theory can be a useful framework for considering clinical intervention. To engage parents in therapy and work on developing cognitive flexibility, therapists can encourage parents to explore their appraisals regarding the knowledge that their child is LGBT, clarify how their appraisals connect to different emotive responses, and consider their current coping reactions. Therapists can help parents develop awareness of their cognitive and behavioral coping behaviors by asking parents to reflect on whether they are engaging in avoidance or approach coping and to identify how their coping tendencies relate to their distress and connectedness to their child. Exploring these areas, building adaptive approach coping skills, and engaging parents in a meaning-making reappraisal of their experience may support an increased sense of control in parents' ability to handle cognitive challenges. Theoretical approaches aimed at increasing cognitive flexibility, such as Cognitive Behavioral Therapy and Acceptance and Commitment Therapy, may also be valuable tools for strengthening parent's cognitive flexibility. Integrating aspects of motivational interviewing may also assist with the ambivalence some parents may feel as a result of moving their focus from their child needing to change to creating change within themselves. For parents with whom religious identity is important, treatments such as Religiously Integrated Cognitive Behavioral Therapy (Pearce et al., 2015), may provide useful tools to incorporate in the therapy process. Research also suggests that engaging in support groups such as PFLAG can be helpful in fostering hope when parents are feeling overwhelmed (e.g., Beeler & DiProva, 1999; Broad, 2011; Lee & Lee, 2006).

A small body of literature also provides recommendations for working with parents in therapy who are higher on the religiously fundamentalist spectrum (Aten, Mangis, & Campbell,

2010; Friedson, 2015) and whose religious beliefs contribute to distress (Rosenfeld, 2010). Aten and colleagues' suggestions include engaging in therapist self-awareness, collaborating with clergy, and respecting client belief systems. Noting the tendency toward secularism amongst psychologists, Aten et al. emphasize the importance of therapists engaging in a self-reflective process in order to create a nonjudgmental therapeutic space that minimizes over-pathologizing and promotes parent trust. Collaboration with clergy and respecting client belief systems are also valued ways to demonstrate commitment to understanding religious parent experiences while also creating a referral network (Aten et al., 2010).

Sensitivity and intentionality regarding when and how rigid belief systems such as religiously-rooted heteronormative beliefs is also a noted concern (Aten et al., 2010). Spending time developing rapport with parents (perhaps more than is typical) and building a strong alliance is emphasized as an imperative step prior to challenging a parent's belief system. Part of the rapport building process with parents may include addressing religious differences directly (especially when asked) and approaching clients from a holistic perspective that values the interconnectivity between the mind, body, and spirit and supports use of religious resources (Aten et al., 2010)).

Rosenfeld (2010) similarly stresses the importance of respecting client belief systems; however, he also notes that respect does not equal condoning, which is important when considering the impact of parental rejection on LGBT children and the risk to the LGBT child's wellbeing. Both Rosenfeld and Friedson (2015) also emphasize that it is essential for therapists to be aware of the intense stress challenging of religious beliefs can create for clients like religiously fundamentalist parents of LGBT children. Rosenfeld provides an excellent in-depth resource for considering when and how to challenge parent beliefs to be the most effective and preserve the alliance. Moreover, scholars agree that emphasizing positive religious aspects, such as forgiveness, can be helpful in promoting positive religious coping and can be useful for the alliance, as therapists who may not identify as religious can still share positive values with

parents who are concerned about feeling misunderstood by a secular therapist (Aten et al., 2010; Rosenfeld, 2010).

Relatedly, this study's findings also suggest the value of exploring a positive component of religiousness, parental sanctification, in the therapeutic process. Helping parents explore and identify beliefs about the holiness of their parent role may help build motivation toward engaging in reappraisal and increase levels of acceptance. According to Mahoney, Paragament, Murray-Swank, and Murry-Swank (2003), parental sanctification can promote individual benefits such as "a deeper sense of meaning from family life" and "greater sense of personal pleasure and fulfillment from family relationships" (p. 227). In addition, Mahoney and colleagues suggests that sanctification can promote greater relationship investment that is connected to forgiveness, acceptance of differences, and constructive problem solving. In therapy, therapists can help parents identify their belief in their parent role as holy, celebrate benefits such as those described by Mahoney et al. above, and connect their parental sanctification to other aspects of their religious identities that promote positive coping (even if negative aspects of their faith are still present). Assessment of religious values and resources at intake can be a valuable tool for creating conversation around the salience of a client's religious identity and parental sanctification beliefs. Integration of strengths-based approaches to therapy, such as Strengths-Based Cognitive-Behavioral Therapy (Padesky & Mooney, 2012), may be helpful tools as well. Honoring clients experience of both sanctifying their relationship and experiencing emotional pain may also serve as cognitive flexibility practice that over time may support increased sense of control.

The findings related to gender and sexual orientation underscore the need for intervention with fathers and heterosexual parents. Given that these identities are typically identities of privilege, they likely encounter more dissonance in challenging heteronormative structures and require more time to process and challenge their previous understandings of the world. Exploration of gender socialization is a recommended tool for helping men understand the impact

of cultural messages about gender and sexuality while lessening defensiveness (Nutt & Brooks, 2008). Previous research exploring gender role strain amongst men in an Evangelical Christian group also supports the value of gender role exploration in connection with restructuring of religious values to focus on facilitating closer relationships with children (Silverstein, Auerbach, & Levant, 2002). Research also suggests the value of processing heteronormative socialization (Hildebrandt, 2012; Priestley, 2009; Smith, 2009). Findings suggest that this process is even important for parents who believe themselves to be accepting (Smith, 2009), as was the case for many parents in the current sample. Jewell, Morrison, and Gazzola (2012) provide a detailed description of components for developing attitudinal and behavioral change interventions with heterosexuals that may be valuable for developing interventions with parents. Some of their recommendations that may be particularly helpful include providing education to counter stereotypes, challenging discrepancies between egalitarian beliefs and behaviors, engaging in reflection, and supporting opportunities to apply newly acquired information and behaviors (Jewell et al.).

Targeted evidence-based interventions for fathers and heterosexual parents are needed to better facilitate acceptance in parents from these groups.

In attention to clinical implications, bringing awareness of the need to help parents feel a sense of control when faced with cognitive challenges and recognize challenges and benefits of religion is an important component of education and advocacy to support to parents of LGBT children. The current political narrative that places religious people and the LGBT community in opposition must be challenged to foster more positive environments for LGBT people and their families. The success of this change hinges on the ability of change makers to build bridges across the lines of religious and LGBT issues. Recognition of the complex impact of religiosity on acceptance is vital to this process. Similar to recommendations for therapists, educators and activists should engage in self-reflection regarding their biases toward religiosity and engage with religious communities to be inclusive of diverse parents. Additionally, while there has been a

greater focus on affirmative therapy in recent years, as evidenced by formal American Psychological Association practice guidelines for both LGB (American Psychological Association, 2012) and Transgender communities (American Psychological Association, 2015), training regarding how to discuss religion in therapy is limited. This gap in education limits therapist's cultural competence in engaging with an important and common aspect of diversity (Pearson, 2017). Incorporation of an intersectional approach that is inclusive of religious identity is essential to create the systemic change that is needed to promote parental acceptance of LGBT children in families where religious identity is an important component of the acceptance process.

Appendix A

Recruitment Materials

Approved Advertisement:

Kathy
Johnson

Digitally signed by Kathy Johnson
DN: cn=Kathy Johnson, o, ou=UK
Public Relations and Marketing,
email=kathy.johnson@uky.edu,
c=US
Date: 2016.12.13 16:45



**Requesting Your Participation in a
Study on Factors Impacting Parent Reactions to Having
a Lesbian, Gay, Bisexual, or Transgender (LGBT) Child**

I am Dani Rosenkrantz, and I am seeking volunteers to participate in my research study about factors influencing parent reactions to having a lesbian, gay, bisexual, or transgender (LGBT) child. I am looking for volunteers from diverse perspectives who would be willing to share their experiences as the parent of a child with an LGBT identity or desire. If you are at least 18 years old and would like more information about how to participate, please visit

[<link>](#)

If you volunteer to participate, the survey will take approximately 20-40 minutes to complete.

If you are not eligible for this study but know someone who is, please help us by passing this information along!

Name: Dani E. Rosenkrantz, Ed.S., M.S.

Email: dani.rose@uky.edu

Phone number: 954-830-8182

Dani E. Rosenkrantz is a Counseling Psychology Doctoral Candidate at the University of Kentucky under the guidance of Sharon Rostosky, Ph.D., Professor of Counseling Psychology and Ellen Riggle, Ph.D., Professor of Political Science and Gender and Women's Studies at the University of Kentucky. More information about the researchers and their research can be found at www.PrismResearch.org



Recruitment Sources:

- I. Parents and Friends of Lesbians and Gays (PFLAG) Chapter emails obtained via find-a-chapter on the pflag website
- II. Focus on the Family referrals
 - 1 Restored Hope Network: info@restoredhopenetwork
 - 2 Help 4 Families: help4families2004@yahoo
 - 3 Parents and Friends of Ex-Gays & Gays (PFOX): 804-453-4737
 - 4 Encourage (part of the Catholic group, Courage): 203-803-1564
 - 5 Northstar (LDS group): contact@northstarlds
- III. Instagram and Twitter via tagging LGBT, PFLAG, and parenting related usernames/handles
- IV. Academic listservs
- V. Websites
 - 1 [gaychristiansurvivors](#)
 - 2 [aleph.au/contact/](#)
 - 3 [ca.groups.yahoo/group/Gay_Christians_OnLine/](#)
 - 4 [gaymuslims/about/](#)
 - 5 [gayspirituality/contact/](#)
 - 6 [glbt.il/en/branches/articles.php?articleID=1641](#)
 - 7 [groups.yahoo/neo/groups/1020GayChristianTeens/info](#)
 - 8 [huc.edu/ijso/contact/](#)
 - 9 [iamgayandmuslim/i-am-gay-and-muslim-frameline37/](#)
 - 10 [imaanlondon.wordpress/contact/](#)
 - 11 [jewishlgbtqyouth.weebly/contact-us](#)
 - 12 [joh.il/index.php/english](#)
 - 13 [kulanutoronto.blogspot/2008/09/contact-kulanu-toronto](#)
 - 14 [lilith/contact/contact-lilith/](#)
 - 15 [myoutspirit/index.php](#)
 - 16 [outfrontonline/contact-us/](#)

- 17 pennhillel/
- 18 popchassid/contact/
- 19 salaamcanada/
- 20 tobyjohnson/
- 21 transspiritcouncil/connect/
- 22 washingtondcjcc/social-networks/gloe/
- 23 aidsisrael.il/contact
- 24 beit-haverim/index.php?/Contact/Beit-Haverim
- 25 calem.eu/contact
- 26 christiangays
- 27 clgs/
- 28 dcminyan/contact-us
- 29 egroups/neo/groups/Bi_Gay_Les_ChRisTians/info
- 30 egroups/neo/groups/christiangays/info
- 31 egroups/neo/groups/ChristianGays1/info
- 32 gaygospels/
- 33 hod.il/?en=0&sc=8&pg=1
- 34 hoshen/contact/
- 35 hrc/thank-you/contactus
- 36 infotrue/contact
- 37 jewishfed/explore-federation-view/331/contact-us
- 38 jewishoutlook.za/contact_us
- 39 jewishtransitions/contact-us
- 40 jewishtucson/Section.aspx?id=1239
- 41 jewsformarriageequality/html/contact_us
- 42 jlgvic/home

- 43 [jqyouth/join_jqy.shtml](#)
- 44 [koach/about-us/professional-staff/](#)
- 45 [lgbtmuslimretreat/contact.php](#)
- 46 [lgbtran/Contact.aspx](#)
- 47 [nehirim/contact/](#)
- 48 [nujls/board-of-directors](#)
- 49 [on1foot/](#)
- 50 [orthodykes/](#)
- 51 [rainbowchristians](#)
- 52 [religiousinstitute/contact](#)
- 53 [safraproject/sgi-genderidentity.htm](#)
- 54 [svara/759-2/](#)
- 55 [therainbowcenter/content/view/10/11/](#)
- 56 [tuftshille/jl-sg-jquest.asp?ID=13](#)
- 57 [yachad.israel-live.de/01/who](#)
- 58 [gaychristian.net](#)

VI. College LGBT groups

- 1 American University Center for Diversity & Inclusion
- 2 The LGBT Center at Appalachian State
- 3 Armstrong Atlantic State University GSA
- 4 LGBTQ+ Resource Center
- 5 Arizona State University, LGBTQA Services Office
- 6 Augsburg LGBTQIA Services
- 7 AU Pride Alliance
- 8 ACC GSA
- 9 Office of Multicultural Affairs, Baker University
- 10 Baldwin Wallace University GLBT Services
- 11 Allies-Student Life Office

- 12 Spectrum, Ball State University
- 13 OUTfront office
- 14 Pride at Bentley University
- 15 LGBTQA Resource Center
- 16 Spectrum, Boston University
- 17 Bowdoin Queer-Straight Alliance
- 18 BGSU LGBT Resource Center
- 19 Gay, Lesbian, Bisexual, Transgender, and Ally Pride
Center
- 20 LGBTQ Resource Center, Brown University
- 21 Pensby Center, Bryn Mawr College
- 22 Office of LGBT Awareness
- 23 Butler Alliance
- 24 The Pride Center
- 25 The Pride Center, Cal Poly Pomona
- 26 LGBT Resource Center, FO4-165
- 27 SMSU Pride Center
- 28 Rainbow Alliance
- 29 Gender and Sexualiy Center
- 30 SOHO at Carnegie Mellon
- 31 The LGBT Center
- 32 Center for Diversity and Social Justice
- 33 Queer Resource Center, City College of San Francisco
- 34 Gay Straight Alliance
- 35 Office of LBGTQA Resources
- 36 The Bridge
- 37 Center for Leadership and Student Involvement
- 38 Lambda Alliance
- 39 Colorado College LGBTQIA+ Resource Center
- 40 Gay Lesbian Bisexual & Transgender Resource
Center
- 41 LGBTQ Office of Culture and Community
- 42 Office of Multicultural Affairs

- 43 Gay-Straight Alliance of Catonsville Community
College
- 44 GLBTSS
- 45 LGBTQ Resource Center
- 46 LGBT Resource Center
- 47 Dartmouth Gay, Lesbian, Bisexual & Transgender
Alumni/ae Association
- 48 LGBTQA Student Services
- 49 The LGBT Services Office
- 50 Spectrum, C/O Office of Student Activities
- 51 Drake Law LGBT Student Association
- 52 Foundation of Undergraduates for Sexual Equality
- 53 Center for Lesbian, Gay, Bisexual and Transgender
Life
- 54 Spectrum (GLBTQ Resource Center)
- 55 Lesbian, Gay, Bisexual, and Transgender Resource
Center
- 56 Lesbian, Gay, Bisexual, Transgender, Queer, & Ally
Program Center
- 57 Eastern Oregon University SAFE Zone Program
- 58 LGBT Campus Center
- 59 Emerson's Alliance for Gays, Lesbians and Everyone
(EAGLE)
- 60 Office of Lesbian, Gay, Bisexual, and Transgender
Life
- 61 UNITE c/o Student Activities
- 62 LGBTQA Resources, MMC Campus
- 63 Seminole Allies and Safe Zones
- 64 Pride Alliance
- 65 Gender and Sexuality Resource Center
- 66 Allies Resource Center
- 67 Lambda Law
- 68 LGBTQQ Resources
- 69 LGBTQ Resource Center

- 70 Pride Alliance
- 71 Pride Alliance
- 72 HERO
- 73 LGBT Resource Center
- 74 Stonewall Resource Center
- 75 Queer Community Alliance Center
- 76 Queer Resource Center
- 77 Harvard Gay and Lesbian Caucus
- 78 Outlaw - Howard University School of Law
- 79 S.A.G.E., C/O Margaret Marek
- 80 The Janet C. Anderson Gender Resource Center
- 81 ISU Pride
- 82 IWU Safe Zone Program & Pride Alliance
- 83 Sycamore Safe Zone
- 84 GLBT Student Support Services
- 85 Pride Alliance c/o Student Co-op Assn.
- 86 Indiana University Southeast GSA
- 87 Office of LGBT Student Services
- 88 Ithaca College Center for LGBT Education, Outreach,
and Services
- 89 LGBT & Ally Education Program
- 90 DSAGA
- 91 LGBT Resource Center
- 92 LGBTQ Student Center
- 93 Unity House, Kenyon College

- 94 GLBTQ Resource Center, Kutztown University of
Pennsylvania
- 95 LGBTQIA Services
- 96 Gender & Sexuality Resource Center
- 97 Marshall University LGBT Outreach
- 98 LBGT@MIT Rainbow Lounge
- 99 GLBT Student Services
- 100 Gender & Sexuality Student Support Services Office

- 101 GLBTQ Services
- 102 LBGT Resource Center
- 103 Keweenaw Pride
- 104 Queer Studies House
- 105 oSTEM at UWM
- 106 LGBT Resource Center
- 107 LGBT Center
- 108 Sexual and Gender Diversity Resource Center
- 109 Kimmel Center for University Life
- 110 GLBT Center - NC State University
- 111 Equity and Diversity Center
- 112 LGBTQA Resource Center
- 113 Lesbian, Gay, Bisexual, Transgender Resource Center
- 114 Pride Alliance
- 115 Rainbow Alliance
- 116 Core Council for GLBQ Students, Office of Student
Affairs
- 117 Gender and Sexuality Center
- 118 Lambda Union
- 119 Queers and Allies of Faith
- 120 Lesbian, Gay, Bisexual, Transgender Center
- 121 ODU Out c/o Office of Intercultural Relations
- 122 LGBT Outreach & Services
- 123 Rainbow Coalition
- 124 Palomar Community College LGBTQA Club
- 125 LGBTQA Student Resource Center
- 126 ALSO
- 127 Queer Resource Center
- 128 Queer Resource Center
- 129 The LGBT Center - Princeton University
- 130 Purdue Ally Association
- 131 The Unity Center of Rhode Island College
- 132 GLBT Office - Rochester Institute of Technology
- 133 LGBTQ & Diversity Resource Center

- 134 UK Outsource
- 135 UK GSA
- 136 UK Shades of Pride

VII. Community groups

- 1 Identity, Inc. - Gay & Lesbian Community Center of Anchorage
- 2 GLBT Advocacy & Youth Services
- 3 NWA Center for Equality
- 4 WINGSPAN
- 5 Bakersfield LGBTQ
- 6 Pacific Center for Human Growth
- 7 Burbank Center for Equality
- 8 Stonewall Alliance Center of Chico
- 9 Rainbow Community Center of Contra Costa County
- 10 Fresno LGBT Community Center
- 11 ASI LGBT/Queer Resource Center, Titan Student Union 259
- 12 The Gay & Lesbian Center of Greater Long Beach
- 13 L.A. Gay & Lesbian Center
- 14 North County LGBTQ Resource Center
- 15 The LGBT Community Center of the Desert - Palm Springs
- 16 Greater Palm Springs LGBT Pride
- 17 Sacramento Gay & Lesbian Center
- 18 The Center Inland Empire
- 19 The San Diego LGBT Community Center
- 20 LGBTQA Pride Center, ASI, Cal State Univ.
- 21 The Center Orange County
- 22 Pacific Pride Foundation
- 23 The Diversity Center: The Santa Cruz LGBT Community Center
- 24 The South Bay LGBT Community Association

- 25 Colorado Springs Pride Center
- 26 GLBT Community Center of Colorado
- 27 The Center - Northern Colorado - Fort Collins
- 28 New Haven Pride Center
- 29 Triangle Community Center
- 30 SMYAL
- 31 The DC Center for the LGBT Community
- 32 Camp Rehoboth
- 33 Prism Youth Initiative
- 34 The Center - Southwest FL LGBTW Community
Centers
- 35 Compass - GLCC of Palm Beach County
- 36 Pridelines Youth Services - Miami
- 37 The Center - Orlando
- 38 Metro Wellness & Community Centers
- 39 The Family Tree LGBT Community Center
- 40 Pride Center at Equality Park
- 41 SunServe
- 42 The Philip Rush Center
- 43 Hawaii LGBT Legacy Foundation
- 44 All Under One Roof LGBT Centers of S.E.
- 45 Center on Halsted
- 46 Rainbow Serenity
- 47 Indiana Youth Group
- 48 The Center of Wichita, Inc.
- 49 The Frederick Center
- 50 Boston Alliance of Gay, Lesbian, Bisexual &
Transgender Youth
- 51 OutCenter of Berrien County
- 52 KICK - The Agency for LGBT African Americans
- 53 Affirmations
- 54 The Lesbian & Gay Community Network of West
Michigan
- 55 Kalamazoo Gay Lesbian Resource Center

- 56 Trans Youth Support Network
- 57 LIKEME Lighthouse Community Center
- 58 Gay & Lesbian Community Center of the Ozarks
- 59 LGBT Center of St. Louis
- 60 SAGE Metro St. Louis
- 61 The Lesbian & Gay Community Center of Charlotte
- 62 Time Out Youth
- 63 Outright Youth of Catawba Valley Inc.
- 64 LGBT Center of Raleigh
- 65 Seacoast Outright
- 66 The Pride Center of New Jersey, Inc.
- 67 Hudson Pride Connections Center
- 68 Liberation in Truth Social Justice Center
- 69 Family Pride Center
- 70 Transgender Resource Center of Mexico
- 71 The Rainbow NAATSILID Center
- 72 New Mexico GLBTQ Centers
- 73 LGBT Grant County New Mexico
- 74 Gay and Lesbian Community Center of Southern
Nevada
- 75 Build Our Center, Inc.
- 76 In Our Own Voices
- 77 The Pride Center of the Capital Region
- 78 Long Island GLBT Community Center - Bay Shore
- 79 LGBTQ Community Services Center of the Bronx, Inc.
- 80 Brooklyn Community Pride Center
- 81 Queens Community House
- 82 Long Island GLBT Community Center - Garden City
- 83 The Center of the Finger Lakes
- 84 Hudson Pride Foundation
- 85 Hudson Valley LGBTQ Community Center
- 86 The LGBT Community Center - NYC
- 87 The Staten Island LGBT Community Center
- 88 LGBTQ Center of the Warwick Valley

- 89 The LOFT: LGBT Community Services Center
- 90 Queens Pride House
- 91 Gay & Lesbian Community Center of Greater Cincinnati
- 92 The LGBT Community Center of Greater Cleveland
- 93 Kaleidoscope Youth Center
- 94 Cimmaron Alliance
- 95 Oklahomans for Equality
- 96 Q Center
- 97 LGBT Community Center of Central PA
- 98 Upper Delaware GLBT Center
- 99 William Way LGBT Community Center
- 100 Delta Foundation of Pittsburgh
- 101 The Gay & Lesbian Community Center of Pittsburgh
- 102 NEPA Rainbow Alliance
- 103 Youth Pride, Inc
- 104 Harriet Hancock LGBT Center
- 105 Black Hills Center for Equality
- 106 Memphis Gay and Lesbian Community Center
- 107 Resource Center Dallas
- 108 Youth First Texas
- 109 The Monstrose Center
- 110 Pride Center San Antonio
- 111 Tyler Area Gays: Project TAG
- 112 Ogden Outreach Resource Center
- 113 Utah Pride Center
- 114 Gay Community Center of Richmond
- 115 ROSMY
- 116 Outright Vermont
- 117 Lambert House
- 118 The Inland Northwest LGBT Center
- 119 Oasis Youth Center
- 120 The Rainbow Center - Tacoma
- 121 Harmony Café - Fox Valley

- 122 LGBT Community Center of the Chippewa Valley
- 123 Harmony Café - Green Bay
- 124 LGBT Resource Center for the 7 Rivers Region
- 125 Outreach LGBT Community Center
- 126 The Milwaukee LGBT Community Center
- 127 LGBT Center of SE Wisconsin

VIII. Facebook Groups

- 1 Christian Parents with Gay Children's
- 2 Christian Parents of Gay Children Support
- 3 Center Black LGBT'
- 4 Believe Out Loud
- 5 Reconciling Ministries Network'
- 6 Muslim American Public Affairs Council
- 7 Muslim Public Affairs Committee UK
- 8 State of Texas Gay Muslim Association
- 9 Gay rights for Muslims in the UK'
- 10 Muslims Gay and Lesbians
- 11 Gay Sunni Muslims
- 12 Recruiting Gay Muslim Men
- 13 I am Gay and Muslim Project Page
- 14 Gay Muslims for Jesus
- 15 Gay Arab Muslim Men (msm) in the Uk
- 16 Westboro Baptist Church
- 17 Mormon Moms
- 18 Children of the Kingdom : A Bahá'í Approach to Spiritual Parenting
- 19 Parents In Islam

- 20 Islam 4 Parents
- 21 Conservative Dad
- 22 Indignant Conservative Mom
- 23 Conservatives For America
- 24 Conservative Moms of Maryland
- 25 Conservative Christian Moms
- 26 The Conservative Mommy
- 27 Conservative Moms
- 28 Conservative Momma
- 29 Tidbits 4 common sense conservative parenting
- 30 The Conservative-Liberal Parent
- 31 Real Conservatives Unite
- 32 Liberale Muslime Deutschland - Progressive Muslims Germany
- 33 Houston Progressive Muslims
- 34 CPCMO - Coalition of Progressive Canadian Muslim Organizations
- 35 Danish Muslims for Progressive Values
- 36 The Progressive Muslim
- 37 Tororo Progressive Academy Muslim Students Association - Topamusa
- 38 Liberal Muslims
- 39 Progressive Muslims Institute Canada
- 40 Progressive Muslim Youth Movement Of Liberia - Pmymol
- 41 Muslims for Progressive Values Nederland
- 42 Progressive British Muslims
- 43 Progressive Muslims of Greater New Orleans
- 44 Liberal Muslims

- 45 Muslims For Progressive Values-Chicago
- 46 Liberal Muslims United
- 47 United Shia Nation
- 48 Nation of Islam Peoria, IL
- 49 The Divine Nine Nation
- 50 Five Percent Nation (Enlightenment)
- 51 American Moslem Society, Outreach
- 52 American Muslim Society of the Capital District
- 53 Muslim American Society MAS Iowa
- 54 Muslim American Society- NJ Chapter
- 55 Muslim American Society - Kansas City - MASKC
- 56 Muslim American Society - Tampa
- 57 American Muslim Mission
- 58 Muslim American Society - South Florida
- 59 Muslim American Society, Raleigh-Durham Chapter
- 60 Muslim American Society - Greater Los Angeles Chapter
- 61 Muslim American Society - MAS Boston
- 62 Muslim American Society - Portland
- 63 American Society of Muslims
- 64 MAPS - Muslim American Professionals Society - San Diego
- 65 Muslim American Society - San Diego Chapter
- 66 Muslim American Society - Charlotte
- 67 AMS- American Muslim Society
- 68 Muslim American Society - DC
- 69 Moorish Science Temple of America, Subordinate Temple MD

- 70 Moorish Science Temple of America #34 / Syracuse NY Study Group
- 71 Moorish Science Temple of America 21-1
- 72 Eshel
- 73 My Orthodox Jewish World View
- 74 Educating in the Divine Image: Gender Issues in Orthodox Jewish Day Schools
- 75 Orthodox Jewish Physicians - OJP
- 76 Orthodox Jewish Nurses Association
- 77 Suburban Park Jewish Center סבורבן פרק ג'וויש סנטר
- 78 Orthodox Jewish Synagogue of Pueblo
- 79 Kampala Jewish Synagogue
- 80 Buffalo Orthodox Jewish Community
- 81 African Orthodox Jewish community
- 82 Orthodox Messianic Jewish Union
- 83 North American Division Adventist Community Services
- 84 Cleveland Seventh-day Adventist Church
- 85 Grace Fellowship SDA Church Valdosta
- 86 Adventist Review
- 87 Toronto East Seventh-day Adventist Church
- 88 North England Conference of Seventh-day Adventists
- 89 Sunnyside Seventh-day Adventist Church
- 90 Ridgetop Seventh-day Adventist Church
- 91 CAA Seventh-day Adventist Church
- 92 Bethel Seventh-day Adventist Church
- 93 Southland Christian Church
- 94 United Church

- 95 New Zion City Ministries
- 96 Zion Christian church Flora
- 97 Zion Family Christian Church
- 98 New Commandment Christian Church
- 99 Ichibi Christian Church in Zion
- 100 Zion Pilgrim Christian Church, Disciples of Christ
- 101 Mount Zion Christian Church: Henderson, NC
- 102 Zion Christian Church
- 103 Walls Chapel AME Zion Church, Houston, TX
- 104 ZION Christian Church HQ
- 105 Zion Church
- 106 Zion Christian Church
- 107 The Lord's Church
- 108 Church of The Living God, Lord Jesus, Apostolic, Inc
- 109 Apostolic Church of The Lord Jesus Christ
- 110 Church Of the Living Lord 基督活主教會
- 111 The House of the Lord Church
- 112 The House of The Lord
- 113 The Church In The Name Of The Lord Jesus Christ
- 114 The Church Of The Risen Lord
- 115 Judah Church Of The Lord Jesus Christ
- 116 Christ Apostolic Church
- 117 Christ Temple Apostolic Church
- 118 Little Rock Church of Christ, Apostolic Faith, C.O.O.L.J.C.
- 119 Christ Apostolic Church, Manchester, Tn

- 120 Christ Centered Apostolic Church
- 121 Christ Apostolic Church House of Praise
- 122 Christ Apostolic Church Powerhouse Atlanta
- 123 Christ Church Apostolic
- 124 Christ Temple New Assembly Apostolic Church
- 125 Celestial Church of Christ Clapham Parish London
- 126 Celestial Church of Christ, Bethel Parish, New Delhi, India
- 127 Celestial Church of Christ, Worldwide
- 128 Celestial Church of Christ Meet
- 129 Celestial Church of Christ North Atlanta Parish Smyrna
- 130 Washington Metropolitan A.M.E. Zion Church St. Louis, Mo.
- 131 9th Episcopal District of the AME Church
- 132 The Bethel AME Church, Altamonte Springs, FL
- 133 The New Greater Allen Temple A M E Church
- 134 Wesley Temple AME Zion Church
- 135 Auburn AME Zion Church
- 136 The African Church Heritage
- 137 The Greater Allen Cathedral of New York
- 138 The Historic First African Baptist Church of Savannah,GA
- 139 The New New Tyler African Methodist Episcopal Church
- 140 The African Church, USA
- 141 First African Baptist Church Lexington KY
- 142 The African LIGHT Church
- 143 St. Paul A.M.E. Church Music & Arts Academy
- 144 The African Apostolic Church Hymns

145	Ebenezer A.M.E. Church
146	Eastern Mennonite University Parents
147	Junior High Parents at St. Andrew's Presbyterian Church
148	Myers Park Presbyterian Youth and Families Ministry Parents Page
149	Parents Protest
150	I Love My Catholic Faith
151	+ CATHOLIC DAILY +
152	Catholic and Proud
153	The Catholic Gentleman
154	Love Being Catholic
155	Pentecostal Holiness Tabernacle
156	The Pentecostal Mission
157	Mundo Pentecostal
158	Pentecostal Church of Jesus Christ
159	House of God Inc.
160	Global Missions United Pentecostal Church
161	I'm Pentecostal
162	Cfire-Christian Fundamentalist Internal Revenue Employees
163	Fundamentalist Christian Movement
164	Evangelical Seminary
165	Evangelical Environmental Network
166	Resurrection Evangelical Lutheran Church
167	Evangelical Presbyterian Church
168	Zion Evangelical Lutheran Church - Hamilton, Ohio
169	First Evangelical Church

- 170 Patheos Evangelical
- 171 Evangelicals for Trump
- 172 The Evangelical Network
- 173 Orthodox Christian Network
- 174 Anstey Memorial Girls' Anglican School Parent Teacher Associations
- 175 Attachment Parenting International of Northwest Indiana
- 176 By My Side Parenting
- 177 Bethel Lutheran Parenting Group - Madison, WI
- 178 Lutheran Elementary School Parents
- 179 Grace Lutheran College Alumni - Past Students, Parents and Staff
- 180 Covenant Methodist Preschool & Parents Day Out
- 181 North Cross United Methodist Parents Day Out Program
- 182 LDS Parenting
- 183 Our Savior Lutheran Parent Group
- 184 Mormon Parent
- 185 Beech Haven Baptist Church Parents of Children & Youth
- 186 Bethany Baptist Church Parenting Seminar Ministry
- 187 Brewster Baptist Parent Ministry
- 188 Westminster Baptist Church Parent Training Center
- 189 California Baptist University Parents
- 190 Worried Christian Parents Against Homestuck
- 191 SDA Christian Parenting
- 192 ICCS Immaculate Conception Catholic School- St.Kitts - Parents Corner
- 193 Christian Parenting Help
- 194 Hudsonville Christian Parents Club

- 195 Gentle Christian Parenting
- 196 Christian Parenting United
- 197 Christian Parents of Gay Children Support
- 198 ChristianParenting
- 199 Catholic Parenting
- 200 Christian Parents of Gay Children
- 201 Mslrp Catholic Parents Community
- 202 Austin Catholic Parents Association
- 203 Catholic Parents Against Common Core - In the Milwaukee Archdiocese
- 204 Catholic Parents
- 205 Muslims Against Homophobia and LGBT Hate
- 206 Alliance at Morehouse School of Medicine
- 207 OutLaw at UMB
- 208 National Black Leadership Commission on AIDS (NBLCA)
- 209 Black LGBT Alliance of New York, Inc. - The Alliance
- 210 NYC Black Justice Alliance
- 211 PROUD at OCAD U
- 212 Parenting Gently
- 213 Parenting For Social Justice
- 214 Out of the Neon Closet: Queer Community in the Silver State
- 215 Queer Xicano Chisme
- 216 LGBT Faith Leaders of African Descent
- 217 National Queer Asian Pacific Islander Alliance
- 218 Hues- Queer + Gay Men of Color health and lifestyle
- 219 Parents with gay Children

- 220 HuffPost Queer Voices
- 221 Janet Mock
- 222 Diverse Elders Coalition
- 223 PFLAG - San Gabriel Valley Asian Pacific Islander
- 224 UChicago Queer + Asian
- 225 Gay Asian Pacific Islander Men of New York (GAPIMNY)
- 226 Queer Association of Asian and Pacific Islanders
- 227 Asian Pacific Islander Pride Council (APIPC)
- 228 Asian Pride - MAP for Health
- 229 Asian Pacific Islander Pride
- 230 Yale Queer + Asian
- 231 Lgbti Asian Stories NZ
- 232 Birmingham South Asians LGBT - Finding A Voice
- 233 ACAS (Asian Community AIDS Services)
- 234 Asian & Pacific Islander LGBT Pride
- 235 The Queer East: Celebrating Boston's LGBT Asian Community
- 236 Asian LGBT InterFaith Network
- 237 National Queer Asian Pacific Islander Alliance
- 238 Las Vegas Gay Black Community
- 239 Black Cuse Pride
- 240 St. Louis Black Pride
- 241 Black Hills Center for Equality Inc.
- 242 Black Men For Relationship Unity
- 243 NYC Black Pride
- 244 NYC Black Justice Alliance

- 245 Worcester LGBT Pride
- 246 LGBT Acceptance and Safety within the Black Community
- 247 San Diego Black LGBTQ Coalition
- 248 The Black Queer Collective
- 249 Navigating the Fold: Black & LGBT in the Nation's Capital
- 250 Black Swiss LGBT - lesbians
- 251 For the Love of Black Women
- 252 Dis) Abled Black LGBT Youth
- 253 DuvalBlack Pride Lgbt
- 254 National Black Justice Coalition (NBJC)
- 255 DC Black Pride
- 256 Black LGBT Alliance of New York, Inc. - The Alliance
- 257 South Carolina Black Pride
- 258 Shout Sister, Shout" CCNY LGBT Black History Month
- 259 Black LGBT Baby Boomers and Gen X'ers
- 260 Black, Gifted and Gay
- 261 Generations Black Lgbtiqq History Event
- 262 Center Black LGBT
- 263 Las Vegas LGBT Black Club
- 267 The Los Angeles Black LGBT Network
- 268 Kentuckiana Gay Black Pride Association
- 269 Arab LGBT
- 270 LGBT Arabs
- 271 Hispanic National Bar Association - LGBT Division
- 272 PDX Latinx Pride

- 273 LGBTI Latinx & Hispanics in Australia
- 274 BeVisible Latinx
- 275 LGBT Latinos of Orlando
- 276 Christian Parents of Gay Children
- 277 Christian Parents of Gay Children Support
- 278 Trots Op Mijn Transgender Kind
- 279 Orgullo Latinx LGBT+ Youth
- 280 Raices Latinas LGBT at Pridecenter NJ
- 281 Generations Black Lgbtiqq History Event
- 282 Reach La
- 283 Unity
- 284 Center for LGBTQ and Gender Studies in Religion - CLGS
- 285 The Trevor Project
- 286 Soulforce
- 287 Shout Out Health
- 288 OutServe Magazine
- 289 National Black Gay Men's Advocacy Coalition (NBGMAC)
- 290 Safra Project
- 291 Al-Jannah - LGBT Muslim Organisation (UK)
- 292 LGBTQ Pakistan
- 293 Seattle Jewish LBTQ Women
- 294 Catholic Mom's Cafe
- 295 Becoming Better Fathers
- 296 Confessions of a Muslim Mom
- 297 Parents of LGBTQ children and Young Adults in So, Cal.

- 298 Queerability
- 299 The Single Christian Parent
- 300 Fitrah: negotiating sexual orientation, gender identity and Islam
- 301 Parents & Friends of Lesbian And Gay people - PFLAG Greater Shepparton
- 302 APGL Association des Parents et Futurs Parents Gays et Lesbiens
- 303 PFLAG Charlotte
- 304 PFLAG Orlando
- 305 PFLAG Cincinnati
- 306 PFLAG Gainesville
- 307 PFLAG Cleveland
- 308 PFLAG Houston
- 309 PFLAG Lubbock
- 310 PFLAG Akron
- 311 PFLAG Temecula
- 312 PFLAG Perth
- 313 Pflag Birmingham
- 314 PFLAG, Charleston, IL
- 315 Pflugerville Pflag
- 316 Greater Boston PFLAG
- 317 PFLAG Norman, OK
- 318 PFLAG Greenville SC
- 319 PFLAG Tallahassee
- 320 Pflag Montgomery, Al
- 321 PFLAG Blairsville
- 322 Pflag of Panama City

- 323 PFLAG Reno/Sparks
- 324 PFLAG@Munster
- 325 PFLAG Los Angeles
- 326 Pflag Ames
- 327 PFLAG Maui
- 328 PFLAG-Marshall-Buffalo Ridge
- 329 PFLAG Hayward/East Bay
- 330 PFLAG Bunbury
- 331 PFLAG Owosso Area Chapter
- 332 Pflag-Portland, ME
- 333 PFLAG Toowoomba
- 334 PFLAG Victoria
- 335 Pflag Tasmania
- 336 Lynchburg PFLAG
- 337 PFLAG of Siouxland
- 338 Wooster Pflag
- 339 Pflag Boise/Treasure Valley

Appendix B
Survey Instruments

Parental Acceptance Instrument

Parental Acceptance Scale

1- Never true

2- Rarely true

3- Sometimes true

4- Always true

1. I invite my child to family events and ask them to bring their best friend.
2. I visit my child and am sure to be friendly to their partner.
3. I tell my child that I think they should seek help to change their sexual orientation or gender identity.*
4. I have told my child that it would be a good idea for them to date members of the opposite sex.*
5. I tell my child that I think they are intentionally hurting me.*
6. I ask my child how their relationships are going.
7. I offer my child support in their relationships.
8. I feel negative emotions (anger, sadness) regarding my child's LGBT identity.*
9. I talk with my child about their LGBT identity.
10. I am upset by my child's relationships with LGBT people.*
11. I support my child's LGBT identity even though I may feel uncomfortable.
12. I advocate for my child when they are mistreated because of their LGBT identity.
13. At times, I am so overwhelmed with negative emotions regarding my child's identity that I become violent toward them.*

14. If other family members speak negatively about my child's LGBT identity, I support my family members.*
15. I participate/attend LGBT events to support my child.
16. I am uncomfortable when my child wears clothes or presents themselves in ways that are gender atypical.*
17. I require that other family members respect my child's LGBT identity.
18. I avoid engaging with LGBT people, events, and resources.*
19. I support my child's gender expression, even if it is not typical.
20. I believe it is partially my child's fault when they experience discrimination because of their LGBT identity.*
21. I believe my child can have a happy future as an LGBT adult.
22. I try to get my child to be more (or less) masculine or feminine.*
23. I tell my child I love them unconditionally.
24. I fear my child will not be able to have a happy future as an adult because of their LGBT identity.*
25. I stand up for my child at school to prevent and address bullying & harassment (or would feel comfortable doing so if my child was school age).
26. I tell my child that I am ashamed of them or that how they look or act will shame the family.*
27. I ask my child how their relationships are going.
28. I ask my child keep their LGBT identity a secret in the family and not talk about it.*
29. I offer my child support in their relationships.
30. I believe it is important that my child feels they can confide in me.
31. I have difficulty expressing love for my child because of their LGBT identity.*
32. I try to make my child feel wanted and needed.
33. I am uncomfortable with my child bringing other LGBT people to my home or family events.*

- 34. I am/would be upset by my child's participation in the LGBT community.*
- 35. I welcome my child bringing other LGBT people to my home.
- 36. I do not support my child's LGBT identity.*
- 37. I am supportive of my child participating in LGBT organizations or events.
- 38. I am not comfortable talking with my child about their LGBT identity.*
- 39. If I visit my child, I do not feel comfortable being around their partner (or would not if they had a partner).*

*indicates negative item that was excluded from analysis.

Emotional Regulation Instrument

Difficulties in Emotion Regulation Scale (DERS, Gratz & Lizabeth Roemer, 2004)

- 1- Almost never
- 2- Sometimes
- 3- About half the time
- 4- Most of the time
- 5- Almost always

NONACCEPTANCE SUBSCALE

- 11. When I'm upset, I become angry with myself for feeling that way.*
- 12. When I'm upset, I become embarrassed for feeling that way.*
- 21. When I'm upset, I feel ashamed with myself for feeling that way.*
- 23. When I'm upset, I feel like I am weak.*
- 25. When I'm upset, I feel guilty for feeling that way.*
- 29. When I'm upset, I become irritated with myself for feeling that way.*

GOALS SUBSCALE

- 13. When I'm upset, I have difficulty getting work done.*
- 18. What I'm upset, I have difficulty focusing on other things.*
- 20. When I'm upset, I can still get things done.
- 26. When I'm upset, I have difficulty concentrating.*
- 33. When I'm upset, I have difficulty thinking about anything else.*

IMPULSE SUBSCALE

- 14. When I'm upset, I become out of control.*
- 19. When I'm upset, I feel out of control.*
- 24. When I'm upset, I feel like I can remain in control of my behaviors.

- 27. When I'm upset, I have difficulty controlling my behaviors.*
- 3. I experience my emotions as overwhelming and out of control.*
- 32. When I'm upset, I lose control over my behaviors.*

AWARENESS SUBSCALE**

- 10. When I'm upset, I acknowledge my emotions.
- 17. When I'm upset, I believe that my feelings are valid and important.
- 2. I pay attention to how I feel.
- 34. When I'm upset, I take time to figure out what I'm really feeling.
- 6. I am attentive to my feelings.
- 8. I care about what I am feeling.

STRATEGIES SUBSCALE

- 15. When I'm upset, I believe that I will remain that way for a long time.*
- 16. When I'm upset, I believe that I'll end up feeling very depressed.*
- 22. When I'm upset, I know that I can find a way to eventually feel better.
- 28. When I'm upset, I believe that there is nothing I can do to make myself feel better.*
- 30. When I'm upset, I start to feel very bad about myself.*
- 31. When I'm upset, I believe that wallowing in it is all I can do.*
- 35. When I'm upset, it takes me a long time to feel better.*
- 36. When I'm upset, my emotions feel overwhelming.*

CLARITY SUBSCALE

- 1. I am clear about my feelings
- 4. I have no idea how I am feeling.*
- 5. I have difficulty making sense out of my feelings.*
- 7. I know exactly how I am feeling.
- 9. I am confused about how I feel.*

*indicates item to be reverse scored, **indicates subscale removed after CFA.

Cognitive Flexibility Instrument

The Cognitive Flexibility Inventory (Dennis & Vander Wal, 2010)

Please use the scale below to indicate the extent to which you agree or disagree with the following statements.

- 1- Strongly Agree
- 2- Agree
- 3- Somewhat Agree
- 4- Neutral
- 5- Somewhat Disagree
- 6- Disagree
- 7- Strongly Disagree

ALTERNATIVES SUBSCALE

- 1. I am good at “sizing up” situations.
- 3. I consider multiple options before making a decision.
- 5. I like to look at difficult situations from many different angles.
- 6. I seek additional information not immediately available before attributing causes to behavior.
- 8. I try to think about things from another person’s point of view.
- 10. I am good at putting myself in others’ shoes.
- 12. It is important to look at difficult situations from many angles.
- 13. When in difficult situations, I consider multiple options before deciding how to behave.
- 14. I often look at a situation from different viewpoints.

16. I consider all the available facts and information when attributing causes to behavior.
18. When I encounter difficult situations, I stop and try to think of several ways to resolve it.
19. I can think of more than one way to resolve a difficult situation I'm confronted with.
20. I consider multiple options before responding to difficult situations.

CONTROL SUBSCALE

2. I have a hard time making decisions when faced with difficult situations.*
4. When I encounter difficult situations, I feel like I am losing control.*
7. When encountering difficult situations, I become so stressed that I cannot think of a way to resolve the situation. *
9. I find it troublesome that there are so many different ways to deal with difficult situations.*
11. When I encounter difficult situations, I just don't know what to do.*
15. I am capable of overcoming the difficulties in life that I face.
17. I feel I have no power to change things in difficult situations.*

*indicates item to be reverse scored.

Religious Fundamentalism Instrument

The Revised Religious Fundamentalism Scale (RFS, Altemeyer & Hunsberger, 2004)

Instructions: This survey is part of an investigation of general public opinion concerning a variety of social issues. You will probably find that you agree with some of the statements, and disagree with others to varying extents. Please indicate your reaction to each statement, according to the following scale:

8- Strongly Agree

9- Agree

10- Somewhat Agree

11- Neutral

12- Somewhat Disagree

13- Disagree

14- Strongly Disagree

1. God has given humanity a complete, unfailing guide to happiness and salvation, which must be totally followed.
2. No single book of religious teachings contains all the intrinsic, fundamental truths about life.*
3. The basic cause of evil in this work is Satan, who is still constantly and ferociously fighting against God.
4. It is more important to be a good person than to believe in God and the right religion.*
5. There is a particular set of religious teachings in this world that are so true, you can't go any "deeper" because they are the basic, bedrock message that God has given humanity.
6. When you get right down to it, there are basically only two kinds of people in the world: the Righteous, who will be rewarded by God: and the rest, who will not.

7. Scriptures may contain general truths, but they should NOT be considered completely, literally true from beginning to end.*

8. To lead the best, most meaningful life, one must belong to the one, fundamentally true religion.

9. “Satan” is just the name people give to their own bad impulses. There really is no such thing as a diabolical “Prince of Darkness” who tempts us.*

10. Whenever science and sacred scripture conflict, science is probably right.*

11. The fundamentals of God’s religion should never be tampered with, or compromised with others’ beliefs.

12. All of the religions in the world have flaws and wrong teachings. There is no perfectly true right religion.*

*indicates item is worded in the con-trait direction, for which the scoring key is reversed.

Parental Sanctification Instrument

The Revised Manifestation of God in Parenting Scale (Murray-Swank et al., 2006)

Some of the following questions use the word "God." Different people use different terms for God, such as "Higher Power," "Divine Spirit," "Spiritual Force," "Holy Spirit," "Yahweh," "Allah," "Buddha," or "Goddess." Please feel free to substitute your own word for God when answering any of the questions that follow. Also, some people do not believe in God. If this is the case for you, please feel free to choose the "strongly disagree" response when needed.

Please answer these questions about your child who identifies as LGBT:

- 1- Strongly Agree
- 2- Agree
- 3- Somewhat Agree
- 4- Neutral
- 5- Somewhat Disagree
- 6- Disagree
- 7- Strongly Disagree

1. God played a role in the development of my role as a parent.
2. God is present in my role as a parent.
3. My role as a parent is a reflection of God's will.
4. In my parenting, I express my spirituality or religiousness.
5. My role as a parent is symbolic of God and what I believe about God.
6. God is a part of my role as a parent.
7. My role as a parent is consistent with my spiritual or religious identity.
8. I experience God through my role as a parent.
9. My role as a parent reflects my image of what god wants for me.

10. My role as a parent is influenced by God's action in my life.
11. My role as a parent is a holy duty.
12. My role as a parent represents God's presence in my life.
13. In my role as a parent, I follow scripture and what it teaches.
14. In my role as a parent, I follow the teachings of my church.

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- VanderWaal, C. J., Sedlacek, D., & Lane, L. (2017). The impact of family rejection or acceptance among LGBT+ millennials in the Seventh-day Adventist Church. *Social Work & Christianity, 44*(1/2), 72-95.

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Vita
Dani E. Rosenkrantz, MS, EdS

EDUCATION

- 2014-2016 **Education Specialist in Counseling Psychology**
University of Kentucky; Lexington, KY
- 2012-2014 **Master of Science in Counseling Psychology**
University of Kentucky; Lexington, KY
- 2007-2011 **Bachelor of Science in Psychology, Bachelor of Arts in Jewish Studies**
University of Florida; Gainesville, Florida
- 2010 **Honors Psychology Program**
University of Haifa; Haifa, Israel

PUBLICATIONS AND CONFERENCE PRESENTATIONS

Accepted Publications

- Mark, K. P., Toland, M. D., **Rosenkrantz, D. E.**, Brown, H. M., & Hong, S. (in press). Validation of the Sexual Desire Inventory for Lesbian, Gay, Bisexual, Trans, and Queer Adults. *Psychology of Sexual Orientation and Gender Diversity*.
<https://doi.org/10.1037/sgd0000260>
- Rosenkrantz, D. E.**, & Mark, K. P. (in press). The sociocultural context of sexually diverse women's sexual desire. *Sexuality & Culture*. <https://doi.org/10.1007/s12119-017-9462-6>
- Riggle, E. D. B., Rostosky, S. S., Black, W. W., & **Rosenkrantz, D. E.** (2017). Outness, concealment, and authenticity: Associations with LGB individuals' psychological distress and well-being. *Psychology of Sexual Orientation and Gender Diversity*, 4, 54-62, doi:10.1037/sgd0000202
- Rosenkrantz, D. E.**, Black, W. W., Abreu, R. L., Aleshire, M. E., & Bennett, K. (2016). Health and health care of rural sexual and gender minorities: A systematic review. *Stigma and Health*. doi:10.1037/sah0000055
- Rosenkrantz, D. E.**, Rostosky, S. S., Riggle, E. D. B., & Cook, J. R. (2016). The positive aspects of intersecting religious/spiritual and LGBTQ identities. *Spirituality in Clinical Practice*, 3, 127-18. doi:10.1037/scp0000095
- Rostosky, S. S., Black, W. W., Riggle, E. D. B., & **Rosenkrantz, D. E.** (2015). The positive aspects of being a straight ally to LGBTQ individuals. *American Journal of Orthopsychiatry*. doi:10.1037/ort0000056
- Mark, K. P., **Rosenkrantz, D. E.**, & Kerner, I. (2014). "Bi"ing into monogamy: Attitudes toward monogamy in a sample of bisexual adults. *Psychology of Sexual Orientation and Gender Diversity*, 3(1). doi:10.1037/sgd0000051

Invited Publications

- Rosenkrantz, D. E. & Barr, S. M.** (2017). Validating the subscales of the objectified body consciousness scale in a population of trans women. *Perspectives on Lesbian, Bisexual, and Transgender Concerns*, 3(2), 5-7.
<https://drive.google.com/open?id=0B6jsO3WpFHQNa21yVzY1Q3NTdXc>

Refereed Presentations

- Rosenkrantz, D. E. & Zook, M.** (2017). *Rural LGBT health disparities and implications for behavioral health treatment*. Presentation presented via webcast at the Rural Behavioral Health Practice Conference, Morris, MN.
- Rosenkrantz, D. E. & Mark, K. P.** (2017). The sociocultural contextual of sexually diverse women's sexual desire. In J. Mann (Discussant), *The importance of women's sexual desire in sexual health research*. Symposium conducted at the inaugural Kentucky Gender and Women's Studies Conference, Lexington, KY.
- Rosenkrantz, D. E. & Dowling, K.** (2017). *Exploring being a religious/spiritual and LGBTQ graduate student*. Discussion hour presented at the American Psychological Association Conference, Washington, D.C.
- Rosenkrantz, D. E., Abreu, R. L., Lawson, H. E., Kwok, C. Ryser-Oatman, T., Rostosky, S. S., & Riggle, E. D. B.** (2017). *Growing from Acceptance: A review of parental LGBT acceptance literature with parent samples*. Poster presented at the American Psychological Association Conference, Washington, D.C.
- Rosenkrantz, D. E. & Mark, K. P.** (2017). *Oppressed desire: An exploration of sociocultural contextual influences on the sexual desire of lesbian, bisexual, and straight women*. Poster presented at the American Psychological Association Conference, Washington, D.C.
- Rosenkrantz, D. E., Abreu, R. L., & Riggle, E. D. B.** (2016). *The positive LGBTQ parent-child relationship: A review of the parental acceptance literature*. Poster presented at the American Psychological Association Conference, Denver, Co.
- Rosenkrantz, D. E., & Barr, S. M.** (2016, August). Validating the subscales of the Objectified Body Consciousness Scale in a population of trans women. In R. E. Fassinger (Discussant), *Emerging areas of science, practice, and education with LGBTQ women*. Symposium conducted at the annual meeting of the American Psychological Association, Denver, CO.
- Brown, H. M., **Rosenkrantz, D. E., Leistner, C., & Mark, K. P.** (2016). *The Sociocultural Context of Sexually Diverse Women's Sexual Desire*. Poster presented at the American Psychological Association Conference, Denver, Co.
- Rosenkrantz, D. E., Black, W. W., & Bennett, K.** (2015). *Rural LGBT health disparities: A meta-narrative review*. Poster presented at the American Psychological Association Conference, Toronto, Canada.

- Rosenkrantz, D. E.**, Abreu, R. L., Vasilj, I., Farook, M., Jordan, C., & Glover, R. L. (2015). *Social Justice Training in the Literature: Moving Forward*. Poster presented at the American Psychological Association Conference, Toronto, Canada.
- Black, W. W., **Rosenkrantz, D. E.**, Rostosky, S. S., & Riggle, E. D. B. (2015). *Is being authentic more important than being out for LGB identified individuals?* Poster presented at the American Psychological Association Conference, Toronto, Canada.
- Rosenkrantz, D. E.** & Mark, K. P. (2015). "Bi"ing into monogamy: Attitudes toward monogamy in a sample of bisexual-identified adults. In T. Roberts (Chair), *Current Trends in Research on Bisexuality*. Symposium conducted at the annual meeting of the Association for Women in Psychology, San Francisco, CA.
- Rosenkrantz, D. E.**, Mark, K. P., & Kerner, I. (2014). *The complexity of predicting bisexual attitudes toward monogamy*. Poster presented at the Society for the Scientific Study of Sexuality Conference, Omaha, NE.
- Rosenkrantz, D. E.**, Cook, J. R., Rostosky, S. S., & Riggle, E. D. B. (2014). *The positive aspects of being religious/spiritual and LGBTQ*. Poster presented at the American Psychological Association Conference, Washington, D.C.
- Mark, K. P. & **Rosenkrantz, D. E.** (2014). *Sparks of sexual desire: Experiences of ebbs and flows in sexually diverse women*. Presentation presented at the Society for the Scientific Study of Sexuality Conference, Omaha, NE.
- Mark, K. P., **Rosenkrantz, D. E.**, & Kerner, I. (2014). *"Bi"ing into monogamy: Bisexual attitudes towards monogamy*. Poster presented at the American Association of Sexuality Educators, Counselors, and Therapists Conference, Monterey, CA.
- Owen, K. H., Cook, J. R., **Rosenkrantz, D. E.**, Leistner, C., Mosely, D. V., & Cascio, K. (2014). *Creating Allies: An Experiential Ally Development Workshop for Graduate-Level Counseling Students*. Poster presented at the Counseling Psychology Conference, Atlanta, GA.
- Minieri, A., Leistner, C., Black, W. W., & **Rosenkrantz, D. E.** (2014). *Not Just a Women's Issue: Male Undergraduate Students as Antiviolence Allies*. Poster presented at the American Psychological Association Conference, Washington, D.C.
- Black, W. W., **Rosenkrantz, D. E.**, Rostosky, S. S., & Riggle, E. D. B. (2013). *The positive aspects of being a straight ally to LGBTQ individuals*. Poster presented at Kentucky Psychological Association Conference, Louisville, KY.
- Brewster, M. E., & **Rosenkrantz, D. E.** (2012). *Employment non-discrimination laws for transgender employees: Links with job satisfaction, workplace climate, and outness*. Poster presented at the annual meeting of the American Psychological Association, Orlando, FL.

Invited Presentations

Rosenkrantz, D.E. & Duebner, D. (2018). *Managing Measurement Error in Regression Analysis (in Mplus)*. Presented at the Applied Psychometric Strategies Lab Applied Quantitative and Psychometric Series, Lexington, KY.

Love, A. & **Rosenkrantz, D.E.** (2018). *Guiding Steps for the Evaluation or Creation of a Scale: A Starter Kit*. Presented at the Applied Psychometric Strategies Lab Applied Quantitative and Psychometric Series, Lexington, KY.

Rosenkrantz, D.E. (2018). *Couples Therapy: An Intro to Couples Work and Integrative Behavioral Couple Therapy*. Presented at a University of Kentucky Practicum Lecture, Lexington, KY.

Leistner, C., **Rosenkrantz, D. E.**, & Mark, K. P. (2017). *Sociocultural considerations for desire among sexually diverse women*. Paper presented at LGBTQ* Resource Center Lunch and Learn, Lexington, KY.

Rosenkrantz, D. E. & Abreu, R. L. (2015). *Making a connection: LGBTQ religion and spirituality*. Workshop presented at the Moving Forward LGBT Youth and Families Conference, Lexington, KY.

Rosenkrantz, D. E., Black, W. W., & Mosely, D. V. (2013). *Allies for all: Bi and trans* youth advocacy*. Workshop presented at Moving Forward LGBT Youth and Families Conference, Lexington, KY.

Manuscripts in Process

Rosenkrantz, D. E., Abreu, R. L., Rostosky, S. S., & Riggle, E. D. B., Ryser-Oatman, T., Lawson, H.E., Kwok, C., Gunderson, C. (under review). *A review of parental LGBT acceptance literature with parent samples*.

RESEARCH EXPERIENCE

August 2012- **Psychosocial Research Initiative on Sexual Minorities (PRISM); University of Kentucky**
Present *Lab Coordinator (August 2017-May 2018), Team Member (August 2012-August 2017)*

PIs: Sharon S. Rostosky, PhD and Ellen D. B. Riggle, PhD

August 2013- **Sexual Health Promotion Lab (SHP); University of Kentucky**
Present *Team Member, PI: Kristen Mark, PhD*

August 2013- **Interdisciplinary LGBT Health Lab; University of Kentucky**
Present *Team Member, PI: Keisa Bennett, MD*

August 2017- **Applied Psychometrics Strategies Lab (APS); University of Kentucky**
Present *Team Member, PI: Michael Toland, PhD*

August 2017- **Student and Academic Life Advising Program Assessment Team; University of Kentucky**
August Present *Research Assistant, PI: Michael Toland, PhD*

August 2015- **Buprenorphine Treatment and Health Reform Grant; University of Kentucky**
August 2017 *Research Assistant, PI: Hannah Knudsen, PhD*

August 2015- **Academic Enhancement Qualitative Program Assessment Team; University of Kentucky**
August 2017 *Research Assistant, PI: James D. Breslin, PhD, Dana Malone, PhD*

August 2011- **LGBT Ally Identity Measure Development Project; Columbia University**
August 2012 *Research Assistant, PI: Melanie E. Brewster, PhD, Nicole K. Jones, PhD*

August 2010- **Stigma Identity and Risky Sexual Practices of MSM Project; University of Haifa**
August 2011 *Research Assistant, PI: Amir Rosenmann, PhD*

August 2009- **Life Satisfaction and Excellence Lab; University of Florida**
August 2011 *Team Member, PI: Martin Heesacker, PhD*

May 2011- **Legal Protections and Transgender Workplace Experiences Project; University of Florida**
August 2011 *Research Assistant, PI: Melanie E. Brewster, PhD*

August 2009- **Women's Sexual Decision Making and Condom Use Self-Efficacy Project**
December 2009 **University of Florida**
Research Assistant, PI: Michael Parent, PhD

August 2009- **Conformity to Masculine and Feminine Norms Inventories Project;**
December 2009 **University of Florida**
Research Assistant, PI: Michael Parent, PhD

January 2009- **Life Experiences, Well-Being of Asian/Asian-American Women Project;**
May 2009 **University of Florida**
Research Assistant, PI: Cirleen DeBlaere, PhD

TEACHING EXPERIENCE

Spring 2015, **Lab Section Leader, Cultural Competency in Healthcare**
2017, 2018 *College of Health Sciences, University of Kentucky*

Fall 2012- **Instructor, Academic Preparation & Placement: Reading Workshop**
Spring 2015 *Academic Enhancement, University of Kentucky*

Spring 2012- **Program Facilitator, Chronic Disease Self-Management, Diabetes Self-**
Fall 2012 **Management, and Matter of Balance Courses**
Health Foundation of South Florida

Spring 2009 **Teaching Assistant, Psychology of Personality**
Department of Psychology, University of Florida

CLINICAL EXPERIENCE

August 2017-
Present **Transform Health Family Medicine Clinic**
Psychology Practicum Student (Supervised Doctoral Training)

August 2017-
Present **The Child and Adolescent Trauma Treatment and Training Institute;**
Psychology Practicum Student (Supervised Doctoral Training)

August 2016-
Present **University of Kentucky Counseling Center and Office of Residence Life**
On-Call Counselor (Paid, Supervised Doctoral Training)

February 2015-
Present **University of Kentucky-Counseling Psychology Program**
Supervisor of Master's Students (Supervised Doctoral Training)

January 2015-
May 2017 **University of Kentucky College of Health Sciences**
Cultural Competency in Healthcare Identity Processing Group Leader
(Supervised Doctoral Training)

August 2016-
May 2017 **University of Kentucky LGBTQ* Resource Center**
LGBTQ Safezone and Diversity Trainer (Paid, Supervised Doctoral Training)

August 2016-
May 2017 **Veterans Association Medical Center, Leestown Division**
Psychology Practicum Student (Supervised Doctoral Training)

August 2015-
May 2016 **Center on Trauma and Children Comprehensive Assessment & Training Services;**
Psychology Practicum Student (Supervised Doctoral Training)

December 2014-
May 2015 **University of Kentucky-Counseling Center**
Advanced Practicum Student Counselor (Paid, Supervised Doctoral Training)

August 2012-
May 2015 **University of Kentucky-Academic Enhancement**
Learning Specialist (Paid, Supervised Doctoral Training)

August 2014-
December 2014 **Chrysalis House Residential Substance Abuse Program for Women and Mothers;**
Practicum Student Counselor (Supervised Doctoral Training)

January 2013-
May 2014 **University of Kentucky-Counseling Center**
Practicum Student Counselor (Supervised Doctoral Training)

January 2013-
November 2013 **University of Kentucky-Office of Substance Education & Responsibility;**
Substance Education & Responsibility Coach Alcohol Workshop and Drug Education Program Facilitator (Paid, Supervised Doctoral Training)

August 2013-
December 2013 **Counseling Psychology Program Ally Development Workshop**
Co-developer, facilitator, evaluator of 2013 Workshop (Supervised Doctoral Training)

January 2010-
May 2011 **Alachua County Crisis Center;** Gainesville, FL
Crisis Line Phone Counselor (Pre-Master's Work Experience)

OTHER PROFESSIONAL EXPERIENCE

August 2017-September 2017 **Journal of Educational Administration; University of Kentucky**
Editorial Team Graduate Assistant

Summer 2013-Summer 2017
(Summer 2014) **Camp Shalom, Jewish Federation of the Bluegrass; Lexington, KY**
Assistant Director (Summer 2017, 2016, 2015, 2013), Interim Director

June 2011-August 2012 **Independent Living Systems; Miami, FL**
Project Coordinator and Evidence-Based Program Facilitator

May 2010-August 2010 **Pines Psychological Associates; Pembroke Pines, FL**
Project Coordinator and Evidence-Based Program Facilitator

March 2010 **Leo Baeck Education Center of Haifa; Haifa, Israel**
English Tutor

August 2009-May 2010 **University of Florida Hillel; Gainesville, Florida**
Peer Network Engagement Intern

Summer 2007 **Camp Fiesta Sleep-Away Summer Camp; Sunrise, Florida**
Children's Oncology Camp Counselor

Summer 2004-Summer 2006 **The Performance Project Camp; Davie, Florida**
Children's Theatre Camp Counselor

AWARDS, FELLOWSHIPS, AND HONORS

2017 **Division 44 Student Engagement Award**
\$250
American Psychological Association

2017 **Conference Funding Award**
\$650
University of Kentucky-College of Education

2017 **John Edwin Partington and Gwendolyn Gray Partington Scholarship**
\$500
University of Kentucky-The Graduate School

2016-2017 **LGBTQ* Resources Scholarship**
\$2000
University of Kentucky-Office of LGBTQ Resources*

2016-2017 **UK Presidential Graduate Fellowship**
\$20,000+tuition
University of Kentucky-The Graduate School

2016-2017 **Doris Nowak and William E. Stillwell Graduate Fellowship**
\$4500

- University of Kentucky-The Graduate School*
- 2016 **Conference Funding Award**
\$400
University of Kentucky-The Graduate School
- 2016 **Conference Funding Award**
\$250
University of Kentucky-College of Education
- 2015 **John Edwin Partington and Gwendolyn Gray Partington Scholarship**
\$1000
University of Kentucky-The Graduate School
- 2015 **Conference Funding Award**
\$800
University of Kentucky-The Graduate School
- 2015 **Conference Funding Award**
\$250
University of Kentucky-College of Education
- 2014 **Division 44 APA Convention Travel Award**
\$250
American Psychological Association
- 2014 **Conference Funding Award**
\$400
University of Kentucky-The Graduate School
- 2014 **Conference Funding Award**
\$250
University of Kentucky-College of Education
- 2014 **Conference Funding Award**
\$250
University of Kentucky-Counseling Psychology Program
- 2010 **University of Florida Jewish Studies Israel Scholarship**
\$6000
- 2007-2011 **University of Florida Honors College**
- 2007-2011 **Florida Academic Scholar**
Full tuition
University of Florida
scholarship

PROFESSIONAL SERVICE AND AFFILIATIONS

- 2017-Present **Patient Care Working Group for Transform Health**
University of Kentucky and UK Healthcare
- 2017-Present **Education Working Group for Transform Health**
University of Kentucky and UK Healthcare
- 2016-Present **Student Mentor to Todd Ryser-Oatman, MS, and Zakary Clements, BA**
University of Kentucky-Counseling Psychology Program
- 2015-Present **Chair for the Taskforce on Religion and Spirituality and LGBTQ issues**
Research Proposal
American Psychological Association
- 2012-Present **American Psychological Association**
- *Society of Counseling Psychology (Division 17)*
 - *Society for the Psychology of Women (Division 35)*
 - *Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues (Division 44)*
 - *The American Psychological Association of Graduate Students (APAGS)*
- 2015-2017 **Adhoc Reviewer**
- *The Psychology of Religion and Spirituality*
 - *The Journal of School Psychology*
 - *The Psychology of Sexual Orientation and Gender Diversity*
 - *The Journal of College and Character*
 - *The Journal of Bisexuality*
 - *The Journal of GLBT Family Studies*
 - *Journal of Homosexuality*
 - *Journal of LGBT Youth*
- 2013-2014 **University of Kentucky Counseling Psychology Student Representative**
- 2011-Present **Phi Beta Kappa Society**
- 2010-Present **Psi Chi National Honor Society for Psychology**