5-5-2009

National Association of School Psychologists (NASP) Member State of Practice for Work with Lesbian, Gay, Bisexual, and Questioning (Sexual Minority) Youth

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS (NASP) MEMBER

STATE OF PRACTICE FOR WORK WITH LESBIAN, GAY, BISEXUAL AND

QUESTIONING (SEXUAL MINORITY) YOUTH

A Dissertation Submitted to the School of Graduate Studies and Research in Partial

Fulfillment of the Requirements for the Degree of Doctor of Education

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May 2009

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Title: National Association of School Psychologists (NASP) Member State of Practice for Work with Lesbian, Gay, Bisexual, and Questioning (Sexual Minority) Youth

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Extant literature regarding school psychologist training for work with sexual minority youth is lacking, with available literature suggesting that practitioners do not possess strong training for work with this at-risk group of students. The present study sought to determine the extent to which school psychologists across the nation are working with LGBQ youth in the schools, ascertain information regarding the types of LGBQ training school psychologists have had, and explore their perceptions of their own preparedness when working with LGBQ clients, as well as their perceived need for additional training and programming to best serve this population. Results gleaned from 192 respondents yielded a wealth of information regarding practitioner training, preparation, experience, and perception of needed supports for LGBQ youth in the schools. Relatively few practitioners indicated previous work with sexual minority youth, with approximately half indicating that they had received some form of training for work with LGBQ adolescents. Surprisingly low numbers of respondents indicated agreement with the provision of school based supports suggested by NASP LGBQT position statements. Hypotheses regarding the influence of demographic variables such as sex, age, population density, region, and population served were largely rejected.

ACKNOWLEDGEMENTS

Few words can accurately describe my gratitude and genuine appreciation for the support of faculty, family, and friends in the completion of not only this dissertation, but my graduate education as a whole. It is impossible to fully articulate the numerous influences that have propelled me in life, both people and situations (though I often reflect on them), and I am eternally grateful for the course that they have led me to follow. With that said, I would like to extend my warmest thanks to Dr. Lynanne Black for serving as Chair of this project, and finding as much relevance and excitement in my research interests as I do; to Dr. Edward Levinson, for his insight, attention to detail, and eye on future research; to Dr. Mark Staszkiewicz, for serving as my good natured stats mentor and internet pen pal during data analysis; and to Dr. Kristine Augustyniak, for seeing in me in the potential to be a great practitioner and academic many years ago.

None of the aforementioned thanks would be possible, however, without the support and encouragement of my family, who have always spurred me to set amazing goals and work hard to achieve them. I am most indebted to my mother (Carol) and father (Richard -may he rest in peace), for instilling in me creativity, a strong work ethic, respect for others, and the belief that anything is indeed possible. I hope that I have made you proud, and am eternally grateful for all of your support. Thank you for being such great role models. Likewise, I would like to thank my grandmother Lillian for being such a bright spark in my life, for teaching me much about life, and for the many good times that we have had and continue to have. To Betty, for being the best baby sitter and life friend that a person could have, and to my husband Mark, for his optimism about this dissertation, his patience with my frantic lifestyle, and his understanding that our home

may forever be strewn with scholarly articles, books, printers, and scanners. Thank you for being there for me. The influence that you all have had in my life, and continue to have, is remarkable, and is the reason I look forward to each day.

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CHAPTER 1

INTRODUCTION TO THE STUDY

Background

As both current and past literature asserts that sexual minority youth are first

aware of their sexual orientation between the ages of 10 and 13 (Radkowsky & Siegel;

1997,Tharinger & Wells, 2000), combined with society's increasing acceptance of non-

heterosexual lifestyles, the presence of gay, lesbian, bisexual, and questioning individuals

in the schools, whether they are acknowledged or not, is a certainty. While previous

generations sought to mask homo or bi sexuality, youth today are seeking to make their

sexual orientation known at an earlier age than previously expected. Although many gay,

lesbian, or bisexual students choose not to disclose their sexual identity, and others

overtly express their orientation, it is necessary to address the needs of this oftentimes

'invisible' population if their negative educational and psychological outcomes are to be

ameliorated.

Schools, which serve as the primary arena for the physical and emotional battles

that LGBQ students face, also serve as the gateway for accessing this at-risk but

oftentimes unidentifiable group of students. Despite growing awareness and

acknowledgement of this population, community and school supports designed

specifically for LGBQ adolescents are lacking in number, organization, and accessibility.

Although such resources are necessary and needed, they are an infrequent reality, leaving

many LGBQ youth without positive mentors, informational resources, or connections to

the gay and lesbian community. Given such, and in combination with the bleak

trajectories of many alienated sexual minority students, providing a healthy and safe venue for LGBQ adolescents to explore their identity, connect with other LGBQ youth, and receive appropriate mentorship and psycho-educational support is critical to ensure their academic success. The in-school provision of current information, counseling, and group support to LGBQ adolescents is perhaps one of the most direct means to improving this populations' outcome. However, in spite of the fact that schools appear to provide a comprehensive portal to accessing this at-risk population, school psychologists, key mental health service providers, often lack the requisite training necessary to properly serve sexual minority youth (Illingworth & Murphy, 2004; Savage, Prout, & Chard, 2004).

Although sexual minority youth tend to seek counseling services for issues paralleling those of their heterosexual peers, distinct issues pertaining to LGBQ sexual identity, including identity formation, the coming out process, relationships with family members after coming out, and academic difficulty due to issues surrounding sexuality, such as peer harassment, are aspects of working with LGBQ youth that require specific training. Although many school based practitioners report satisfaction with their competence and ability to work with LGBQ youth, many report that they have not been educated on such topics, with their LGBQ clients reporting an overall lack of awareness and knowledge on the part of mental health practitioners regarding GBLQ issues and appropriate intervention (Illingworth & Murphy, 2004; Reynolds & Koski, 1994; Savage, Prout, & Chard, 2004).

While most adolescents in America face challenges associated with social, emotional, and educational development, such issues are further complicated for sexual

minority youth, who are frequently wanting for appropriate social supports and mentorship fostering their identity development. Clearly, during the formative years of adolescence, familial and school based support is required to facilitate the development of pro-social and psychologically healthy behaviors among all children. However, ostracism experienced at home, at school, and in the community by students who identify as homo or bi sexual often precludes them from benefiting from many of the supports typically available to same age heterosexual peers. Sexual identity differences, when coupled with "typical" stressors of adolescence and a lack of social and emotional support systems, make the challenges LGB youth face insidious and pervasive. Such lack of support, in combination with potential intra-individual feelings of depression, despair, questioning of self-worth, and identity confusion, may be linked to the finding that sexual minority youth, as a population, demonstrate increased risk of suicide and suicide attempt, substance abuse, harassment, as well as absenteeism and school attrition. Holistically, the aforementioned domains, further compounded by societal homophobia, form an interactional pattern of difficulty for sexual minority youth, placing them at increased risk across multiple fronts. D'Augelli and Hershberger (1995) hypothesized that family support and self-acceptance were critical mediating factors in determining the likelihood that LGB adolescents would experience mental health difficulties and, potentially, suicide. Although their model has not been fully borne out in the literature, it is clear that homosexuality, in and of itself, is not the independent cause of issues such as suicide, substance abuse, school attrition, or homelessness, but rather a primary contributing factor to mental health difficulties that may occur if an LGB youth is lacking in familial/societal support and self-acceptance.

Given the numerous psycho-social stressors that sexual minority youth face on a daily basis, ensuring that those working in the environment in which such youth spend a considerable amount of time are well versed in their needs is of paramount importance. Due to their expertise across domains of social and emotional development, home school collaboration, consultation, counseling, and educational development, school psychologists are well positioned to enhance supports for LGBQ students. However, lack of practitioner awareness regarding the diverse needs of sexual minority youth in the schools, combined with potential aversion to working with such students due to lack of appropriate training in LGB issues, may serve as an impediment to school based intervention for such students. Though many practitioners report a desire to serve as advocates for sexual minority youth in the schools, an overall deficit in knowledge relative to the population may reduce their ability to proactively address common needs.

Each of the previously discussed risk factors associated with identification as LGBQ have been researched in the scholarly literature, with some presenting with more limited extant research bases than others. Yet, school psychologists' facility with services for sexual minority youth has not been extensively researched. Issues in need of investigation include experiences working with sexual minority youth in the schools, graduate and post-graduate training or preparation for work with sexual minority youth, self-evaluation of practitioner competence for working with LGBQ youth, and perceived need for school based programming specific to LGBQ youth. Consequently, the aim of the present study served to further explore the aforementioned aspects of practice. Additionally, associations between latent variables such as sex, age, highest education level, employment setting, population density, and professional experience and school

psychologists LGBQ experience and competency, as well as LGBQ training and programming needs were explored.

<center>Statement of the Problem</center>

The need for counseling services and supports in the schools designed specifically for lesbian, gay, bisexual, and questioning (LGBQ) adolescents has been well established, yet school psychologists remain relatively uneducated regarding the needs of the LGBQ population (Illingworth & Murphy, 2004; Savage, Prout, & Chard, 2004). The present study sought to determine to what extent school psychologists across the nation are working with LGBQ youth in the schools, to ascertain information regarding the types of LGBQ training school psychologists have had, and to explore their attitudes toward their own preparedness when working with LGBQ clients, as well as their perceived need for additional training. Additionally, the present study sought to identify whether or not school psychologists perceive a need for LGBQ supports in the schools.

In addition to inferential exploration of the aforementioned areas, relationships or associations between and among variables such as respondents sex, age, education level, employment setting (private practice, academic setting, elementary school, middle school, high school), and professional experience were investigated in relationship to specific questions regarding service to LGBQ students. Specifically, the present effort was designed to determine if relationships existed between the above cited variables and their responses on survey questions related to their experiences, training, competency, and perceived need for additional training related to LGBQ issues. To achieve this end, 600 school psychologist members of the National Association of School Psychologists (NASP) were surveyed.

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Research Questions and Hypotheses

The research questions explored encompass two domains, with the aim of surveying the nature and types of school psychologist work experiences with LGBQ youth, certification and post-certification training for work with LGBQ youth, practitioner perceptions of their preparedness for work with LGBQ individuals, and their perceived need for additional training for work with this population. Additionally, potential relationships between and among demographic variables such as sex, age, education level, employment setting (private practice, elementary school, middle school, high school), and professional experience (years practicing school psychology) were investigated in relationship to respondents' survey responses regarding experience, training, competency, and need for additional training. Hypotheses stemming from the primary research questions were formulated based on current literary findings. It is important to note that the preponderance of hypotheses were linked to research question six, despite relying on data from research questions one through five, as question six directly explores the relationship between demographics and survey responses required to investigate the hypotheses. Specifically, research questions and hypotheses included:

1. What type of training, pre-certification or post-certification, have school psychologists received in preparation for work with LGBQ youth in the schools?

2. What types of experiences have school psychologists had working with LGBQ youth in the field?

3. What is the perceived level of competence of school psychologists when working with LGBQ youth in the field? It was hypothesized that respondents would report that they are prepared to work with LGBQ youth, but would benefit from additional training.

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4. Do school psychologists believe that they would benefit from additional training for work with LGBQ youth? It was hypothesized that respondents would indicate that they would report that they are prepared to work with SMY, but that they would benefit from additional training.

5. Is there a perceived need among school psychologists for additional school based programs for LGBQ youth?

6. Is there an association between LGBQ training, experiences, perceived levels of competency, and perceived need for additional training and programming and variables such as respondent sex, age, education level, employment setting, regional location, population density, and professional experience? The related hypotheses were that a) regional differences in participant survey responses would be observed, that b) differences in participant responses would be observed in relationship to population density, that c) doctoral level responses would differ from those of master's level practitioners, that d) participants trained prior to the development of NASP and APA position statements regarding service to LGB students, as measured by professional experience and degree conferral date, would report less training for work with sexual minority students than those with degrees conferred and professional experience occurring after the passage of NASP and APA statements, and that e) middle school and high school respondents would report a greater need for LGBQ training and programming than elementary and high school respondents.

Problem Significance

The research questions in this project are of significance due to the number of LGBQ students in the schools who are often not provided adequate emotional, psychological, educational, and referral support from school staff and school psychologists. Due to issues surrounding their sexuality, these youth frequently experience school-based difficulties, resulting in harassment, physical abuse, emotional distress, substance abuse, and oftentimes, school attrition. Investigating the training, competency, and needs of school psychologists when working with this population is the first step to ensuring sexual minority youth are properly supported in the schools.

Definitions

For the purposes of this study, Lesbian, Gay, Bisexual, and Questioning (LGBQ) youth are operationally defined as any youth who currently identify their sexual orientation as lesbian, gay, or bisexual, overtly or covertly. The "Q" in LGBQ represents youth who currently question whether their sexual orientation is heterosexual, homosexual, or bisexual. This group is also be referred to as sexual minority youth (SMY), a term that can be used interchangeably with LGBQ; transgender youth may also be reflected in the acronym (LGBQT). Highest education level is defined as the total years of education an individual has completed. Employment setting is defined as the setting in which an individual currently practices, including preschool settings, elementary school settings, intermediate settings, and private practice. Population density is operationally defined as urban, suburban, or rural work environments. Professional experience is defined as total years working as a school psychologist. The term "psychoeducational" has many meanings, all of which are similar. In the present study,

psychoeducational group provision and intervention is described as service provision addressing both psychological and educational needs, or containing psychological and educational (instructional) components.

Assumptions

Several assumptions served as the basis for this study. First and foremost, it was assumed that there are LGBQ youth in the schools that would benefit from services offered by school psychologists. Similarly, it was assumed that school psychologists currently working in the schools both have the potential to interact with these students and are aware of their presence in the building. Related to both of the aforementioned points was the assumption that the needs of LGBQ youth in the schools, in terms of mental health service provision and referrals, are frequently unaddressed, overlooked, or served improperly. It was also assumed that school psychologists often do not receive the requisite training necessary for effective work with LGBQ populations in the schools.

Summary

Sexual minority youth are at increased risk for experiencing a variety of social and emotional difficulties in the community and in school. School psychologists, a group of practitioners who are well positioned to assist LGBQ youth, have been found, in many cases, to lack preparation for work with this population. Given the influential role that school psychologists may play in working with LGBQ adolescents, the present study explored training experiences, previous work experiences, and perceived need for additional training and school based LGBQ supports in an effort to highlight future directions in research and practice.

CHAPTER 2

LITERATURE REVIEW

Background

Given the nature of the psychosocial and psychological implications of identity as a sexual minority, proactive school based intervention efforts designed to provide support and guidance for such students may serve as a mediating factor between risk and resiliency. However, given that this marginalized population is often overlooked in the schools, education of future school based practitioners regarding their unique needs, as well as the best ways to serve them, is a necessary fist step. From a training standpoint, ensuring that school psychologists are fully aware of the tremendous risks that sexual minority youth face is of critical importance. Understanding the complexity of presenting needs of lesbian, gay, bisexual, and questioning youth is the gateway to developing both individual and systemic interventions for such youth designed to minimize the risks they encounter. However, sadly, much of the literature suggests that despite overwhelming need, most school psychologists do not possess the requisite knowledge of sexual minority youth risk and needs necessary to develop strong, prosocial intervention programs, nor have they been afforded the opportunity to consistently develop skill for work with SMY in graduate training programs. The following literature review seeks to highlight critical areas of risk and potential sequelae for sexual minority youth, while also demonstrating the need for additional graduate and post graduate training for work with this population.

Risk Factors and Sequelae Associated with Identity as Lesbian, Gay, Bisexual, or

Questioning

Increased Rates of Suicide and Suicide Attempt

Over 15 years of research and approximately 25 studies suggest that sexual minority youth attempt suicide at a rate between 2 to 4 times higher than their heterosexual peers (Savin-Williams, 2001). Likewise, several researchers have found that of adolescent suicides in America, 30 to 40 percent of them are completed by individuals who either identify as LGB or question their sexual identity (Radkowsky & Siegel, 1997). Although research conducted by Savin-Williams in 2001 suggests that rates of suicide attempt among sexual minority youth may be overestimated, and that some research related to suicide and sexual minority youth is plagued by bias and sampling error, the preponderance of available literature suggests that adolescents who identify as homo or bi sexual are more likely to attempt and commit suicide (Sears, 1991; Uribe & Harbeck, 1992; Russell & Joyner, 2001; Safren & Heimberg, 1999; Garofolo, Wolf, Wissow, Woods, & Goodman, 1999).

Perhaps the most compelling and largest data set today regarding adolescent risk behavior and sexual orientation stems from the Youth Risk Behavior Surveys, conducted by the Centers for Disease Control and state departments of health across the United States. The Youth Risk Behavior Survey, or YRBS, is part of the Youth Risk Surveillance System, a country wide survey project designed to assess adolescent behavior across 6 domains, including injury and violence, tobacco use, alcohol and drug use, sexual behavior, and physical activity (Eaton, Kann, Kinchen, Ross, Hawkins, Harris, Lowry, McManus, Chyen, Shanklin, Lim, Grunbaum, and Wechsler, 2005).

Through the efforts of the CDC, the YRBS is administered to randomly selected schools within each state every two years, yielding data delineating the frequency of adolescent at risk behaviors on the state and national level. State samples may include as many as 9,000 students in grade 8 to 12, with the national sample including over 13,000 students in 40 states and 21 municipalities (Eaton et al., 2005). However, despite the fact that the YRBS gleans a wide variety of information analyzed across demographic variables such as age, gender, and population density, states are not required to add or include questions related to sexual identity. For example, the YRBS consists of a set of static questions consistently administered to participants, but gives states the opportunity to add questions, such as questions related to sexual orientation. To date, only a handful of states, including Massachusetts and Vermont, ask participants questions related to their sexual orientation, leaving researchers to infer sexual orientation based on extant questions such as "I have had sex with someone of the same sex in the last year".

Review of the CDC YRBS data is further complicated by the fact that, despite collecting bountiful data regarding adolescent risk behavior, states who *do* ask questions regarding sexual orientation do not always analyze data according to sexual orientation, providing only gender based comparisons and leaving researchers to request raw data from the state for analysis according to sexual orientation on their own. The State of Massachusetts, which first included questions related to sexual identity in 1995, does analyze data according to variables such as sexual orientation, but does not provide as comprehensive coverage of such findings in their reports as they do for analyses according to gender, race, and population density, providing only brief summaries of salient information related to sexual identity under subsections titled "Additional

Findings" (Massachusetts Department of Education, 2006). Vermont, which recently

added questions related to sexual orientation to further their research, does not provide

analysis of any data in accordance with such variables, only mentioning sexual minority

youth in an introductory paragraph commencing the sexual behavior section of the report

(Vermont Department of Health, 2006). However, aside from mentioning the need to

address at risk behaviors of sexual minority youth, estimates of state wide sexual

orientation among Vermont adolescents or other relevant information is not provided

within that section of the report. Clearly, the wealth of information that could be obtained

by conducting additional analyses by the states or CDC (or providing them to the public,

if conducted) would be helpful in furthering policy and programming efforts targeted

toward at risk youth, which the ultimate goal of the YRBS efforts.

     Review of the 2005 Massachusetts Risk Behavior Survey yielded a wealth of

information relevant to the risk behaviors of sexual minority youth. The Massachusetts

YRBS was administered to students in grades 9 to 12 attending 51 randomly selected

schools across the state of Massachusetts, resulting in a final sample of 3, 522 students.

Analysis of survey data indicated that 4% of respondents identified as lesbian, gay, or

bisexual, with 1% noting that they have had sexual relations with someone of the same

sex, suggesting that (according to the Massachusetts Department of Education) 5% of the

sample could be termed sexual minority youth. Although the Massachusetts YRBS

yielded data across a variety of risk domains, findings regarding self-injury and

suicidality indicate that sexual minority respondents intentionally hurt themselves (44%)

at a rate double that of their heterosexual counterparts (17%), with 34% of LGB

adolescents seriously considering suicide in their lifetime compared to 11% of

heterosexual adolescents. Shockingly, 21% of sexual minority youth noted a suicide attempt in the past year, with only 5% of straight peers indicating the same (p. 24).

D'Augelli, Pilkington, & Hershberger (2002), in a study of 350 lesbian, gay, and bisexual youth ages 12 to 21, found that 42% of males and 25% of females noted that they had "sometimes or often thought of suicide", with 48% stating that their sexual orientation was related to their suicidal ideation, and one third of the sample (116 participants) indicating that they had attempted suicide in the past (p. 160). While literature related to the increased rate of suicide and suicide attempt by sexual minority youth may alone serve as fodder for early intervention targeted toward this population, literature fostering greater understanding the risk factors that place LGB adolescents at increased risk for suicide ideation, attempts, completions, and overall difficulties in social and emotional functioning is of equal importance.

Homosexuality, historically, has been viewed by society as an "adult issue", as older generations of sexual minority individuals were forced to "closet" their sexual orientation due to societal constraints. Although clearly heterosexist ideals are predominant in modern American culture, the past 15 years has brought increased mainstream acceptance of homosexuality, making it somewhat easier for adolescents and young adults to publicly identify as LGB. However, despite a degree of increased societal comfort with homosexuality leading to earlier disclosure of sexual minority status, it has been found that those adolescents who "come out" at earlier ages frequently face greater societal difficulty than those who "come out" in early adulthood (Ramdedi, Farrow, & Deisher, 1991). Several authors (e.g., Schneider, Farberow, & Kruks, 1989; Hershberger, Pilkington, & D'Augelli, 1996; Bagley & Tremblay, 1997) have noted an increased rate

of suicide attempt among those who disclosed their LGB identity at an early age. It has been theorized that adolescents who "come out" early may not be equipped to deal with societal aversion to their sexual identity and its' sequelae, such as homophobia, loss of friends, harassment, and bullying (Kulkin, Chauvin, & Percle, 2000; Lebson, 2002). Consequently, disclosure of sexual identity, once an issue faced in young adulthood, has transitioned to adolescence, thus propelling the topic of sexual identity formation and risk into the purview of school psychologists and others who work with school age youth.

Psychological and Psychosocial Functioning

In 2002, D'Augelli et al. worked to establish a link between the mental health of sexual minority youth and victimization that they experience in their lives. To meet such ends, 350 lesbian, gay, and bisexual youth age 14 to 21 were surveyed regarding their sexual orientation, substance use, suicidal ideation and attempt, and overall mental health. In an effort to evaluate the mental health status of participants, youth were administered the Brief Symptom Inventory (BSI), designed to assess the presence of 53 symptoms of mental health dysfunction via Somatization, Obsession-Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism Indices. Likewise, participant trauma experiences were evaluated via the Trauma Symptom Checklist, a measure of PTSD, Dissociation Anxiety, Depression, Sexual Abuse Trauma, Sleep Disturbance, and Sexual Problems. Alcohol and drug use were also used as indicators of mental health problems, along with participant reports regarding suicidal ideation, attempts, and current suicidality. Respondent sentiments pertaining to their status as homo or bisexual were also evaluated. Following data analysis, D'Augelli et al. found that female participants reported above

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average ratings on the anxiety, depression, sexual abuse trauma, and sleep disturbance subscales, with high school age sexual minority participants demonstrating greater degrees of mental health problems than college age students. Given the wealth of literature demonstrating that sexual minority youth routinely experience victimization at school and in the community, the finding that victimization is positively related to the demonstration of mental health symptoms on the BSI and post traumatic stress symptoms on the TSC is of particular importance. Also related to discoveries surrounding victimization was the finding that years publicly "out", sexual identity openness in high school, feelings of homonegativity, and verbal victimization are predictive of mental health difficulties among LGB participants.

In an earlier study, Hershberger and D'Augelli (1995) investigated potential relationships between sexual orientation, victimization, family support (defined as family acceptance, family protection, and family relations), self acceptance (measured via the Rosenberg Self Esteem Inventory), their reported comfort with their identity as lesbian, gay or bisexual, mental health (measured by the Brief Symptom Inventory), and self ratings of suicidal ideation and attempt. It was hypothesized that victimization, suicide attempt and mental health would be mediated by family support and self-acceptance. Within their study, 165 lesbian, gay, and bisexual youth age 15 to 21 years of age were surveyed regarding the aforementioned domains. Holistically, Hershberger and D'Augelli found that self-acceptance affected respondent overall mental health as measured by the BSI, but did not affect suicidal ideation and attempt. It was indeed found that family support and self-acceptance mediated the relationship between victimization and mental health, with victimization most strongly impacting participant mental health.

Similar to Hershberger and D'Augelli's analysis of sexual orientation, risk factors, social support and mental health, Safren and Heimberg (1999) evaluated adolescent sexual orientation, social support, coping styles, life stress, depression, hopelessness, suicidal ideation and attempt, and substance abuse. Fifty six lesbian, gay, and bisexual youth, as well 48 heterosexual adolescents were administered the Social Support Questionnaire to assess their degree of social support, the COPE to determine how participants respond to stressful situation, the Adolescent Perceived Events Scale to measure the incidence of stressful life events, the Beck Depression Inventory to evaluate symptoms of depression, and the Beck Hopelessness Scale to investigate self reports of hopelessness. Participant suicidality was evaluated by the Suicide Behavior Questionnaire, with substance abuse measured by the Personal Experience Questionnaire. Results regarding suicidality indicated that sexual minority youth attempt suicide at a much larger rate than heterosexual peers, with 30% of sexual minorities indicating past attempts compared to 13% of heterosexual peers. Similarly, lesbian, gay, and bisexual participants reported significantly higher levels of depression and hopelessness than heterosexual respondents, with overall increased levels of depression, hopelessness, and suicide attempt mediated by stress, social support, and coping through acceptance (p. 864). As noted by the authors, perhaps the most promising aspect of this finding is that such "environmental and psychosocial variables" can be ameliorated though intervention (p. 864).

Elze (2002) contributed to previous investigations of sexual orientation, risk factors, and emotional functioning by further investigating variables specific to the development of internalizing and externalizing problems. In her study, 184 lesbian, gay,

and bisexual youths age 13 to 18 recruited from community based lesbian, gay, and bisexual support groups were administered measures of emotional functioning, family mental health problems, stressful life events, family functioning, and risk factors. For the purposes of her work, emotional and behavioral problems were evaluated via administration of the Child Behavior Checklist Youth Self Report, with family mental health problems assessed via four items gleaned from the National Institutes of Mental Health Epidemiologic Catachment Area Study, and stressful life events evaluated by the Life Events Checklist. Family functioning was assessed via the General Functioning Scale, with risk factors evaluated through administration of questions specific to age of awareness as LGB, sexual orientation self labeling, discomfort with their sexual orientation, the occurrence of stressful events related to sexual orientation, family attitudes toward sexual orientation, reports of victimization, perceived stigmatization, and perceived negative community environment. Results of Elze's investigation indicated that sexual minority youth attained higher raw score ratings than heterosexual participants on both internalizing and externalizing problem ratings on the Child Behavior Checklist, with increased risk factor ratings significantly associated with increased emotional and behavior problem ratings. When evaluating internalizing and externalizing behavior ratings independently, it was noted that discomfort about sexual orientation, stigmatization, negative community environment, gay related stressful events, and severity of victimization were positively associated with internalizing problems. Conversely, negative family attitudes about sexual orientation and negative community environment were positively related to the presence of increased externalizing problems. However, only discomfort with sexual orientation significantly contributed to youth

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internalizing problems, while family attitude about sexual orientation was the only factor previously noted that did not significantly contribute to externalizing problems.

Diamond and Lucas (2004) also sought to evaluate the relationship between sexual minority identity and mental health status, this time with the inclusion of factors such as social support and connectedness as well as social and sexual relationships. Research participants included 60 sexual minority youth and 65 heterosexual adolescents, ages 15 to 23, who were administered measures evaluating their social network including inner, middle, and outer circles of friends, degree of "outness", participation in sexual minority activities such as social events and community center attendance, as well as friendship experiences and expectations (evaluated via questions assessing friendship loss in the past year), fear of losing friendships, and perceptions of control in friendships. Romantic experience and expectations were measured via total number of relationships with females and males, romantic fears, and perceptions of control in romantic relationships. Respondent feelings of connectedness were evaluated through administration of the Emotional Loneliness Scale, using questions from the friendships, family relationships, and romantic relationships domains. The broad domain of mental health functioning was evaluated via administration of a variety of measures: Depressive symptoms were measured via the Depression, Self-Esteem, and Well-Being subtests of the Weinberger Adjustment Inventory, Short-Form; anxiety was evaluated via the State-Trait Anxiety Inventory; physical symptoms of mental distress (e.g., headaches, indigestion) were measured by the Subjective Mental Health Scale; symptoms of stress were measured by the Perceived Stress Scale; and self-efficacy were measured though the Mastery and Self-Efficacy Scale. Analysis of participant data yielded a variety of

findings related to the main research endeavors, and included the finding that sexual minority youth respondents indicated significantly higher levels of negative affect than heterosexual peers, but did not report higher levels of stress, or lower levels of mastery and self esteem. Likewise, when compared to heterosexuals, sexual minority youth indicated a lower number of friends in their inner circle, lost a greater number of friends in the past year, experienced higher levels of fear about losing friends, and expressed higher degrees of fear about not finding a desired romantic relationship. Gay male participants under the age of 18 reported smaller peer networks than heterosexual males of the same age, with sexual minority respondents over the age of 18 reporting more inner circle friends than heterosexuals. LGB respondents under the age of 18 indicated more friendship loss than heterosexual counterparts. Holistically, participants who publicly identified as LGB (were "out") reported peer networks as large as heterosexual peers, while also noting a greater number of inner circle friends. Such participants also indicated greater friendship loss than heterosexuals, as well as greater friendship fears than heterosexuals. Interestingly, Diamond and Lucas found that all domains of SMY past relationship experiences and expectations significantly mediated differences in mental health functioning within the domain of negative affect, including depression, anxiety, and physical symptoms.

An additional consequence to psychosocial difficulties experienced by sexual minority youth is homelessness among such adolescents. Recent estimates of homelessness among lesbian, gay, bisexual, questioning, and transgendered youth range from lows of 6% to highs of 35% (Chochran, Stweart, Ginzler, and Cauce, 2002). Certainly, regardless of the precise incidence of homelessness in the population, review

of risk factors including psychosocial and familial difficulties stemming from identity as lesbian, gay, or bisexual lends to an understanding of the potential for displacement. Conversely, homelessness itself may further exacerbate extant difficulties or foster the development of new psychosocial challenges. Cochran et al., 2002, sought to evaluate homelessness among sexual minority youth (SMY) while also evaluating psychosocial sequelae and risk factors associated with both sexual minority identity and homelesseness. In their study, 168 sexual minority and heterosexual youth age 13 to 21 recruited from the Seattle Home-less Adolescent Research and Education project were interviewed regarding the reason for leaving home, victimization on the streets, substance use, and sexual behaviors. When analyzing interview results, it was determined that for the most part, LGBT youths did not differ from heterosexual peers in their reasons for leaving home. However, it was noted that LGBT youths did leave home more frequently than heterosexual respondents, and left due to physical abuse more often than heterosexual peers. Only 12 respondents reported that they left home for reasons related to their sexual orientation. When reviewing reports of victimization on the streets, sexual minority youth were more frequently physically abused than their heterosexual peers, and were more often sexually abused since the onset of their homelessness than heterosexuals. Likewise, sexual minority homeless reported higher rates of substance use in the past 6 months across substance types, with the exception of marijuana. Significant differences were noted for cocaine or crack, crack mixed with amphetamines, and speed or crystal methamphetamines. In terms of mental health, LGBT respondents noted higher levels of depression, with higher rates of psychopathology. Significant differences between SMY and heterosexual respondents were noted in relationship to withdrawn

behavior, somatic complaints, social problems, delinquency, aggression, internalizing behavior, and externalizing behavior. When reviewing sexual activity, it was noted that sexual minority youth indicate a significantly greater number of sex partners over their lifetime than heterosexual youth (24.19 versus 12.49), and also reported increased rates of unprotected sex than heterosexuals, although not significantly so (2.91 versus 2.51). However, two times as many sexual minority respondents noted that they consistently did not use protection (p. 776).

Like Cochran et al., Van Leeuwen, Boyle, Salomonsen-Sautel, Baker, Garcia, Hoffman, and Hopfer (2006) investigated homelessness among heterosexual and sexual minority youth in relationship to associated risk factors such as high risk sexual behavior, suicide, and substance abuse. Six hundred and seventy homeless youth from eight cities, including Austin, Chicago, Minneapolis, Salt Lake City, St. Louis, Boulder, Colorado Springs, and Denver were administered the survey through health agencies located in each city. The survey instrument itself assessed participant substance use in the past 19 months as well as over the course of their lifetime, and also included questions regarding suicidality and high risk sexual behavior. One hundred and fifty participants identified as LGB with an average age of 19 years. Analysis of risk factor data yielded the finding that, overall, LGB respondents were found to demonstrate significantly higher risk related behaviors, such as being in the custody of social services (44% LGB vs. 32% heterosexual), attempting suicide (62% vs. 29%), and the exchange of sex for money, food, clothing, and other tangibles (44% of LGB youth vs. 26% of heterosexual youth) (Van Leeuwen et al., p. 160). Familial history of substance abuse was found to be significantly higher among sexual minority respondents than heterosexuals, with overall

substance abuse more common among sexual minority participants than heterosexuals. For example, a higher rate of drinking 5 or more drinks in one setting in the past two weeks was found among LGB youth than heterosexuals (42% vs. 27%), with SMY also reporting a significantly higher mean number of substances used over the lifetime (7 total substances versus 5), with a higher number of LGB youth using a greater number of "hard drugs" such as crack and cocaine (p. 162). Significant differences were also found in the mean number of substances used in the past month, with LGB youth using a mean of 3 substances compared to heterosexual youth using an average of 2 substances. Holistically, sexual minority respondents in this survey evidenced significantly increased levels of risk behavior when compared to their heterosexual counterparts.

Substance Abuse

Substance use and abuse, like suicidal ideation and attempt, has been found to occur at higher rates among adolescents who identify as gay or lesbian than heterosexual, with even higher rates found among both male and female bisexual populations. Although many studies have examined the incidence of substance use and abuse among the LGB population, perhaps the most compelling literature addressing the topic again stems from the 2005 Massachusetts Youth Behavior Risk Studies (Massachusetts Department of Education, 2006). Findings of the 2005 YRBS suggest that sexual minority youth used drugs within the past 30 days at a rate higher than heterosexual peers, with 53% of sexual minority respondents indicating drug usage compared to 28% of heterosexual respondents (Massachusetts Department of Education, 2006, p. 23). Rates of alcohol use in the past 30 days were also elevated, with 68% of sexual minority adolescents indicating that they had drank alcohol, compared to 47% of heterosexual

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peers. Likewise, the binge drinking rate of LGB respondents was nearly double that of heterosexual peers, with 46% of sexual minority youth noting binge drinking in the past 30 days, compared to 25% of heterosexuals. In terms of smoking, sexual minority youth smoked at a rate double that of heterosexual adolescents, with 50% identifying as current smokers compared to 19% of heterosexuals; 20% of sexual minority youth smoked on a daily basis, compared to 6% of heterosexual same age peers (Massachusetts Department of Health, 2006, p. 20).

In 2002, using data gleaned from the first and second waves of the National Longitudinal Study of Adolescent Health (the Add Health Study), Russell, Driscoll, and Troung found that of 20,000 9 to 12th graders, males who identified as bisexual were more likely to demonstrate higher levels of substance use and abuse than heterosexuals. According to Driscoll et al., "males with both sex attractions smoked more cigarettes, were more likely to have gotten drunk and to have consumed alcohol alone, and were more likely to use illegal drugs, including marijuana (p. 199). Likewise, females reporting both sex attractions were found to smoke more, as well as get drunk more often, drink alone more often, and use marijuana and other drugs more often than heterosexual adolescents. In a survey of 670 homeless youth, 150 of which identified as LGB, Van Leeuwen, Boyle, Saolomonsen-Sautel, Baker, Garcia, Hoffman, & Hopfer (2006) found that 42% of sexual minority youth drank 5 or more drinks in one setting at least one time per week, compared to 27% of heterosexual youth, with LGB youth using a significantly higher number of illicit substances over the course of their adolescence than heterosexual participants. Interestingly, 38% of respondents reported that they had been in drug or alcohol treatment at some point in their life, compared to 27% of heterosexuals.

Harassment, Bullying, and Victimization

Harassment and bullying at school and in the community, frequently leading to increased school attrition rates, are occurrences related to actual or perceived sexual identity that greatly impact the social and emotional functioning of sexual minority youth. Schools, which serve as the focal arena for adolescent growth and development, are often trying environments for adolescents regardless of their sexual orientation. However, for lesbian, gay, and bisexual adolescents, the hallways and classrooms in which they spend a vast majority of their time may serve as uncomfortable, and in many cases volatile, zones for human development. Negative attitudes among many heterosexual peers, as well as school faculty and staff, may foster school climates that are less than comfortable and frequently intolerable for LGB youth. Numerous studies over the course of the past 15 years have documented that sexual minority youth are routinely victims of harassment and violence at school, much of which is not properly handled by school administration, and in many cases is actually perpetrated by school faculty and staff. Certainly, verbal abuse, bullying, and harassment appear to be the most common school based ramifications for overtly identifying as LGB. In 1993, Telljohann & Price, in their survey of 31 lesbian and 89 gay students between the ages of 14 and 21, found that 71% of females and 73% of males reported school based problems related to their sexual orientation, including verbal harassment (rude comments), threats of violence, and the actual commission of violent acts, among others. In a 1987 study conducted by Ramafedi, 30% of 39 participants reported that they had been physically assaulted, with half reporting that the abuse occurred on school grounds. Fifty five percent of subjects acknowledged verbal abuse, 38% reported discrimination on the part of educational

faculty and staff, and 28% reported that they dropped out of school as a result of chronic victimization. Likewise, in the 2005 GLSEN National School Climate Survey (Kosciw and Diaz, 2005), it was reported by 78% of 1, 732 respondents that homophobic remarks, including comments such as "you're so gay", and calling someone "fag" or "dyke", were commonplace in schools; one fifth of participants noted that they heard the comments expressed by teachers and other school staff (p. 14). Twenty one percent of students in the GLSEN study reported hearing faculty and staff make inappropriate comments regarding "gender expression", which is a domain including commentary related to someone acting "inappropriately" feminine or masculine in relationship to their biological gender. Seventy two percent of student respondents noted that school faculty or staff were present during incidents where straight students verbally harassed a sexual minority student, with only 31 percent indicating that faculty or staff intervened to help the sexual minority student all or most of the time (p. 21). Sixty four percent of students reported that they were verbally harassed in the past year as a result of their sexual identity, with 37% indicating that they had been physically harassed (i.e., pushed) and 17.6% indicating that they had been assaulted with a weapon on school grounds. Not surprisingly, 64 percent of participants noted that they did not feel safe at school as a result of their sexual identity, with 23% indicating that they had missed one to five days of school in the past month as a result of safety concerns, and five percent indicating that they missed six or more days of school in the past month due to safety related issues at school (p. 22). Those students who were verbally harassed or physically assaulted were three times more likely to miss at least one day of school within the past month (p. 27). Fifty eight percent never reported instances of school based violence or harassment to

administrators as they felt that the school would not intervene on their behalf; when reported, 23% indicated that no action was taken to investigate the situation (p. 33). Unfortunately, despite some degree of increased efforts to protect sexual minority youth in the schools, only 14 percent of respondents indicated a specific anti-gay, lesbian, bisexual, or transgendered harassment clause (current best practice) in their school discipline code, with 44% reporting only a general anti-harassment clause not specific to sexual minority youth (p. 55).

In 1995, Hershberger and D'Augelli surveyed 194 lesbian, gay, bisexual, and questioning adolescents between the ages of 15 and 21, finding that 80% of participants experienced "verbal insults", 44% experienced "threats of attack", 23% experienced "property damage", 33% reported that objects were thrown at them, 30% disclosed that they had been chased or followed, 13% reported that they had been spat on, 13% were physically assaulted, 10% were assaulted with a weapon, and 22% reported being the victim of sexual assault (p. 68). Seventy nine percent of all respondents noted that they did not report incidents of violence to authorities on at least one occasion; half of all respondents reported modification of their behavior (acting "less gay", not publicly associating with other gay students) to avoid victimization. Many respondents noted that their willingness to disclose their sexual identity was mitigated by fear of violent attacks from peers. Similarly, Uribe and Harbeck (1991), following an interview of 50 gay and lesbian adolescents, noted that respondents indicated frequent verbal and physical assault. Again, as in Ramafedi's earlier study, respondents also noted that school faculty were known to participate in the harassment. Rivers (2000), in his study of 190 lesbian, gay, bisexual, and transgendered adults experiences in high school, found "significant

associations between absenteeism at school and types of anti-lesbian/gay abuse" (p. 15).

Specifically, those who noted absenteeism reported fear of stares/looks from other

students, being publicly ridiculed, and having their possessions stolen. Those students

who reported frequent absences also indicated that they spent significant amounts of time

alone during break time at school and also considered "self-harm or suicide as a result of

anti-lesbian/gay abuse in schools" more than LGB students who did not report frequent

absences (p. 16). Overall, 72% of Rivers participants noted that they "feigned illness or

played truant to escape anti-lesbian/gay abuse at school" (p. 16).

D'Augelli, Pilkington, and Herschberger (2002) reported similar findings of

victimization among LGB youth, with 59% experiencing verbal abuse in high school,

24% being threatened with violence, 11% reporting objects were thrown at them, 11%

reporting a physical attack, and 20% being threatened with the public disclosure of their

sexual orientation (p. 156). Fifty four percent reported three or more instances of verbal

abuse in high school, with males reporting significantly more victimization than females.

More recently, Elze (2003) found that of 184 LGB adolescents surveyed, 60% indicated

that they were victimized at school due to their sexual orientation, typically verbal abuse

or threats of violence, with 32% indicating that they suffered as a result of more serious

victimization, including being chased, spit on, punched or hit, sexually assaulted, or hurt

by a weapon.

Analysis of information related to school violence gleaned from the

Massachusetts YRBS (Massachusetts Department of Education, 2006) found that sexual

minority youth are more likely to carry a weapon to school (26% versus 15% of

heterosexuals), be in a physical fight (42% versus 28%), and be in a gang (19% versus

9%). Perhaps of greatest interest is the finding that 13% of LGB respondents noted that they skipped school because they felt unsafe there, compared to 3% of heterosexuals, with 44% noting that they have been bullied at school (compared to 23% of heterosexuals), and 14% indicating that they have been threatened or injured with a weapon, compared to 5% of heterosexuals. Sexual minority youth were significantly more likely to report dating violence (35%) and sex against their will (34% of LGB respondents versus 9% of heterosexuals) (p. 43).

<div style="text-align:center">Models of Sexual Identity Development</div>

Any effort to understand the challenges faced by sexual minority youth requires awareness of documented models of homosexual identity formation. Such models provide insight into the likely developmental trajectories of lesbian, gay, bisexual, and questioning youth as they come to discover, accept, and publicly identify with their sexual identity. While formerly viewed as a process to be negotiated during adulthood, sexual identity formation is largely viewed as occurring during adolescence and early adulthood, thrusting the implications of sexual identity development models into the school arena. In reviewing these models it is important to be mindful of the fact that, less than 20 years ago, the psychological community relegated homosexuality to a diagnostic category, identifying such a sexual identity as pathological. Despite the era in which they were bred, several positive models for understanding the developmental trajectories of homosexual youth and adults emerged within the social sciences literature. Principal among such models was Cass' (1979) model of homosexual identity formation, which, today, remains regarded as an exemplar after which several current models have been developed. Cass's theory proposes that individuals subscribe to private, or personal

identities, as well as public or social identities while negotiating 6 interrelated stages of identity formation. As per Cass, individuals first experience Identity Confusion, and demonstrate considerable resistance toward the notion that they may be homosexual. Progression though this phase leads into Identity Comparison, a phase during which one strongly considers the fact that they may be homosexual. At this time, one demonstrates strong disdain for homosexuality, but may also experience alienation from homosexual peers while not yet allying with the homosexual community. Stage three of Cass' model is titled Identity Tolerance, during which the individual tolerates the notion that they are gay and begins to contact the homosexual community. Stage four of Cass' model involves Identity Acceptance, where one is comfortable with their sexual identity on a private basis and among friends, but has not "come out" to the public at large. Stage four is followed by Identity Pride, a time in which the individual is completely immersed in homosexual culture, during which they continue to take pride in their homosexual identity and may overtly express strong, pro-homosexual sentiments. The final stage is titled Identity Synthesis, at time in which one completely embraces their sexual identity and is no longer reliant on gay pride to help form self-concept; this time is also marked by an ability to associate with both homosexual and heterosexual peers. Despite its' age, Cass' work serves as a critical contribution to the field of counseling as it relates to homosexuality, subsequently followed by Troiden's model.

Troiden's Model of Homosexual Identity formation, first presented to the public in 1989, was intended to expand upon Cass' earlier model as opposed to serving as a replacement. In his work, Troiden clearly indicates that his model serves to further expand upon Cass' work by providing a more in depth explanation of processing at

various stages. As per Troiden, individuals who in later adolescence or adulthood identify

as homosexual first progress through a period of "Sensitization" before puberty during

which they experience a sense of difference or marginality in comparison to same age,

same sex peers. Specifically, individuals at this tier assume orientation as a heterosexual,

while experiencing the sense that they are somehow different than other individuals their

age. According to Troiden (1989, p. 50), such preadolescents tend to assume a strong

interest in a particular pursuit or endeavor, such as the arts or a particular activity, in lieu

of cultivating an interest in the opposite sex. From Sensitization, the preadolescent begins

to question their sexual identity during stage three, Identity Confusion (Troiden, 1989, p.

53). Within this stage, which generally commences at adolescence, the youth begins to

express internal concern and confusion about their sexuality, while at first not embracing

either heterosexual or homosexual identities. Troiden states that, most often, the

adolescents at this tier believe that they are most likely homosexual, and go on to

experiment with both homosexual and heterosexual activities in late adolescence. Others,

however, seek to deny (rebuke homosexual thoughts outright), repair (actively work to

eliminate homosexual inclinations) or avoid (avoid homosexual thoughts) at this time.

Identity Confusion is immediately followed by Identity Assumption (Troiden, 1989, p.

59), occurring typically in late adolescence or early adulthood. Identity Assumption is

marked by the embrace of ones' sexual identity as homosexual. Such an identity is first

and foremost accepted by the self, and then projected to the public community through

homosexual relationships and involvement in gay or lesbian advocacy. En route to this

tier, most homosexuals have forged relationships with positive homosexual mentors in

the community, and gradually define themselves as homosexual. Troiden's model

culminates with Commitment, during which one embraces homosexuality as a way of life, experiencing comfort and satisfaction with their sexuality (Troiden, 1989, p. 63).

While several psychologists and counselors have revised or elaborated on the early works of Cass and Troiden, to date, the models set forth by these early pioneers serve as the primary frameworks through which homosexual identity formation is conceptualized. Although similar and overlapping in several respects, Cass and Troiden's models of homosexual identity formation continue to provide structure and clarity to therapists working with this population, as well as great insight into the school based implications of the sexual identity formation process.

NASP and APA Position Statements

Since 1993, both the National Association of School Psychologists and the American Psychological Association have allied to promote the fair and equitable treatment of lesbian, gay, and bisexual youth through co-authored NASP and APA Policy Statements on Lesbian, Gay, and Bisexual Youths in the Schools (1993), as well as subsequent position statements (NASP, 1999; NASP, 2006), the creation of LGB task forces and interest groups, as well as advocacy and outreach efforts designed to increase school psychologist awareness of and facility in working with issues surrounding sexual orientation. The extensive and pro-active efforts of both the NASP and APA have sought to highlight the extraordinary risks facing this marginalized group, while supporting the creation of societal and school based environments that protect the rights of all LGB students. Likewise, both associations have encouraged practitioners to implement interventions designed to ameliorate the outcomes of sexual minority students (APA, 1993). As per the NASP and APA (1993), school psychologists are to take "a leadership

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role in promoting societal and familial attitudes and behaviors that affirm the rights, within educational environments, of all lesbian, gay, and bisexual students", "providing a safe and secure environment in which all youths, including a lesbian, gay, and bisexual youths, may obtain an education free of discrimination, harassment, violence, and abuse" (¶ 12-13). The NASP Position Statement on Gay, Lesbian, Bisexual, Transgender, and Questioning Youth (2006) further compels school psychologists to take specific actions in an effort to improve the psychosocial and educational outcomes of LGBQT youth, reminding practitioners that it is their ethical obligation to ensure that students are able to express their identity and receive an education in an environment devoid of harassment and bias. Clear recommendations regarding the implementation of key systemic and individual interventions are provided, and include the development of school wide non-discrimination policies specifically mentioning GLBQT youth, student and staff training regarding GLBQT issues and discrimination, psychoeducational intervention efforts with those who engage in the harassment of GLBQT students and those who are victimized, individual counseling, and the creation of Gay-Straight Alliances (GSA's) and other GLBQT support groups. The NASP 2006 GLBQT Position Statement also suggests that school psychologists take an active role in linking GLBQT community supports and mentors, while also providing support to families and teachers. The 2006 position statement provides more comprehensive directives for school psychologists relative to the 1999 position statement, which focused more fully on anti-harassment policies specifically mentioning LGBQT youth, school wide awareness training regarding GLBQ issues and discrimination, individual counseling, and psychoeducational intervention

designed to minimize risks associated with same-sex sexual behavior, among other related topics.

In addition to the aforementioned position statements, the NASP has made extraordinary efforts to further the awareness of LGBQT issues and recommended supports among practitioners and students via dissemination of educational and training materials, presentations at the annual convention, and regular publication of articles dedicated to LGBQT issues in both the Communique and School Psychology Review. Despite strong advocacy and training efforts on the part of both the NASP and APA, relatively few studies have successfully documented the LGBQ training experiences of practitioners.

<div align="center">Training for Work with Sexual Minority Youth</div>

When reviewing the literature related to training for work with sexual minority youth, it was discovered that, despite an abundance of articles highlighting the need for increased training of school psychologists, counselors, and social workers for work with such populations, studies demonstrating the current state of training, on both a systemic (university) or individual (practitioner) level, are lacking. The paucity of empirical accounts delineating outcomes of actual training efforts and programs or, at a minimum, the need for additional training, is likely reflective of the current state of training and practice in regard to LGBQ issues. As stated by Crouteau, Bieschke, Phillips, and Lark (1998), "numerous authors have called for graduate programs to incorporate LGB issues in their educational efforts. However, few programs have heeded the call" (p. 709). Sadly, in terms of research regarding training for work with sexual minority clients, not

much appears to have changed since Croteau et al. first issued their statement nearly 10 years ago in 1998.

Remarkably, the need for increased training on LGB issues was reported as early as 1984 (Graham, Rawlings, Halpem, & Hermes), and has been echoed periodically throughout the literature since, albeit surprisingly to a lesser degree than would be expected given the increased presence of the LGB population in society. At the time of Graham et al.'s study, the field of psychology was working to become more comfortable with the American Psychiatric Association and American Psychological Association's efforts to de-pathologize homosexuality, while at the same time encouraging practitioner efforts to broaden their awareness of issues related to homosexuality and eliminate the practice of conversion or reparative therapies. In 1984, Graham et al. surveyed 112 therapists in the greater Cincinnati area, administering a 51 question survey evaluating demographics, strategies used by the therapists in work with sexual minority clients, knowledge of homosexual behavior, attitudes toward homosexuality, as well as participant interest in receiving additional training regarding LGB issues in the area, including sexual minority community groups. Holistically, regarding attitudes, the vast majority of respondents aligned with the APA's position that homosexuality is not a mental disorder, with 77% of participants indicating that homosexuals can be as well adjusted as a heterosexuals. Fourteen percent of respondents, however, did not believe that homosexuals could be as well adjusted as heterosexuals. Related to knowledge of homosexual behavior and needs, 31% of participants agreed with a (correct) statement highlighting the fact that male homosexuals demonstrate more promiscuous behavior than females, with 52% agreeing with the (correct) assertion that those who identify as

homosexual have likely had relationships with persons of the opposite sex. On a promising note, most participants did correctly agree that sexual orientation exists along a continuum, while correctly disagreeing with the statement that homosexuals are identifiable based on their appearance (p. 487).

Participants willingly indicated that they possessed a lack of information regarding the lifestyles and needs of sexual minorities, with 19% of participants responding that they had "no opinion/did not know" when asked questions pertaining to sexual minority issues. Eighty nine percent indicated that they believed that "special training and/or knowledge is needed by therapists for counseling homosexual clients"; when asked what kind of training would be beneficial, 82% of therapists indicated that workshops to "get in touch with their feelings toward homosexuals" would be helpful, 66% indicated that knowledge of "current research on homosexuality" would be helpful, 59% suggested that attending conference presentations related to homosexuality would be of assistance, and 58% indicated that sensitizing themselves through contact with "lesbian and gay groups" would help reinforce their knowledge base (p. 487). Although 66% of respondents stated that they would pursue advanced training in LGB issues if it were available in the area, only 3 to 6 participants registered for the training when it was actually offered.

Related to training are the actual therapeutic strategies used by the therapist participants in their work with LGB clients. Graham et al., reported that 62% of participants believed that changing ones sexuality through therapy was possible, despite APA position statements indicating that such practices were ineffective and unethical. Likewise, 37% of the aforementioned 62% indicated that they would treat LGB clients

with the "direct aim of changing their sexual orientation", with 45% of the 37% indicating such aims would feel that therapy was a failure of their orientation was not changed (p. 487). Promisingly, 95% of respondents noted that the primary goal of counseling a sexual minority would be to make them more comfortable with their sexual orientation; 63% of respondents indicated that they had already worked with LGB clients in efforts to become more open about their identity, with a surprising 26% of respondents indicating that assisting clients in their efforts to disclose their sexual identity to others was "not applicable" or something that "never comes up" in therapy (p. 488). For the most part, participants admitted limited referral efforts to community support groups (34%), with 20% indicating that they were not aware of available groups, 6% indicating that they did not feel such referrals were appropriate, and 37% indicating "other", which in most cases was explained by the fact that referral options "never came up" (p. 488). When probed, participants that did indicate referrals to community support groups occasionally provided names of groups that were outdated (7%), with 54% referring to a valid, easily identifiable group, and 36% referring to a group whose name would make it difficult to locate (p. 488). Graham et al.'s study is easily both the earliest and most comprehensive study of its kind, encompassing not only attitudinal dimensions related to practitioner competence for work with sexual minority clients, but also their training needs and experiences with LGB clients. Unfortunately, although there have been few studies investigating training related to LGB clients, most are not nearly as comprehensive as Graham et al.'s work.

In 2000, Bahr, Brish & Cotreau highlighted possible ways of increasing the awareness of school faculty regarding LGBQ issues, while also touching briefly on the

need to include LGBQ training in graduate school coursework. Bahr et al. pointed to the need for school psychologists to become knowledgeable regarding the needs of LGBQ students, keeping in line with NASP and APA recommendations, in order to better serve sexual minority youth in the school. Within their article, Bahr et al. integrated both NASP and APA position statements into an outline for a school-based training program for faculty, while discussing the required competence and training necessary on the part of school psychologists to properly facilitate such programs. The authors were careful to illustrate the point that servicing LGBQ students requires system-wide involvement, and necessitates the integration of LGBQ issues throughout the duration of training at the graduate level.

However, to meet such ends, it is first necessary to ensure that schools and practitioners that they employ realize the importance of addressing issues related to sexual minority students in their buildings. At minimum, awareness training delineating the risk factors associated with LGBQ identity should be incorporated into training curricula of those responsible for working with students in need of support in the schools. Increased awareness of the plight that many sexual minority students face during adolescents provides a perfect segue into discussions regarding proper practices for counseling and referring LGBQ youth, understanding steps of homosexual identity formation, and developing school based programming designed to deter perpetration of abusive acts on campus. Nonetheless, discussion of the importance of increased preparation of school psychologists, counselors, and social workers for work with this population is more replete than actual literature ascertaining current training practices.

The most recent study assessing training for work with sexual minority youth was conducted by Savage, Prout, and Chard (2004), who sought to investigate training deficits and needs of school psychologists by exploring their attitudes toward working with LGBQ clients, their knowledge of issues relevant to lesbian and gay adolescents, their beliefs regarding the impact of sexual identity on school functioning, and their overall preparedness for work with lesbian and gay students in the schools. Of the 288 school psychologists surveyed, 94% reported a willingness to work with LGBQ students in the schools, with 75% of respondents reporting that they were adequately prepared to assist the LGBQ population. However, in the same study, 85% of respondents reported that they had not received training specific to working with LGBQ students in the schools, thus calling into question their competency. Analysis of participant data also yielded the finding that the majority of respondents underestimated the rate at which lesbian students are harassed due to their sexual orientation, and the rate at which lesbian and gay students drop-out of school due to issues related to their sexual identity, while overestimating the percentage of lesbian and gay adolescents who experience a history of "school challenges" due to their sexual orientation (p. 205). Savage et al.'s findings regarding deficits in psychologist training, combined with the fact that most participants demonstrated a lack of awareness regarding the impact of being lesbian, gay, or bisexual on overall achievement and ability to stay in school, points to the need for practitioner training specific to school and family related LGBQ issues.

Similarly, Murphy, Rawlings, & Howe's (2002) investigation of clinical psychologists' LGBQ caseloads, the types of mental health concerns reported by their LGBQ clients, the types of training specific to therapy with sexual minorities, as well as

their interest in future training, demonstrated the need for additional training regarding LGBQ issues in therapy. It was found that 56% of study participants counseled at least one LGBQ client within the past week, with a higher caseload consisting of LGBQ clients reported by psychologists with training relevant to LGBQ needs. While the presenting concerns of LGBQ clients, as reported by participants, were similar to heterosexual clients in many ways, most psychologists reported that LGBQ clients also presented with concerns specific to sexual minority development, such as sexual identity formation and the coming out process. When questioned regarding training experiences, 64% reported that they had read articles related to LGBQ issues, with 23% reporting that they had received supervision from an individual knowledgeable about LGBQ issues and 23% from supervisors without knowledge of LGBQ needs; 46% reported that they completed continuing education coursework, and 32% increased awareness by reading books. Participants also reported that additional training regarding relationship violence, living with HIV/AIDS, bisexual issues, and identity issues, among others, would increase their competence in working with sexual minority clients. While the fact that 46% of participants reported completion of continuing education coursework to further their knowledge of sexual minority issues is promising, the indication that a relatively small percentage of their knowledge (23%) stemmed from formal graduate education experiences such as supervision is disheartening, particularly considering that not all supervisors (23%) were knowledgeable in practices related to LGBQ issues.

Overall, although Murphy et al.'s findings regarding the types of LGB training pursued by psychologists is promising, study results suggest that additional, uniform training to adequately address needs specific to LGB clients is greatly needed to increase

reported levels of competence. This need is particularly evident given the diversity among responses regarding the types of training completed by psychologists, their perceived training needs as psychologists, as well as the fact that many psychologists reported receiving LGB supervision from supervisors without adequate subject knowledge. Murphy et al.'s findings lead to the importance of considering the role of practitioner attitudes toward lesbian, gay, and bisexual clients, potentially resulting from misinformation or lack of training, as they relate to their interactions with LGB clients.

To further explore the existence of psychology training coursework specific to the needs of sexual minority clients, Sherry, Wilde and Patton (2005) surveyed 104 directors of APA approved clinical and counseling doctoral programs to determine the extent to which coursework discussing LGBQ issues is required of their candidates. It was found that of 67.7 programs requiring completion of a multicultural course and 61% of programs requiring an additional advanced multicultural course, 71% reported covering LGB issues within the multicultural class. In terms of exposure to issues related to LGB societal functioning and counseling, 89.5 percent of program directors responded that their students are exposed to LGB clients during practicum experiences, with 94.3% of program directors indicating that LGB issues are addressed via formal supervision experiences. Aside from topical discussions related to LGB issues in multicultural coursework, only 21% of respondents indicated that that they integrated LGB issues into courses that are not specifically multicultural, with only 17.1% of program directors reporting that LGB competencies are integrated into end of year or yearly program evaluations. Despite a lack of stand alone coursework related to LGB clients or an established history of integrating discussions of LGB issues into multiple courses, many

program directors believed that their programs provided more than adequate training for their students related to work with sexual minority clients. Interestingly, it was found that more counseling psychology programs integrated LGB issues into their coursework than clinical psychology programs.

Again in 2005, the APA Office of Lesbian, Gay, and Bisexual Concerns surveyed chairpersons of graduate programs offering both doctoral and master's level study in psychology to determine the presence of graduate faculty interested in studying LGB issues. Within their study, the APA also ascertained whether or not stand alone coursework specific to LGB issues was offered at their institution, or if extant courses contained a significant amount of content related to LGB issues. Sadly, 76% of doctoral program chairpersons and 84% of master's chairpersons did not respond to the survey. However, of those who did respond, it was found that 29 of 47 doctoral programs offered stand alone courses related to LGB issues, with 16 of 19 master's programs offering coursework solely dedicated to the study of LGB issues (www.apa.org/pi/lgbc/publications/lgbsurvey/grad_home.html) . While it is plausible that many other universities provide independent coursework related to sexual minority issues, or thoroughly integrate such topical discussions into a variety of courses, the lack of response to the APA's query regarding training practices is disheartening.

Townsend, Wallick, Pleak, & Cambre (1997) surveyed the training directors of all 118 American child and adolescent psychiatry programs listed in the 1993-1994 AMA Graduate Medical Education Directory. Seventy eight surveys were returned from training directors in 36 states. Townsend et al. found that 94.9% of directors indicated that homosexuality was discussed in the child psychiatry residence curriculum,

"somewhat more often" in the first year (82.7%) than in the second year of training

(76.5%). Training directors most frequently noted case conferences (78.2%) as the means

by which information regarding LGB issues was conveyed, with 73.1% of directors

indicating that child development coursework was a medium for discussion of LGB

issues; 42.3% indicated that coursework in child and adolescent psychopathology also

included discussions of LGB issues. Thirty nine percent noted that psychotherapy

instruction was used to convey information regarding sexual minority clients, with 30.8%

indicating that lectures on depression and topical discussions for "journal clubs" were

used as LGB instructional tools. Twenty nine percent indicated that lectures on suicide,

grand rounds, and consult-liason coursework (28.2%) were other methods of

disseminating and discussing issues relevant to LGB issues within the curriculum.

Interestingly, within the same study, "program stances" regarding classification of

homosexuality as normal or disordered behavior were investigated using a 5 point rating

scale, where 1=pathological, 3=neutral, and 5=normal. Most training directors (55.4%)

indicated a "neutral" program stance regarding homosexuality, while 43.4% reported

"normal" or "somewhat normal" stances, and one director indicated a program stance of

"somewhat pathological". Such findings are of importance given the APA's strong efforts

to eliminate the perception of homosexuality as pathological. Likewise, the

aforementioned responses are worrisome, as, although LGB issues may be discussed

during training, one must wonder about the nature of the instruction if the institution

finds homosexuality aberrant as opposed to acceptable behavior. A greater number of

directors from the West and Northeastern United States indicated that their program

supported the notion of homosexuality being "normal", suggesting that geographical

location may be linked to overall perceptions of homosexuality and the nature of training efforts in various locations.

Mohr, Isreal, and Sedlacek (2001) explored the relationship between counselor attitudes toward bisexuality and the nature of their clinical judgment when working with bisexual clients. Following the completion of the Attitudes Toward Lesbians and Gay Men Scale-Short Form (ATLG-S), evaluating a fictitious intake questionnaire depicting a bisexual woman, and identifying the types of training they had relevant to LGB issues, it was found that positive attitudes toward LGB individuals decreased the likelihood that the fictitious bisexual client demonstrated low-levels of psychological functioning or pathology, while low levels of training and poor attitudes led to increased identification of pathology. Additionally, although it was reported that the majority of the 97 counselor trainees included in the study regarded LGB clients moderately to very positively, 41% of respondents reported that they did not have any training related to bisexual issues, with 17% indicating that they did not receive training on lesbian and gay issues. In the same study, it was noted that most respondents reported reading materials relevant to LGB issues (51%), and 42% discussed topics related in some manner to LGB issues in class. Seven percent of respondents received formal training on working with bisexual clients, while 24% received formal training with lesbian and gay clients.

Phillips and Fisher (1998) surveyed 108 counseling psychology doctoral candidates completing their final year of study at APA accredited institutions. In their study, Phillips et al. sought to identify the type of training candidates received for work with LGB clients, as well as their attitudes toward homosexuality. Data analysis led to the finding that only 15% of respondents attended schools with stand alone coursework

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dedicated to LGB issues, with approximately 50% of students indicating that LGB issues were discussed within the context of multicultural counseling coursework. Student respondents noted that LGB issues were integrated into other courses (median number of courses for each respondent=3), but that bisexual issues were not often addressed (median=1). Participants indicated that they were not frequently assigned articles or chapters related to LGB issues, nor did they receive more than "an hour or two of didactic training, if that (mode=0 hours)" (p. 719). Interestingly, the majority of respondents noted that they sought and obtained information about LGB issues outside of the realm of their doctoral program.

Burckell & Goldfried (2006) surveyed sexual minority adults to determine the therapist qualities they preferred. Although their study of 42 lesbian, gay, and bisexual participants did not focus solely on training for work with sexual minority clients, participant responses about ideal therapist qualities is related to the need for training efforts. For example, Burckell et al. found that participants desired therapists who had knowledge of issues related to LGB identity and challenges related to such identity. Likewise, participants indicated that LGB affirmative attitudes on the part of the therapist were also desired. While training cannot entirely address attitudinal issues, it can influence ones understanding of the impact that living within a heterosexual world may have on sexual minority clients. Certainly, formal training in LGB issues and counseling practices can directly influence whether or not therapists are knowledgeable of the challenges that sexual minorities face in America.

Experiences Working with LGBQ Youth

The experiences working with LGBQ youth domain of the proposed survey is designed to ascertain whether or not school psychology respondents have worked with LGBQ youth during the course of their career. Conceptually, the inclusion of the domain of "experiences working with LGBQ youth", in addition to establishing the degree to which school psychologists work with sexual minority youth, is designed to also determine how frequently such interactions occur on the school campus. Certainly, participant responses will be influenced by the environment in which they work, with those who service junior and high schools likely working with LGBQ youth more frequently. In terms of evidence that school psychologists and other mental health practitioners are currently assisting sexual minority youth in the schools, a review of the literature yielded limited information. Clearly, given the national prevalence rates of homosexuality, which range between lows of 2 percent to as much as 10 percent (Gonsiorek, 1988; Kinsey, Pomeroy, & Martin, 1948), the presence of sexual minority youth in the schools is certain, regardless of geographic location or the sentiments of practitioners who occasionally believe that there are no homosexual students in their schools (Fontaine, 1998).

The aforementioned review of studies delineating training experiences for work with sexual minority clients in and of themselves point to the fact that mental health practitioners including school psychologists are encountering and working with LGBQ adults and youth. In terms of specific indications or frequencies of contact with LGBQ clients, Savage, Prout, and Chard's (2004) article, although largely investigating school psychologists attitudes and preparedness for work with LGBQ youth in the schools,

briefly established that school psychologists are working with such youth in the schools, but did not explore to what degree or with what frequency. Likewise, Graham et al.'s 1984 study established the fact that, although conducted over 10 years ago, 86% of their 112 survey respondents indicated that they had counseled a lesbian or gay client during the course of their career. Fontaine (1998), in her survey of 101 school counselors working in grade K though 12, examined a variety of variables in relationship to school based counseling service provision to sexual minority youth. Specifically, Fontaine evaluated respondent experiences, school environment, knowledge of homosexual issues, professional development, and demographic characteristics in the course of her study. Fifty-one percent of counselors working in junior and senior high schools indicated that they worked with at least one sexual minority youth who reported confusion or questioning about their sexual identity, with 42% of counselors indicating that they worked with one student who identified themselves as gay or lesbian. Although they did not indicate direct counseling work with sexual minority youth, 21% of elementary school respondents noted that they knew of at least one gay or lesbian student in their school. Holistically, most contact with sexual minority students occurred at the high school level, with more male than female students working with counselors in the school. Analysis of respondent data yielded the finding that, as a whole, 104 LGBQ students were seen by the counselors, 63 of which were male and 41 of which were female. The types of problems discussed by sexual minority and questioning students most frequently included poor self esteem, depression, and self-doubt. When evaluating the next most common reason for work with the school counselor, counselors indicated that LGBQ students fear of sharing their identity with peers and parents, as well as parental rejection,

was frequently observed. Respondents also reported that 22% of the students that they worked with had "seriously contemplated suicide", while15% noted that their clients made actual attempts on their own lives. Twenty-four percent of respondents indicated that students required assistance related to verbal victimization at school, with 11% indicating that fear of physical attack or violence was also common. In most cases, sexual minority youth who visited their school counselor did so of their own volition (51%), with 13% receiving assistance after the counselor observed a student struggling at school and perceived a need for intervention. Interestingly, in her investigation of school environment and climate related to homosexuality, Fontaine found that 33% of counselors working in junior and high school settings indicated that they had witnessed 43 individual occurrences of harassment of LGBQ students, with elementary school counselors witnessing 19 incidents of harassment. Harassment in this study included a full spectrum of behavior ranging from verbal teasing to physical abuse. In at least one case the counselor indicated that one of her students dropped out of school as a result of chronic victimization. In most junior and high schools (66%), counselors noted that sexual minority youth were not explicitly protected in their schools anti harassment policies, and that most students and personnel espoused intolerant to negative views of homosexuality, with school administrators ratings only approaching neutral.

Holistically, although studies specifically indicating instances of work with sexual minority youth or adults are limited, the greater number of studies delineating the need for training for work with this population suggests that practitioners are indeed counseling such clients.

Perceived Level of Competence when Working with LGBQ Youth

Examination of school psychologist competence when working with sexual minority youth is of importance in the present study as most practitioners report relatively little training for work with such students in the schools. The lack of training for work with LGBQ students and adults common among most practitioners, which typically leads to a lack of competency, directly contradicts both the NASP position statement on working with LGBQ youth (NASP, 2000; NASP 2006) in the schools, as well as the APA's Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients (APA, 2000). Both the NASP and APA publications indicate that practitioners are responsible for possessing appropriate attitudes, knowledge, and skills for work with sexual minority clients, and insist that practitioners are responsible for engaging in culturally competent practice with all clients, including sexual minorities. However, of the few studies available for review related to this topic, most yield the finding that many practitioners do not feel prepared for work with LGBQ individuals.

In many ways, knowledge leads to competence, so it may be said that evaluations of mental health practitioners knowledge of issues related to sexual minority status could be indicative of their potential competence, although a direct link is not present between the two concepts. Interestingly, there does not appear to be a distinct difference between reports of knowledge and competency in earlier studies (i.e., Graham et al., 1984) and later studies such as Fontaine (1998) and Phillips and Fisher (1998).

In relationship to the concept of knowledge and competency, Graham et al. found that only 31% of psychologists surveyed in their study correctly identified common factual information regarding homosexuality, with 31% appropriately agreeing with the

statement that male homosexuals are more promiscuous than female homosexuals, and 52% correctly indicating that most homosexuals have had sexual encounters with the opposite sex (p. 487). Most importantly, respondents in this study (83%) identified the fact that that they needed special training and knowledge to prepare them for work with homosexual clients, with psychologists indicating that a variety of training formats (workshops, knowledge of current research, conference attendance, and work with gay and lesbian groups) may be beneficial in their quest for additional knowledge. However, although 63% of respondents indicated a desire to attend local training if it were available, only 2 to 6 psychologists eventually registered for such training when it was later offered. Additional information gleaned from respondents suggests that at that time, a large number (62%) believed that altering a client's sexuality was possible, with 37% stating that they would counsel LGB clients with the goal of altering their sexual identity (p. 487). Clearly, both of the aforementioned statements conflict with best practices in work with sexual minorities, suggesting a deficit in knowledge and competency.

of 108 doctoral-level counseling and clinical psychology students regarding their preparedness and competency for work with LGBQ clients. Analysis of data gleaned from the Survey of Training Experiences (STE), a measure of participant exposure to LGBQ issues through coursework, as well as the Index of Homophobia, designed to assess feelings toward interactions with lesbian and gay individuals, yielded the finding that the majority of participants felt unprepared to counsel lesbian and gay clients, with a greater number feeling particularly unprepared to work with bisexual clients. While 94% of participants reported positive attitudes toward gay and lesbian individuals, it was interesting to note that the majority of respondents indicated that their training programs

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did not have coursework related to LGBQ issues (75%). Although many cited that sexual minority topics were integrated into other courses, including multicultural counseling, readings regarding LGBQ issues were not typically required. Perhaps most alarming, particularly in light of the purpose of the present study, was the finding that many participants had counseled lesbian, gay, or bisexual clients in spite of feeling unprepared. Thus, despite the fact that the literature demonstrates that great numbers of gay and lesbian individuals enter therapy, many psychologists report that they are not adequately prepared to work with sexual minorities.

Like Phillips and Fisher (1998), Fontaine (1998), in her survey of 101 school counselors, demonstrated that many counselors had insufficient knowledge of issues related to sexual minority youth and adults. A great number of counselors endorsed an item suggesting that homosexuality was a choice, with male counselors misidentifying the number of LGBQ students likely present in their schools. Eleven percent of respondents indicated that there were no gay or lesbian students in their school (albeit most of those respondents worked in elementary schools), with one out of 5 counselors correctly responding that the homosexual population in their school ranged between 6 to 10 percent. When asked to rate their own competence for work with sexual minority youth, 8% noted a high level of competence, with 8% noting "little to no competence". Eighty-four percent noted moderate levels of competency for work with LGBQ students, with an average rating of 2.9 on a 5 point Likert scale where "5" indicates "very prepared". Most respondents (89%) indicated that they were interested in training for work related to sexual minority youth. In terms of past preparation, most respondents indicated that they read articles related to LGBQ issues in journals (66%), learned

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information through the media (56%) or learned about issues through gay or lesbian

friends (50%). Thirty-seven percent attended conference presentations, 30% read

textbooks, and only 2% indicated attendance at a school in-service.

<div align="center">Perceived Need for Additional Training for Work with LGBQ Youth</div>

The perceived need for appropriate counselor training regarding LGBQ issues is

asserted not only by practitioners, but also by LGBQ students in the schools who have

been counseled inappropriately by uninformed school professionals. In Reynolds and

Koski (1994), the perceptions of LGBQ students toward counselor preparedness when

working with sexual minority youth, as assessed earlier by Sears (1991), was explored in

relation to the need for additional counselor training on LGBQ issues. Reynolds and

Koski highlighted Sears' earlier findings that LGBQ youth perceived counselors and

educators as "ill-informed, unconcerned, and uncomfortable talking with them" (p.91).

Also, of the counselors surveyed as part of Sears' study, two-thirds reported negative

attitudes and feelings toward LGBQ students. Reynolds and Koski's explication of Sears'

earlier work, combined with a discussion of the in-school supports needed for LGBQ

students, was coordinated to demonstrate the need for counselors to proactively

participate in training relevant to LGBQ issues, while demonstrating the need for

counselors to provide support, psychoeducational materials, role-modeling, and

counseling to LGBQ students.

Similarly, Pilkington and Cantor (1996), in a study of all APA accredited graduate

psychology training programs, found that less than 25 percent of course syllabi

demonstrated coverage of coursework relevant to sexual orientation and work with sexual

minorities. Furthermore, when analyzing syllabi content, it was found that discussion of

homosexuality in an affirmative manner was infrequent, and often alluded to homosexuality as pathological. Overall, Pilkington and Cantor's findings suggest that "lesbian, gay, and bisexual issues continue to be neglected or inappropriately addressed in graduate training programs in professional psychology" (p. 611).

As previously mentioned, Sherry and Whilde (2005) also surveyed APA accredited clinical and counseling psychology doctoral programs to determine the presence of training directed toward work with sexual minorities. Within the study, it was found that of 67.7% of programs requiring a multicultural course, 71% included coverage of GLB issues, with 89.5% of programs reporting exposure to GLB clients within practicum and supervision (p. 117). However, a relatively small number (21%) reported inclusion on GLB topics within courses not specifically geared toward multicultural issues. Of the APA schools, 17.1% reported the inclusion of GLB competencies into comprehensive evaluations, despite the fact that 30.5 percent of program directors "believed their program to be exemplary with regard to GLB issues" (p. 117).

<center>Need for School Based Programming for Sexual Minority Youth</center>

The need for school based programming for sexual minority youth has been asserted in both NASP and APA position statements regarding work with lesbian, gay, bisexual, questioning, and transgendered students. Although there is no empirical evidence documenting the rate at which sexual minority youth seek help in the schools, literature related to the risk factors associated with orientation as a sexual minority youth, in combination with data supporting the fact that the median age at which students "come out" has dropped to ages that encompass middle and high school years, lends support for the notion that school psychologists are likely working with such students in the schools.

Risk-factors associated with adolescent homosexuality include unprotected sex,

HIV risk, harassment (bullying), violence, sexual abuse, suicide, substance abuse, and

dropping out of school, with each factor directly related to school based issues

(Radkowsky & Siegel, 1997). In terms of the age at which sexual minority youth first

become aware of their sexual orientation, recent and past literature suggests that LGBQ

individuals first achieve awareness between 10 and 13 years of age, with many students

choosing to disclose their identity to friends, parents, or school personnel in high school

(Radkowsky & Siegel, 1997,Tharinger & Wells, 2000). In a study of 34,706 junior and

senior high school students conducted by Remafedi et al., 4.5% reported attractions to the

same sex (Remafedi et al., 1992, in Garnets and Kimmel, 2003). In a national survey of

1,752 students it was found that 48% of self-identified gay, lesbian, and bisexual college

students first became aware of their sexual orientation in high school, 20% of gay and

bisexual men identified their sexual orientation in junior high school, with 17%

identifying in elementary school. In the same study, 6% of gay or bisexual women first

realized their sexual orientation in junior high, and 11% came to the same realization in

high school (Elliott and Brantley, 1997).

The rate at which sexual minorities utilize psychological services in comparison

to heterosexual individuals is also a consideration when reviewing the need for school

based LGBQ programming. Bieschke, McClanahan, Tozer, Grzegorek, and Park (2000)

in Perez, DeBord, and Bieschke (2000), found that gay men and lesbians utilize

individual psychotherapy at a higher rate than heterosexuals. Given that sexual minorities

may present more often for psychological assistance, and given potential differences in

the nature of their presenting concerns, more comprehensive school based programming is necessary.

A comprehensive review of common academic search engines did not yield the finding of any studies directly research explicitly identifying the need for school based programming for sexual minority youth. To the knowledge of the present researcher, the current study represents the first efforts to directly ascertain the degree to which school psychologists believe that school based programming and services are necessary for sexual minority students.

Sex, Age, Highest Education Level Attained, Employment Setting, Population Density, and Professional Experience in Relationship to LGBQ Issues

The inclusion of demographic variables such as sex, age, highest education level attained, employment setting, population density, and professional experience is largely supported by weak theory or mixed research base that supports the notion that each of the aforementioned areas are important considerations when assessing this topic.

Sex

Psychological and sociological research over the past 20 years has yielded a significant body of literature supporting the notion that males endorse more negative attitudes toward homosexuals than females. Although not specific to the target population of school psychologists, or psychologists in general, Whitely and Kite (1993), in a meta-analysis of 66 studies, found that males of various ages held significantly more negative attitudes toward homosexuality than women. Within the same study, Whitley and Kite also found that the difference between male and female attitudes toward homosexuals

was significantly smaller when attitudes toward lesbians, not homosexual males, were included.

Similarly, Oliver and Hyde's (1993) meta-analysis yielded the finding that females 18 years of age or younger held more positive attitudes toward homosexuals than young males. Such gender specific findings among youths and adults across age ranges in the general population have been echoed in the scholarly literature for the past 15 to 20 years. However, it may be postulated that characteristics and attitudes of those working in the "helping professions" such as school psychology, counseling, or social work, may differ from those present among mainstream Americans due to the nature of their training and their innate interest in helping the social and emotional functioning of their clients.

When evaluating the role of gender in relationship to training and experience in working with lesbian, gay, and bisexual students, consideration of populations more closely resembling the target population in this study (school psychologists) is of importance. Most recently, Savage, Prout, and Chard (2004) surveyed 288 school psychologists regarding their attitudes toward those who identify as lesbian and gay using the Attitudes Toward Lesbians and Gay Men Scale (ATLG) created by Herek (1988). Savage et al. found that both men and women's responses on the ATLG fell within the positive attitude range, and that no significant differences between genders were noted. Such findings clearly conflict with data gleaned by those who have researched attitudes toward homosexuality within the general population.

Likewise, Mohr, Israel, and Sedlacek (2001), in a study of 97 counselor trainees in master's and doctoral programs who were administered the Attitudes Regarding Bisexuality Scale (ARBS; Mohr & Rochlen, 1999), yielded the finding that most

counselors held "moderately positive to very positive attitudes regarding bisexuality" (p. 215). In the Mohr study, no specific mention of significant differences between genders was noted. Korfhage (2006), in a survey of 70 master's students in counseling, clinical, educational, and school psychology, also found that men did not harbor more negative attitudes toward gay men than women. However, interestingly, Korfhage did report that women's attitudes toward gay men were more negative than their attitudes toward lesbians, with men reporting more negative attitudes toward gay men than lesbians. Findings from Jones (2000) survey of 104 psychologists, undergraduate psychology students, and postgraduate psychology students suggests that males tend to be somewhat more homophobic than females, although not significantly so, with attitudes toward gay men significantly more negative among all participants than attitudes toward lesbians. Practicing psychologists expressed attitudes significantly less homophobic than undergraduate psychology students, a finding consistent with hypotheses that suggest that those with more education espouse less homophobic attitudes than those with less education.

Conversely, in an examination of gender and attitudes toward LGB individuals among a larger sample of psychologists, Kilgore, Sideman, Amin, Baca, and Bohanske (2005) found that 92.4% of respondents viewed active LGB identity as "acceptable", with 3% stating that it was "somewhat acceptable", 2% noting that it was "not as acceptable as heterosexuality", and 2% stating that an active LGB identity is "unacceptable" (p. 397). When analyzing data in terms of gender, significantly more female psychologists espoused "a more positive attitude and approach" than males, with 96% of females viewing homosexuality as "acceptable" versus 88% of males (p. 398). Questions utilized

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by Kilgore et al. to determine the state of practice among psychologists in their work with LGB clients could also be used as a mirror of attitudes toward LGB individuals. When asked about how they conceptualized homosexuality from a psychological perspective, 81% of respondents indicated that they did not believe homosexuality was a disorder, with 13% providing a neutral response, and 4% indicating that they believed homosexuality to be disordered behavior. Fifty-eight percent indicated that they espoused a "gay affirming" approach to their work with LGB clients, an interesting finding in comparison to earlier surveys of APA members noting that only 5% of respondents implemented gay affirmative approaches in their work (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). Overall, 67% of female psychologists reported taking a gay-affirmative approach in their work with sexual minorities, whereas only 47% of men indicated the same. In the United Kingdom, Ellis, Kitzinger, and Wilkinson (2002) found that, among their sample of 226 undergraduate psychology majors, males demonstrated significantly more negative attitudes toward lesbians and gay males than female respondents, with both respondent groups (males and females) demonstrating significantly more negative attitudes toward gay males than lesbians.

Gender is also a relevant consideration in terms of the training that psychologists may receive for work with sexual minority youth. Although there is not a strong, extant literature base demonstrating gender differences and training for work with LGB clients, Kilgore et al. (2005) found that, in addition to gender differences between male and female attitudes toward homosexuality, a strong difference between training for work with LGB clients was apparent. Male psychologists indicated lesser degrees of formal training for work with sexual minority clients (10%) than women (19%) (p. 397).

In the present study, attitude toward homosexuality was not a variable or direct consideration of the examiner. However, given that previous research asserts that there is some degree of relationship between gender and attitude toward homosexuality, although not a consistent relationship, it is plausible that gender may also influence the perception of school psychologists in terms of need for additional training, as well as programming, for work with sexual minority students in the schools.

Age

Inclusion of respondent age as a variable in this research endeavor is not linked to any strong theory or research base. Rather, it was included based on the supposition that respondent life experience may influence the number of students that school psychologists have worked with in the schools due to length of career, as well as the amount of training that school psychologists have received preparing them for work with sexual minority youth. No studies to date have specifically examined age in relationship to frequency of work with sexual minority youth. However, Kilgore et al. found a relationship between age and formal training regarding gay-affirmative therapy. In their study, 32% of psychologists age 30 to 39 reported that they received training within the aforementioned domain, with only 9% of psychologists age 60 to 69 and 11% of those older than 70 receiving training in gay-affirmative therapy (p. 398).

Highest Education Level Attained

Inclusion of highest education level attained as a demographic question serves to investigate any potential differences between the training experience and work experience related to sexual minority youth between specialist level school psychologists

and doctoral level school psychologists. No research to date has investigated such differences, however, in terms of the completion of graduate level coursework related to sexual minority youth, consideration of distinctions between masters and doctoral level practitioners could yield meaningful information related to the research questions.

Employment Setting

The employment setting in which school psychologists work is an important consideration in relationship to study aims, given that those practitioners working with junior and high school students may have experiences and training that differs from practitioners who work solely with elementary school students. Likewise, if a practitioner works in private practice or an academic setting, their survey responses should be viewed in a different light than those who work in the schools. Practitioners working with preschool students are unlikely to have exposure directly related to work with sexual minority students, as most students "come out" after the age of 10 at the earliest. Aside from Fontaine's 1998 research pertaining to school counselors work with sexual minority students indicating that junior and high school counselors work with LGBQ youth more than elementary school students, a comprehensive examination of academic research databases did not yield an additional information regarding differences in training or experience related to employment setting.

Population Density

Population density refers to the classification of ones geographical location in terms of rural, urban, or suburban. Consideration of population density is important in relationship to weak theory suggesting that those working in more urban locations potentially possess more liberal viewpoints regarding homosexuality, and, similarly,

increased experience and training for work with sexual minority youth. However, no research to date supports the notion that those working in more urban, or conversely, less urban locations possess either greater or lesser experience and training for work with LGBQ students. The 2005 GLSEN School Climate Survey (Kosciw and Diaz, 2005) did yield data suggesting that students enrolled in some regions of the country, specifically the Northeastern United States and Western United States, reported a lower frequency of hearing homophobic remarks in school than students enrolled in Southern and Midwestern schools. Student respondents from the South indicated the highest incidence of hearing racist remarks compared to all regions, and also reported the lowest rate of faculty intervention upon hearing such remarks. Students attending school in small towns and rural areas also indicated greater degrees of harassment and assault than students residing in other regions (p. 54).

Professional Experience

For the purposes of this study, professional experience is defined as years of experience as a school psychologist. Inclusion of years of experience as a school psychologist is important in an effort to determine if those who have been working in the field longer have worked with more sexual minority students, or if they have obtained more training for work for sexual minority youth via graduate study, workshops, or in-services. The present investigator did not locate any research conducted to date directly examining years of professional experience in relationship to the training or experience for work with sexual minority youth.

Summary

Research conducted over the past several years has identified that LGBQ youth are at increased risk across a variety of social, emotional, and interpersonal domains, evidencing increased rates of suicide attempt, completion, bullying, harassment, and substance abuse when compared to heterosexual peers. Higher rates of homelessness, as well as higher rates of mental health concerns including depression and anxiety, among others, are additional areas of concern that emerge among the LGBQ population. As identity as homosexual, bisexual, or questioning in and of itself does not lead to high risk behavior, it is plausible that variation in sexual orientation and subsequent social and emotional challenges form an interactional pattern of risk. Given the adversity faced by this marginalized population, the APA and NASP have established position statements and directives for practitioners who may work with LGBQ youth in the schools, reminding them of their ethical obligation to proactively serve such students, and providing guidelines for individual and systemic intervention designed to better their outcomes in the school and community.

Despite extensive advocacy and educational efforts on the part of such national associations, school psychologists have been found to lack in preparation for work with LGBQ youth, and training programs have been found at a deficit in their coverage of LGBQ training issues. Literature highlighting the degree to which school psychologists work with SMY is extremely scant, and there is no available literature identifying the types of LGBQ supports that school psychologists regularly employ or would find beneficial in the schools. Ancillary variables such as age, sex, years employed, degree obtained, regional location, and population density emerge as potential factors involved

in training and service provision to LGBQ youth, however, research supporting such weak theory is scant or non-existent. Efforts to investigate the current state of practice in service to LGBQ adolescents, including exploration of demographic variables potentially influencing practitioner intervention, may provide new directions for advocacy and training efforts on the part of NASP, state, and local associations.

CHAPTER 3

METHODS

Introduction

A combination of descriptive analyses, tests of significance, and correlational analyses were employed to investigate each research question. A sample of 600 members of the National Association of School Psychologists (NASP) were randomly selected for participation in this study, with the hope that at least 200 surveys would be returned to allow for appropriate analysis and potential generalization to the population.   Upon receipt of completed surveys, data was analyzed using descriptive statistics to analyze frequency data, Chi-Square analysis or t-testing to determine significant differences between demographic data and survey responses, and Pearson Correlation to determine any associations between variables.

Procedures

The survey instrument used in this study was designed by the researcher to answer specific research questions stemming from the literature review, and was not validated statistically, or using a panel of experts approach, prior to administration. Following design, the survey document was mailed to 600 randomly selected NASP members, whose contact information was provided by NASP and In Focus, the firm that manages NASP member data. Permission to use NASP data was obtained following a formal NASP review process designed to evaluate acceptability of the research project. In the survey mailing, potential participants were provided with an envelope to return the completed survey anonymously, and were also advised that they could be entered into a raffle to receive one of four Barnes and Noble gift certificates offered as an incentive by

the present writer. Participant responses were obtained following one mailing, which occurred during the summer of 2008. No repeat mailings or reminder mailings were sent. At the close of the study, four gift cards were raffled to respondents who elected to participate in the raffle process.

<center>Design</center>

The present study consisted of survey research designed to address the primary research questions and hypotheses:

What type of training, pre-certification or post-certification, have school psychologists received in preparation for work with LGBQ youth in the schools?

2. What types of experiences have school psychologists had working with LGBQ youth in the field?

3. What is the perceived level of competence of school psychologists when working with LGBQ youth in the field? It was hypothesized that respondents would report that they are prepared to work with LGBQ youth, but would benefit from additional training.

4. Do school psychologists believe that they would benefit from additional training for work with LGBQ youth? It was hypothesized that respondents would indicate that they would report that they are prepared to work with SMY, but that they would benefit from additional training.

5. Is there a perceived need among school psychologists for additional school based programs for LGBQ youth?

6. Is there an association between LGBQ training, experiences, perceived levels of competency, and perceived need for additional training and programming and variables such as respondent sex, age, education level, employment setting, regional location,

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population density, and professional experience? The related hypotheses were that a) regional differences in participant survey responses would be observed, that b) differences in participant responses would be observed in relationship to population density, that c) doctoral level responses would differ from those of master's level practitioners, that d) participants trained prior to the development of NASP and APA position statements regarding service to LGB students, as measured by professional experience and degree conferral date, would report less training for work with sexual minority students than those with degrees conferred and professional experience occurring after the passage of NASP and APA statements, and that e) middle school and high school respondents would report a greater need for LGBQ training and programming than elementary and high school respondents.

Research question one was explored via the following survey questions assessing school psychologist training history:

1. Have you completed *stand alone* graduate coursework dedicated to preparing practitioners for work with lesbian, gay, bisexual, and questioning youth? If yes, how many stand alone courses have you completed?

2. Have you completed graduate coursework that *discussed* lesbian, gay, and bisexual issues (for example, LGB counseling, LGB rights issues, LGB identity formation)? If yes, how many courses have you completed that discussed issues relevant to work with lesbian, gay, bisexual, and questioning youth?

3. Have you completed continuing education coursework related to gay, lesbian, and bisexual issues in the schools? If yes, how many?

4. Have you attended workshops or seminars outside of work to prepare you for work with lesbian, gay, bisexual, or questioning clients?   If yes, how many?

Research question two regarding practitioner experiences with SMY were explored via the following questions:

5. Have you worked directly with LGB students in school regarding interpersonal difficulties (i.e., peer relations, harassment, teasing)?

6. Have you worked directly with LGB students in school regarding family issues related to their sexuality?

7. Have you worked directly with LGB students regarding academic concerns related to their sexual orientation (i.e., absenteeism or declining grades due to harassment, substance abuse, interpersonal difficulties, considering dropping out)?

8. Have you referred LGB students for mental health services outside of school?

9. Have you referred LGB students to community organizations for support regarding their sexual orientation (i.e., community centers, LGB alliances)?

Perceived level of preparation for work with SMY was evaluated by asking respondents to characterize how they perceive their overall preparedness to work with LGB students using the indicators such as very prepared, somewhat prepared, and not at all prepared.

The sentiments of school psychologists regarding a need for additional training for work with SMY was evaluated by a questions directly asking if they believe that they would benefit from additional training. Specifically, they were asked:

Do you feel that you would benefit from additional training in working with LGBQ youth?

Do you feel that you require additional training to better prepare you for work with LGBQ youth?

The perceived need among school psychologists for additional school based programs for LGBQ youth was evaluated by directly asking if practitioners believed there was a need for LGBQ services in the schools. The existence of potential associations between LGBQ training, experiences, perceived levels of competency, and perceived need for additional training and programming and latent variables such as respondent sex, age, education level, employment setting, population density, and professional experience was ascertained based on survey responses and appropriate statistical analyses.

Finally, participants were asked one question evaluating what type of training regarding LGBQ issues they might find helpful, as well as one question surveying the most desirable format for such training.

Holistically, the present study employed a combination of descriptive, comparative, and correlational design methods to first describe amounts of participant training, experience, perceived competency, and perceived need, while then attempting to establish a relationship between demographic variables and the aforementioned domains.

Population

The population of interest in the present study is school psychologists currently practicing across the United States.

Sample

Participants targeted for involvement in the present study consisted of practicing school psychologists who are members of NASP. Given length of time to degree conferral, was hypothesized that most participants would be 23 years of age or older, and would consist of both male and female practitioners.

Assignment

To achieve the desired sample size, survey invitations were mailed to 600 NASP members randomly selected by the firm responsible for maintaining membership rosters of the National Association of School Psychologists. From those submitted, those meeting minimum participation requirements (school psychologist currently practicing in an elementary school, middle school, or high school, private practice, or working in academia) were included in the study. A goal of 200 returned surveys was desired to ensure that the appropriate statistical analyses could be run.

Statistical Analyses

Within this study, three primary research aims emerged. The first aim of the project was to quantify training experiences, experience, and perceived need for additional training, which were assessed by the survey instrument. Specifically, domains included in this cluster investigated the types of work experiences that school psychologists have had with sexual minority youth (LGBQ) in the schools; the training they have had for work with LGBQ youth; their sentiments regarding their ability to competently serve LGBQ students; their perceived needs for additional training for work with LGBQ youth; and whether they perceived a need for additional school based programming for LGBQ adolescents. Also investigated were respondent reflections on what types of training they would be interested in, as well as the desired format for such training.

The variables used to answer the questions included survey questions regarding LGBQ coursework completed, cases worked, competency self-rating, perceived need for additional LGBQ training, and perceived need for additional programming for LGBQ

youth in the schools. Descriptive statistics, including frequency, mean, median, mode, and standard deviation were used to analyze this data.

The second research aim explored significant relationships or differences between latent (demographic) variables, such as sex, age, highest education level, work setting, population density, and professional experience, and survey questions regarding the outcome variables, including sexual minority coursework taken, sexual minority cases worked, perceived sense of competency for work with sexual minority youth, perceived need for more training for work with sexual minority youth, and perceived need for more programming to help sexual minority youth in the schools. Specifically, depending statistical assumptions for the data garnered for each survey response, Chi-Square analyses, t-tests, or Pearson Correlations were employed to explore significant differences or relationships between each of the demographic questions and each survey question evaluating training, experience, perceived need for additional training, and perceived need for additional programming.

Summary

In the present study, five primary research questions exploring school psychologist training for work with LGBQ youth, feelings of preparation for work with LGBQ youth, past experiences working with SMY, and perceived need for school based LGBQ supports were investigated. It was decided that a combination of descriptive and quantitative approaches, including Chi-Square analysis, t-tests, and Pearson Correlations, would be employed to identify relationships or differences between variables. Such analyses were particularly salient when examining the relationship between demographic variables, such as sex, age, years employed, type of degree, population served, region,

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and population density and survey questions exploring training and related experiences and needs. Generated hypotheses primarily related to the intersection of demographic variables and survey questions regarding training, work experiences, and intervention needs, and sought to establish the existence of differences between respondents based on demographic differences.

CHAPTER 4

ANALYSIS OF DATA

Presentation of the Descriptive Characteristics of Respondents

Of 500 mailed surveys, usable data was collected and analyzed from 192

respondents (n=192). Eight surveys (n=8) were received after the data collection deadline

of August 1st, 2008 and were not included in data analysis. All respondents indicated that

they were school psychologists in possession of a master's degree, specialist degree,

doctoral degree, or a combination of each of the aforementioned. Comparisons between

the current sample and the NASP membership were made where data were available via

InFocus, the data collection group responsible for maintaining NASP data. Twenty three

percent of the NASP membership is male, whereas the representation of males in the

current endeavor was eighteen percent; 77% of the NASP membership is female, with

80% of the present sample identifying as female (some respondents did not indicate their

sex). Twenty percent of the NASP membership is in possession of a doctoral degree,

compared to twenty three of the present sample. Sixty five percent of the NASP

membership is in possession of a master's or specialist degree in school psychology,

while seventy seven percent of the sample in this study earned a master's or specialists

degree. When evaluating population served by respondents and NASP members, 25% of

NASP members were found to work in preschool settings compared to 34.9% in the

present study; 76% of NASP members work in elementary settings compared to 79% in

the current sample; 48% of NASP members work in middle school settings compared to

58%; 36% of NASP members work in high school settings compared to 45%; and 2.9%

of NASP members work in higher education compared to 2.1% of the present

respondents. NASP member demographic data regarding age, years of experience, regional location, and the population density of the regions they serve was not available through InFocus, and was not available directly through NASP or any current literature. Consequently, comparisons between the NASP membership and the current respondents, aside from those for which data were available, are not possible. Though the sample in the present study appears closely matched to the NASP membership along many domains, the degree to which it fully matched along *all* domains explored in this project (e.g., experience, population density, age) cannot be ascertained, potentially prohibiting full generalization of these results to the NASP membership. Caution should be exercised in interpreting results outside of the context of the research project.

Age

Respondent age ranged from 24 years to 76 years. Participant age was further aggregated into quartiles to facilitate more meaningful analysis. Quartile 1 consisted of 49 respondents age 24 to 30 and represented 25.5% of the overall sample. Quartile 2 consisted of 46 respondents age 31 to 37 and represented 24% of the sample. Quartile 3 consisted of 49 participants age 38 to 52 and represented 25.5% of the sample, while quartile 4 consisted of 48 participants age 52 to 76 and represented 25% of the sample.

Sex

Of 192 respondents, 154 (80.2%) were female and 35 (18.2%) were male. Three respondents (1.6%) did not respond to the demographic question regarding sex.

Current Population Served

Sixty seven respondents (34.9%) indicated that they currently serve preschool populations; one respondent did not provide an answer for the question regarding work with preschool populations. One hundred and fifty one participants (78.6%) noted that

they currently work with elementary school populations; three respondents did not

provide an answer to the question regarding work with elementary school students. One

hundred and eleven participants (57.8%) noted that they currently work with middle

school students (three participants did not respond to the question regarding middle

school populations), and 86 participants (44.8%) indicated that they currently work with

high school students. Again, one respondent did not provide an answer to the question

regarding work with high school populations. Eight participants (4.2%) noted that they

worked in private practice settings, while four respondents (2.1%) noted that they worked

in higher education; one participant did not respond to questions regarding private

practice and higher education settings.

Table 1
Current Populations Served
_____
| Population | Frequency | Percent | Valid Percent | Cumulative Percent | |
| Missing | | | | | |
_____
Preschool	67	34.9	35.1	100.0	1
Elementary	151	78.6	79.9	100.0	3
Middle School	111	57.8	58.7	100.0	3
High School	86	44.8	45.0	100.0	1
Private Practice	8	4.2	4.2	100.0	1
Higher Education	4	2.1	2.1	100.0	1

Previous Populations Served

Eighty-nine (46.4%) of respondents indicated previous service to preschool

populations, with 171 respondents (89.1%) indicating previous service to elementary

populations; two participants (1%) did not respond to the question regarding previous

service to elementary populations. One hundred and forty one respondents (73.4%) noted

previous service to middle school populations, while 113 (58.9%) indicated previous

service to high school students. Fourteen participants (7.3%) indicated previous service

to clients in private practice, while five respondents (2.6%) noted previous employment in a higher education setting.

Table 2
Previous Populations Served

Population	Frequency	Percent	Missing
Preschool	89	46.4	0
Elementary	171	89.1	2
Middle School	141	58.9	0
High School	113	44.8	1
Private Practice	14	7.3	1
Higher Education	5	2.6	1

Population Density

Data was gleaned regarding the population density of the region in which participants provided services. Forty nine participants (25.7%) indicated service in rural regions, 60 (31.1%) indicated service in urban regions, and 82 (42.7%) indicated service in suburban regions.

Geographic Region

To facilitate data analysis, respondent geographic region (state) was coded and aggregated in accordance with US Census divisions. Region 1 represented the Northeast (n=44), and comprised 22.9% of the sample; region 2 represented the South (n=55), and comprised 28.6% of the sample; region 3 represented the Midwest (n=59), and comprised 30.7% of the sample; and region 4 represented the West (n=33), and comprised 17.2% of the sample.

Answers to Research Questions

Question 1: What type of training, pre-certification or post-certification, have school psychologists received in preparation for work with LGBQ youth in the schools?

School psychologists were asked to respond to four questions regarding their training

experiences for work with sexual minority youth. Frequency distributions were generated

and are presented below in table 3.

Table 3
Type of Training

Type of Training	Frequency	Percent	Missing
Stand Alone Course	5	2.6%	0
Coursework Discussing LGBQ Issues	109	56.8%	4
On the Job Training	30	15.6%	0
Workshops	57	29.7%	3

Stand Alone Coursework

Examination of participant data regarding completion of stand alone coursework

related to LGBQ issues as part of a graduate training program yielded the finding that 5

(2.6%) of 192 school psychologists completed such coursework. Three respondents

indicated that they completed one course, with two respondents indicating that they

completed two courses. One hundred and eighty seven, or 97.4% of respondents

indicated that they had not completed stand alone coursework dedicated to exploring

LGBQ issues.

Coursework That Discussed LGBQ Issues

One hundred and nine participants, or 56.8% of school psychologists, noted

discussion of LGBQ issues within extant coursework, with 79 or 41.1% indicating that

they had not discussed LGBQ issues as part of any existing coursework. Four

respondents, or 2.1% of the sample, did not provide a response to the question. Though

79 school psychologists noted that they did not complete coursework with an LGBQ training component, only 78 (40.6 %) specifically denoted that they completed zero courses when asked to provide a numeric value for course completion; 53 school psychologists (27.6 %) noted completion of one course, while 36 school psychologists (18.8 %) indicated completion of two courses. Ten or 5.2 % of respondents indicated completion of three courses, while 4 or 2.6 % noted completion of four courses. Only one respondent (.5 %) completed 5 courses, with another participant (.5 % of respondents) indicating completion of 6 courses.

On the Job Continuing Education Coursework

When evaluating the number of school psychologists who completed on the job continuing education coursework regarding work with LGBQ students, 30 or 15.6 % noted completion of such training, while 162 or 84.4 % indicated that they have not attended continuing education training for work with sexual minority youth. Despite the fact that 162 school psychologists responded that they did not complete continuing education coursework specific to LGBQ issues, only 158 specifically noted that they completed zero courses; 19 or 9.9 % noted completion of one continuing education course, while 9 or 4.7 % indicated completion of two courses. Three respondents (1.6 %) completed three courses, while one (.5 %) completed four continuing education courses. Surprisingly, one school psychologist (.5 %) indicated that they completed 10 continuing education courses dedicated to sexual minority issues.

LGBQ Workshops

Relative to continuing education coursework, more practitioners (57 respondents or 29.7 % of school psychologists) noted completion of workshops dedicated to LGBQ

issues; 132 indicated that they did not complete any workshops related to sexual minority issues during the course of their career, while 3 participants abstained from responding to this question. Of those participants that indicated attendance at workshops, 20 or 10.4 % noted completion of at least one workshop, with 17 or 8.9 % indicating completion of two LGBQ workshops. Ten or 5.2 % attended three workshops, while two school psychologists (8.9 %) attended 4 workshops. Five respondents (2.6 %) noted completion of 5 workshops, with one school psychologist (.5) indicating completion of 8 workshops, and yet another school psychologist (.5) indicating completion of 9 workshops.

Question 2: What types of experiences have school psychologists had working with LGBQ youth in the field?

Participants were asked to respond to questions regarding the type of work they had engaged in with sexual minority youth. Specifically, respondents were asked to indicate if they had provided services to lesbian, gay, bisexual, or questioning students. They were then asked if they provided services to such youth surrounding family and academic issues, and if they assisted LGBQ students regarding absenteeism, grades, and school drop-out related to interpersonal difficulties, harassment, and substance abuse. The results of the analyses are presented in table 4 and table 5. Additionally, school psychologists were asked to indicate if they had referred LGBQ students to outside mental health practitioners or to community based support service providers; they were also asked if any other school professionals were responsible for working with sexual minority youth. Participant responses to questions regarding the aforementioned are described in table 6 and 7.

Table 4
School Psychologist Work with Sexual Minority Youth

_____

Type of Issue	Frequency	Percent	Missing
Family Issues Related to Sexual Orientation	46	24%	1
Academic Issues Related to Sexual Orientation	36	18.8%	8

School Psychologist Work with Sexual Minority Youth Regarding Family and Academic Issues

Analysis of school psychologist work with sexual minority youth surrounding family and academic issues yielded the finding that 46 or 24% of respondents have worked with LGBQ youth regarding their sexuality and family issues; 145 or 75.5% noted that they have not worked with sexual minority youth surrounding sexual identity and family issues. One participant (.5 %) did not respond to the question regarding family issues. Thirty six school psychologists (18.8 %) reported working with sexual minority youth regarding academic issues and their sexual orientation, while 148 (77.1 %) did not report working with LGBQ youth and academic issues. Of 192 total participants, eight did not respond to the present question.

Respondents were also asked to indicate the type of interpersonal and family difficulties with which they have assisted LGBQ youth. Sixty respondents provided answers to open ended questions regarding interpersonal difficulties and their work with sexual minority youth. The most frequently cited types of interpersonal difficulties included peer harassment, bullying, teasing, isolation, coming out at school, peer acceptance, and peer conflict. Suicide and family interactions/family rejection were also cited by several respondents under the category of interpersonal difficulties. A comprehensive listing of participant responses can be found in Appendix C. Forty two

open ended responses regarding school psychologist work with LGBQ students surrounding family issues were obtained. Commonly cited family issues included coming out, acceptance, family rejection, parent denial, abuse at home following disclosure of sexual orientation, and communication. A comprehensive listing of participant responses regarding family issues can be found in Appendix D.

Table 5
Presenting Concerns of LGBQ Students
_____

Concerns	Frequency	Percent	Missing
Absenteeism due to Harassment	18	9.4%	1
Absenteeism due to Interpersonal Difficulties	26	13.5%	1
Absenteeism due to Substance Abuse	10	5.2%	1
Declining Grades due to Harassment	14	7.3%	0
Declining Grades due to Interpersonal Difficulties	29	15.1%	0
Declining Grades due to Substance Abuse	15	7.8%	0
School Drop Out due to Harassment	8	14.2%	1
School Drop Out due to Interpersonal Difficulties	10	5.2%	1
School Drop Out due to Substance Abuse	6	3.1%	1

School Psychologist Work with Sexual Minority Youth Regarding Absenteeism, Grades,

and School Drop- Out due to Interpersonal Difficulties, Harassment, and Substance

Abuse Related to Sexual Orientation

Absenteeism

Eighteen school psychologists (9.4 %) indicated that they have worked with

sexual minority youth regarding absenteeism due to harassment, with 173 or 90%

indicating that they have not worked with sexual minority youth regarding harassment

related absenteeism; one respondent (.5 %) did not answer the question regarding

absenteeism and harassment. Twenty six school psychologists (13.5%) noted that they

have worked with sexual minority youth regarding absenteeism stemming from

interpersonal difficulties, while 166 or 86.5% of school psychologists noted that they

have not provided service to LGBQ youth related to such issues. Ten respondents (5.2 %)

indicated that they have worked with sexual minority youth surrounding absenteeism

related to substance abuse, with the vast majority of participants (182 or 94.8 %) noting

that they have not worked with LGBQ youth regarding substance abuse related

absenteeism.

Grades

Of 192 participants, 14 or 7.3% indicated that they have assisted sexual minority

youth regarding declining grades due to harassment, with 178 or 92.7% noting that they

have not worked with LGBQ youth surrounding harassment related decline in grades.

Twenty nine (15.1 %) noted that they have worked with sexual minority youth regarding

declines in grades related to interpersonal difficulties, while 163 or 84. 9% noted that

they have not worked with LGBQ youth surrounding grade related difficulties and

interpersonal challenges. When evaluating school psychologist work with sexual minority

youth and declining grades due to substance abuse, it was reported by 15 or 7.8% of

participants that they have worked with LGBQ youth surrounding such issues; 177 or

92.2% indicated that they have not worked with sexual minority youth on any challenges

related to grades and substance abuse.

School Drop Out

Eight of 191 participants (4.2%) noted that they worked with sexual minority

youth regarding school drop-out related to harassment, while 183 or 95.3% of

respondents indicated that they have not worked with LGBQ youth regarding school

drop-out and harassment. One respondent (.5 %) did not respond to the question

regarding work with sexual minority youth and school drop-out. When evaluating work

with sexual minority youth regarding school drop-out due to interpersonal difficulties, it

was found that 10 respondents (5.2%) indicated providing intervention or guidance to

LGBQ students regarding such issues, while 182 school psychologists indicated that they

have not engaged in such work. Six school psychologists (3.1 %) noted that they served

LGBQ students regarding issues related to school-drop out due to substance abuse; 186

or 96.9 % responded that they have not worked with sexual minority youth regarding

school drop-out due to substance abuse.

Table 6
Referral to Mental Health Providers and Community Supports
_____

Type	Frequency	Percent	Missing
Mental Health Referrals	44	22.9%	3
Community Supports	30	17.2%	3

Referral for Outside Mental Health Support Services and Referral to Community Based

Support Services

Efforts to evaluate the number of practitioners who referred LGBQ students to outside mental health service providers yielded the finding that forty four respondents (22.9%) made such referrals; 144 or 75% indicated that they have not made such referrals. Thirty school psychologists (17.2%) responded that they referred sexual minority youth to community based support centers for assistance, while 156 responded that they did not refer students for community based supports. Three participants (1.6%) did not respond to the question regarding referral to outside support services.

Respondents were also provided the opportunity to provide narrative responses to an open ended question regarding why they referred LGBQ students for outside mental health support and outside community based support. Forty two participants provided responses to open ended questions; the most frequently cited reasons for outside referral included suicidal ideation, depression, anxiety, self-harm/mutilation, and provision of support that the school psychologist was not trained to provide. A comprehensive listing of participant responses can be found in Appendix E. Thirty five participants provided answers to open ended questions regarding reason for referrals to outside support agencies. The most frequently cited reasons for referral to outside community support agencies included need for additional support and facilitation of connection with students experiencing similar issues. Several respondents indicated that youth had been referred to their school based LGBQ support group or gay/straight alliance. Two respondents specifically indicated that community supports were not available due to their rural location. A comprehensive listing of participant responses can be found in Appendix F.

Table 7

Service Provision by Other School Based Professionals

_____

	Frequency	Percent	Missing
Other Professionals	125	65.1%	9

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Other Practitioner Provision of Support to Sexual Minority Youth

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Study participants were questioned regarding their awareness of the provision of

support services to sexual minority youth by allied professionals, such as school

counselors and school social workers. Of the 183 respondents, 125 (65.1%) indicated that

other mental health practitioners aside from school psychologists engaged in service

provision to sexual minority youth. Fifty eight (30.2%) noted that no other service

providers worked with sexual minority youth in their school buildings. Nine participants

(4.7%) did not respond to the question regarding service provision to LGBQ youth by

other practitioners.

Question 3: What is the perceived level of competence of school psychologists when

working with LGBQ youth in the field?

Respondents were asked to describe their overall preparation for work with sexual

minority youth using a forced choice response mechanism. Response options included

"not at all prepared", "somewhat prepared", "prepared", and "very prepared".

Additionally, respondent data regarding preparation for work with sexual minority youth

were then compared to data regarding their training for work with sexual minority

students, including stand alone coursework, courses that discussed LGBQ issues,

continuing education coursework provided at work, and workshops. Participant responses

are illustrated in table 8.

Table 8

Overall Preparation for Work with SMY and Types of Training

Rating and Coursework	Frequency	Percent	Missing
Not at all Prepared/Stand Alone Coursework	0	0%	5
Somewhat Prepared/Stand Alone Coursework	3	75%	5
Prepared/Stand Alone Coursework	1	25%	5
Very Prepared/Stand Alone Coursework	0	0%	5
Not at all Prepared/Courses that Discussed LGBQ Issues	28	25.7%	9
Somewhat Prepared/Courses that Discussed LGBQ Issues	55	50.5%	9
Prepared/Courses that Discussed LGBQ Issues	19	17.4%	9
Very Prepared/Courses that Discussed LGBQ Issues	7	6.9%	9
Not at all Prepared/On the Job Continuing Education	2	6.7%	5
Somewhat Prepared/On the Job Continuing Education	18	60%	5
Prepared/On the Job Continuing Education	5	16.7%	5
Very Prepared/On the Job Continuing Education	5	16.7%	5
Not at all Prepared/Workshops	12	21.4%	8
Somewhat Prepared/Workshops	24	42.9%	8
Prepared/Workshops	14	25%	8
Very Prepared/Workshops	6	10.7%	8

Overall Preparation for Work with Sexual Minority Youth

School psychologists were asked to rate their degree of preparation for work with LGBQ students using a four point Likert scale. Seventy or 36.5% of respondents indicated that they were "not at all prepared" for work with sexual minority youth, while 86 or 44.8% indicated that they were "somewhat prepared" for work with LGBQ youth. Twenty two school psychologists (11.5%) responded that they believed they were "prepared" for work with sexual minority youth, and nine (4.7%) indicated that they were "very prepared" to work with LGBQ youth.

Overall Preparation and Stand Alone Coursework

Of practitioners who indicated that they were not at all prepared for work with sexual minority youth, 0% indicated that they completed stand alone coursework to prepare them to assist LGBQ youth. Seventy five percent (n=3) of respondents who indicated that they were somewhat prepared for work with sexual minority youth responded that they completed stand alone coursework, while 25% (n=1) of those who indicated that they were prepared completed stand alone coursework. No respondents who indicated that they were very prepared for work with sexual minority youth completed stand alone preparatory coursework. Of those who indicated that they did not complete stand alone preparatory coursework for work with sexual minority youth, 38.3% (n=70) noted that they were not at all prepared for work with sexual minority youth, 45.4% (n=83) indicated that they were somewhat prepared for work with sexual minority youth, and 11.5% (n=21) noted that they were prepared for such work; 4.9% (n=9) who rated themselves as very prepared for work with sexual minority youth did not complete stand alone coursework.

When examining the number of stand alone courses completed by practitioners compared to their overall preparation, 37.9 % (n=69) of respondents who completed no stand alone coursework indicated that they were not at all prepared, 46.2 % (n=84) believed that they were somewhat prepared, 11% (n=20) believed that they were prepared, and 4.9% (n=9) believed that they were very prepared. Of those who indicated that they completed one stand alone course, none (n=0) believed that they were not at all prepared for work with sexual minority youth, 33.3 % (n=1) believed that they were somewhat prepared for work with sexual minority youth, 66.7 % (n=2) believed that they were prepared, and none (n=0) believed that they were very prepared. Fifty percent (n=1) of participants who completed two courses considered themselves not at all prepared for work with LGBQ youth, while another 50% (n=1) considered themselves somewhat prepared for work with sexual minority youth. No participants (n=0) who completed two stand alone courses believed that they were prepared or very prepared for work with sexual minority youth.

Overall Preparation and Coursework that Discussed LGBQ Issues

Of participants who indicated that they completed coursework discussing LGBQ issues, 25.7% (n=28) noted that they were not at all prepared for work with sexual minority youth, 50.5 % (n=55) indicated that they were somewhat prepared for work with sexual minority youth, 17.4 % (n=19) believed that they were prepared for work with LGBQ students, and 6.4% (n=7) noted that they were very prepared for work with sexual minority youth. When evaluating those respondents who completed one course discussing LGBQ issues, 35.8% (n=19) indicated that they were not at all prepared for

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work with sexual minority youth, 50.9% (n=27) believed that they were somewhat prepared for work with LGBQ youth, 5.7% (n=3) indicated that they were prepared for work with LGBQ youth, and 7.5% (n=4) indicated that they were very prepared for work with sexual minority youth. Of those who completed two courses discussing LGBQ issues, 25% (n=9) did not believe that they were at all prepared for work with sexual minority youth, 41.7 % (n=15) believed that they were somewhat prepared, 30.6% (n=11) indicated that they were prepared for work with LGBQ youth, and 2.8% (n=1) believed that they were very prepared for work with sexual minority youth. Of those who completed three courses, 10% (n=1) did not believe that they were at all prepared for work with sexual minority youth, 60% (n=6) believed that they were somewhat prepared for work with LGBQ youth, 20% (n=2) indicated that they were prepared, and 10% (n=1) indicated that they were very prepared. Eighty percent (n=4) of respondents who completed four courses discussing LGBQ issues indicated that they were somewhat prepared, while 20% (n=1) indicated that they were prepared; no respondents (n=0) indicated that they were not at all prepared or very prepared for work with sexual minority youth. One participant indicated that they completed five courses discussing LGBQ issues, and believed that they were prepared for work with sexual minority youth.

When reviewing data from those participants who did not complete coursework that discussed LGBQ issues, it was found that 54.1% (n=40) believed that they were not at all prepared for work with sexual minority youth, 39.2% (n=29) considered themselves to be somewhat prepared for work with sexual minority youth, 4.1% (n=3) believed that they were prepared for work with sexual minority youth, and 2.7% (n=2) believed that they were very prepared for work with LGBQ students.

Overall Preparation and on the Job Continuing Education Coursework

When evaluating responses of participants who indicated that they completed on the job continuing education coursework to prepare them for work with sexual minority youth, it was found that 6.7% (n=2) rated themselves as not at all prepared for work with LGBQ youth, 60% (n=18) rated themselves as somewhat prepared for work with sexual minority youth, 16.7% (n=5) believed they were prepared for work with sexual minority youth, and 16.7% (n=5) considered themselves to be very prepared for work with LGBQ youth. Of respondents who completed one course, 5.3% (n=1) indicated that they were not at all prepared for work with sexual minority youth, 73.7% (n=14) indicated that they were somewhat prepared, 10.5 percent (n=2) indicated that they were prepared, and 10.5% (n=2) indicated that they were very prepared for work with LGBQ students. When reviewing the data of school psychologists who completed two continuing education courses related to LGBQ issues, it was found that 22.2% (n=2) indicated that they were not at all prepared for work with sexual minority youth, 33.3% (n=3) indicated that they were somewhat prepared for work with sexual minority youth, 33.3% (n=3) noted that they were prepared, and 11.1 (n=1) indicated that they were very prepared. Of those who completed three courses, no respondents (n=0) noted that they were not at all prepared for work with sexual minority youth, 33.3% (n=1) indicated that they were somewhat prepared, 33.3 % noted that they were prepared for work with LGBQ youth, and 33.3% (n=1) indicated that they were very prepared for work with sexual minority youth. One participant completed four courses, and believed that they were somewhat prepared for work with LGBQ youth, while another completed ten continuing education courses and noted that they were very prepared for work with sexual minority youth.

Of those who did not complete continuing education coursework, 43.3% (n=68) indicated that they were not at all prepared for work with sexual minority youth, 43.3% (n=68) indicated that they were somewhat prepared for work with sexual minority youth, 10.8% (n=17) noted that they were prepared for work with LGBQ youth, and 2.5% (n=4) indicated that they were very prepared for work with sexual minority youth.

Overall Preparation and Workshops

When evaluating responses of those who indicated completion of workshops to prepare them to assist sexual minority youth, it was noted that of those who had completed such workshops, 21.4% (n=12) noted that they were not at all prepared for work with sexual minority youth, 42.9 percent (n=24) noted that they were somewhat prepared, 25% (n=14) indicated that they were prepared, and 10.7% (n=6) noted that they were very prepared for work with sexual minority youth. Of participants who completed one workshop regarding LGBQ issues, 36.8% (n=7) noted that they were not at all prepared for work with sexual minority youth, 31.6% (n=6) indicated that they were somewhat prepared, and 31.6% (n=6) noted that they were prepared. No participants (n=0) indicated that they were very prepared for work with sexual minority youth. Of school psychologists who completed two courses, 23.5% (n=4) indicated that they were not at all prepared, 52.9% (n=9) noted that they were somewhat prepared, 17.6 % (n=3) indicated that they were prepared, and 5.9% (n=1) believed that they were very prepared. Ten percent (n=1) of those who completed three workshops indicated that they were not at all prepared for work with sexual minority youth, 40% (n=4) indicated that they were somewhat prepared, 20% (n=2) indicated that they were prepared, and 30% (n=3) indicated that they were very prepared for work with sexual minority youth.

Fifty percent (n=1) of those who completed four workshops noted that they were somewhat prepared for work with LGBQ youth, and 50% (n=1) indicated that they were very prepared; no respondents completing four workshops indicated that they were not at all prepared or prepared (n=0). Of those who completed five workshops, 40% (n=2) believed that they were somewhat prepared for work with sexual minority youth, 40% (n=2) indicated that they were prepared, and 20% (n=1) indicated that they were very prepared for work with sexual minority youth. One respondent completed 8 workshops regarding LGBQ issues and believed they were prepared for work with LGBQ students; another respondent completed nine workshops and believed they were somewhat prepared for work with sexual minority youth.

Of those who did not complete workshops to prepare them for work with LGBQ youth, 45.3% (n=57) indicated that they were not at all prepared to work with that population, 46.9% (n=61) indicated that they were somewhat prepared to work with LGBQ youth, 5.5% (n= 7) noted that they were prepared, and 2.3% (n=3) indicated that they were very prepared to work with sexual minority youth.

Participants were also asked to respond to open ended questions regarding the type of training they might find helpful in preparing them to work with sexual minority youth, as well as their preferred training format. Commonly cited training topics included LGBQ awareness training, issues surrounding sexual orientation and elementary age students, counseling skills (individual and group), personal experiences, resources and links to the community, and how to address the social and emotional issues of LGBQ youth. A complete listing of participant responses regarding LGBQ training can be found in Appendix G. The most frequently cited formats for LGBQ training included school

based workshops, graduate level training, as well as advanced and primer level inservice training or NASP training modules/presentations. A comprehensive listing of participant responses regarding desired training format can be found in Appendix H.

Overall Preparation for Work with Sexual Minority Youth and Experience Working with Sexual Minority Youth

To determine whether school psychologists who have experience working with sexual minority youth (SMY) perceive themselves as being better prepared for work with LGBQ youth than school psychologists indicating no experience, an independent samples t-test was conducted. Using a scale from one to four, where one indicated that participants were not at all prepared for work with SMY and four indicated that they were very prepared, the average perceived competency rating for school psychologists with experience working with sexual minority youth was 2.19 (standard deviation =.900). The mean for school psychologists reporting no previous experience working with sexual minority youth was 1.68 (standard deviation=.723). The t-test comparing means yielded a t-value of 4.079 (d.f.=183), which is significant at the .001 level. Such findings indicate that school psychologists with more experience working with sexual minority youth perceive themselves as more prepared for work with that population.

Question 4: Do school psychologists believe that they would benefit from additional training for work with LGBQ youth?

School psychologists were directly asked if they believe that they would benefit from additional training to prepare them for work with sexual minority youth. Additionally, school psychologists were asked if they believed that they *required*

additional training for work with that population. Participant responses are described in table 9.

Table 9
Benefit from Training and Require Training
_____

Training	Frequency	Percent	Missing
Benefit from Training	150	82.2%	4
Require Training	127	66.1%	3

Benefit From Additional Training for Work with Sexual Minority Youth

When respondents were asked if they believed they would benefit from additional training for work with sexual minority youth, 150 (82.8%) indicated that they would benefit from such training; 29 respondents (15.1%) did not believe that they would benefit from additional training specific to work with LGBQ youth. Four participants (2.1%) did not respond to the question regarding additional training for work with sexual minority youth.

Given earlier data regarding overall preparation for work with SMY indicating that the majority of respondents felt "somewhat prepared" to "very prepared" for work with LGBQ youth, combined with the finding that 82.8% of respondents believe they would benefit from additional training, the hypothesis that school psychologists would indicate that they were prepared for work with LGBQ youth, but would benefit from additional training, was accepted.

Require Additional Training for Work with Sexual Minority Youth

Participants were asked if they believed that they required additional training to better prepare them for work with sexual minority youth. Results indicated that 127 or 66.1% of respondents believed that they required additional training to better prepare

them for service to sexual minority youth. Sixty two (32.3%) did not believe that they required additional training for work with this population. Three participants (1.6%) did not respond to the question regarding whether they require additional training for work with LGBQ students.

Question 5: Is there a perceived need among school psychologists for additional school based programs for LGBQ youth?

Respondents were queried as to their perceived need for school based supports to meet the needs of sexual minority youth. Participants were then asked if they believed such supports *should* be provided. School psychologist responses are detailed in tables 10 and 11.

Table 10
Perceived Need for LGBQ Supports
_____

Type of Support	Frequency	Percent	Missing
Anti-Harassment Policies Specifically Mentioning LGBQ Youth	133	69.3%	12
School Wide Training for Work with LGBQ Youth	108	56.3%	12
Individual Counseling	102	53.1%	13
Group Counseling	89	46.4%	12
LGBQ or Gay-Straight Alliances	85	44.3%	12
Support Groups	106	55.2%	12
Psychoeducational Groups	36	18.8%	12
LGBQ Community Mentors	100	52.1%	12
Family Supports	108	56.3%	13

Perceived Need For School Based Supports

School psychologists were presented with a variety of school based support options for sexual minority youth, and were asked to indicate which supports, if any, they perceived a need for within the school environment. One hundred and thirty three participants (69.3%) indicated that they believed specific anti-harassment policies mentioning LGBQ youth were needed in the schools; 47 or 24.5% did not believe there was a need for such policies. Twelve participants (6.3 %) did not respond to the question regarding specific LGBQ anti-harassment policies.

When asked if school wide training for work with LGBQ youth was needed within the school environment, 108 respondents (56.3%) noted that they believed that such training was needed for school staff, while 72 percent (37.5) respondents indicated that they did not believe that such training was needed. Again, 12 participants (6.3 %) did not respond to the question regarding school based training for work with sexual minority youth.

The provision of individual counseling support to sexual minority youth was explored. When asked if they perceived a need for individual counseling support provision for sexual minority youth within the school environment, 102 (53.1%) of responding school psychologists indicated that they believed such support was needed, while 77 or 44.1% of participants did not believe that individual counseling was not needed at school. Thirteen participants (6.3%) refrained from answering the question regarding individual counseling at school. Sentiments regarding perceived need for group counseling were more mixed, with 89 or 46.4% of participants indicating that group support was needed, and 91 or 47.4% indicating that such supports were not needed at

school. Twelve participants (6.1%) did not respond to the question regarding group counseling support.

School psychologists were queried as to whether they perceived a need for school based LGBQ alliances or gay-straight alliances. Eighty five respondents (44.3%) perceived a need for GLBQ or gay-straight alliances at school, while 95 or 49.5% indicated that they did not perceive a need for such alliances in the schools. Again, 12 respondents or 6.3% of school psychologists did not respond to the question regarding alliances.

When asked if they perceived a need for school based support groups for LGBQ youth, 106 participants (55.2 %) responded affirmatively, while 74 or 38.5% indicated that they did not perceive a need for LGBQ support groups at school. Twelve or 6.3% of participants did not respond to the question regarding support groups.

Perceived need for psychoeducational groups received the least support by school psychologists relative to other categories of school based service provision. When asked if they perceived a need for psychoeducational groups for LGBQ youth in the schools, 36 or 18.8% of school psychologists indicated that the perceived a need for such groups. One hundred and forty four respondents (75%) indicated that they did not perceive a need for such supports in the schools. Twelve (6.3%) of responding participants did not respond to the psychoeducational groups survey question. Such findings are of interest given that recommendations regarding psychoeducational group provision were present in both the 1999 and 2006 NASP GLBQ Position Statements.

Of 179 school psychologists who responded, the need to link students with LGBQ mentors in the community was endorsed by 100 or 52.1% of school psychologist

respondents; 80 or 41.7% did not indicate that they perceived a need for positive links to LGBQ mentors in the local community. One hundred and eight (56.3%) of responding participants believed that family supports were needed at school, while 71 respondents (37%) did not perceive a need for family supports at school.

Table 11
Endorsement that LGBQ Supports Should be Provided
_____

Type of Support	Frequency	Percent	Missing
Anti-Harassment Policies Specifically Mentioning LGBQ Youth	140	72.9%	13
School Wide Training for Work with LGBQ Youth	113	58.9%	11
Individual Counseling	107	55.7%	13
Group Counseling	83	43.2%	12
LGBQ or Gay-Straight Alliances	88	45.8%	11
Support Groups	101	52.6%	11
Psychoeducational Groups	46	23.4%	11
LGBQ Community Mentors	99	51.6%	11
Family Supports	95	49.5%	11

School Based Supports Should be Provided

Following administration of questions designed to ascertain perceived need for certain school based supports for sexual minority youth, respondents were queried as to whether the same supports *should* be provided within the school environment.

One hundred and forty respondents (72.9% of participants) believed that anti-harassment policies specifically mentioning LGBQ youth should be implemented in the schools; 39 respondents (20.3%) indicated that they did not believe anti-harassment

policies specifically mentioning sexual orientation should be implemented. Thirteen participants (6.8%) did not respond to the present question. When evaluating whether school based training for work with sexual minority youth should be provided to school staff, 113 school psychologists (58.9 %) noted that they believed school based training for work with sexual minority youth should be conducted; 68 or 35.4% did not believe that such school based training should be provided within the school environment. Eleven participants (5.7%) did not respond to the question regarding training for work with sexual minority youth.

The provision of school based individual counseling for sexual minority youth was endorsed by 107 school psychologists (55.7%), who believed that school based individual counseling should be provided. Seventy three participants (38%) did not believe that individual counseling should be provided to sexual minority youth; 12 participants did not answer the present question.

Of 181 respondents, 98 or 51.0% believed that group counseling supports for sexual minority youth should be provided in the schools, while 83 or 43.2% did not indicate that group counseling for LGBQ students should be provided. Eighty eight respondents (45.8%) indicated that LGBQ or gay-straight alliances should be made available to sexual minority youth at school, though 93 or 48.4% did not endorse their implementation. Eleven participants (5.7%) did not respond to the question regarding school-based alliances. Of 181 school psychologists, 101 (52.6 %) indicated that support groups for sexual minority youth should be implemented at school, with 80 (41.7%) noting that they should not be made available. Eleven respondents did not answer the question regarding support groups.

When analyzing participant data regarding psychoeducational groups, 46 or 23.4% of 181 school psychologists believed that school based psychoeducational groups should be implemented for sexual minority youth, while 136 (70.8 %) did not believe that psychoeducactional groups should be made available for LGBQ students. Data pertaining to connections with community based mentors for sexual minority youth indicated that 99 or 51.6% of school psychologists believed connections should be made for students, while 82 or 42.7% did not believe that connections should be established. Similarly, 86 or 44.8% of 181 respondents indicated that family supports for sexual minority youth and their families should be provided at school, while 95 or 49.5% of school psychologists did not indicate that school based family supports should be provided. Eleven respondents did not answer the questions regarding psychoeducational groups, community mentors, and family supports.

Question 6: Is there an association between LGBQ training, experiences, perceived levels of competency, and perceived need for additional training and programming and variables such as respondent sex, age, education level, employment setting, regional location, population density, and professional experience?

<p align="center">*Sex Variables*</p>

Sex was first explored in relationship to training, work experience, overall preparation for work with SMY, perceived need for additional training, and need for LGBQ supports in the schools. Results of analyses are summarized in tables 12 through 17.

Table 12
Sex and Formal Training

_____

Training	Chi-Square	df	Asymp. Sig. (2 sided)
Stand Alone Coursework	.114	1	.736
Courses Discussing LBBQ Issues	.410	1	.522
Continuing Education	1.569	1	.210
Workshops	.048	1	.826
Formal Training	5.193	4	.268

Sex and Formal Training

An Independent Samples t-test was conducted to evaluate differences between respondent sex and formal training for work with sexual minority youth. No significant differences were found between responses regarding training from male respondents' reports of formal training (M=1.0882, SD=.93315) and female respondents' reports (M=1.0676, SD= .93315), t=-.115, p=.908).

Table 13
Sex and Work with SMY

_____

Sex	N	Mean	SD	t	df	p
Male	35	.69	.471	.017,	185	.986
Female	152	.68	.466			

Sex and Work with Sexual Minority Youth

An Independent Samples t-test was conducted to evaluate differences between respondent sex and previous intervention efforts with sexual minority youth. No significant differences were noted between reports of male intervention provision to

sexual minority youth (*M*=.69, *SD*=.471) and female intervention provision to sexual

minority youth (*M*=.86, *SD*=.466), *t*=-.017, *p*=.986.

Table 14
Sex and Overall Preparation

Sex	N	Mean	SD	t	df	p
Male	33	1.85	.795	-.048	182	.962
Female	151	1.84	.817			

Sex and Overall Preparation for Work with Sexual Minority Youth

An Independent Samples T-Test was performed to determine if significant

differences existed between male and female respondents and their reports of overall

preparation for work with sexual minority youth. No significant differences were found

to exist between male (*M*=1.85, *SD*=.795) and female (*M*= 1.84, *SD*=.795) reports of

overall preparation (*t=-.048, p=.962*).

Table 15
Sex and Require Training

Sex	N	Mean	SD	t	df	p
Male	34	1.35	.485	-.342	184	.733
Female	152	1.32	.817			

Table 16
Sex and Benefit Training

Sex	N	Mean	SD	t	df	p
Male	34	1.15	.359	-.020	183	.984
Female	151	1.15	.354			

Sex and Require Training/Benefit from training for Work with Sexual Minority Youth

Analysis of differences between male and female respondents in terms of their belief that they require additional training for work with sexual minority youth were conducted via Independent Samples t-test; no significant differences were found between male respondents (*M*=1.35, *SD*=.485) and female respondents (*M*=1.32, *SD*=.469), *t*=-.342, *p*=.733. No significant differences were found between male respondents (*M*=1.15, *SD*=.359) and female respondents (*M*=1.15, *SD*=.354), *t*-.020, *p*=.984) when examining data regarding the belief that they would benefit from additional training for work with sexual minority youth.

Table 17
Sex and Support Provision

Support Provision	Chi-Square	df	Asymp. Sig. (2 sided)
Perceived Need NASP 1999 Related Supports	1.400	4	.844
Perceived Need NASP 2006 Related Supports	2.576	5	.765
Should NASP 1999 Related Supports	.183	4	.996
Should NASP 2006 Related Supports	5.694	5	.337

Sex and Perceived Need for Supports for Sexual Minority Youth/ Endorsement that

Supports Should be Provided to Sexual Minority Youth

Intervention supports that can be provided for the benefit of LGBQ youth, discussed previously, were further divided into two categories to facilitate analyses. The first category consisted of supports initially mentioned in the NASP GLBQ Position Statement adopted by the NASP Delegate Assembly in 1999, and included school-wide anti-harassment policies specifically mentioning sexual orientation, school wide

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awareness training regarding GLBQ issues and discrimination, individual counseling, and

psychoeducational intervention designed to minimize risks associated with same-sex

sexual behavior, among other psychoeducational topics. The second category of supports

clustered for analysis included GLBQ supports introduced in the 2006 revision of the

NASP GLBQ Position Statement, such as group counseling, GLBQT alliances, support

groups, linkage to community mentors and supports, as well as family supports. Though

the 2006 revision of the NASP GLBQ Position Statement included new supports in

addition to those mentioned in the 1999 version, such supports were separated for

analyses in the event that practitioners were more aware of earlier position statement

provisions. The clustered analyses were used to investigate school psychologist responses

in relationship to all demographic variables, and will be referred to herein as "NASP

1999 Supports" and "NASP 2006 Supports" for each discussion that follows.

A Chi-Square test was performed to examine differences between male and

female responses regarding their perceived need for LGBQ supports in the schools, as

well as their perception that LGBQ supports should be required. No significant

differences between actual and observed distributions were found between male

endorsement of NASP 1999 related LGBQ support provision in the schools and female

endorsement of NASP 1999 related LGBQ support provision in the schools,

$X2(n=176)=1.400$, $p=.844$). Likewise, no significant differences between distributions

were found between male endorsement of NASP 2006 related LGBQ support provision

and female endorsement $X2(n=176)=2.575$, $p=.765$). When examining differences

between male and female responses regarding whether NASP 1999 related LGBQ

supports should be required, again, no significant distribution differences were found

X2(n=175)=.183, p=.996). No significant differences were found between male and

female endorsement of whether NASP 2006 related LGBQ supports should be

implemented *X2(n=178)=5.694, p=.337.*

Table 18
Sex and Support Provision Differences

Support	Sex	N	Mean	SD	t	df	p
Perceived Need NASP 1999	M	32	2.1562	1.27278	-.231	174	.818
Related Supports	F	144	2.1042	1.12641			
Perceived Need NASP 2006	M	33	2.5455	1.75162	.580	174	.563
Related Supports	F	143	2.7343	1.66974			
Should NASP 1999 Related	M	32	2.2188	1.18415	.206	173	.837
Supports	F	143	2.2657	1.16251			
Should NASP 2006 Related	M	33	2.1212	1.83299	1.782	176	.076
Supports	F	145	2.7310	1.76090			

An Independent Samples t-test was conducted to evaluate differences between

male and female endorsement of NASP 1999 intervention supports and NASP 2006

intervention supports. No significant differences were found between male (*M*=2.1562,

SD= 1.27278) and female (*M*=2.1042, *SD*=1.12641), *t*=-.231, *p*=.818, responses

regarding perceived need for NASP 1999 related supports, or male (*M*=2.5455,

SD=1.75162) and female (*M*=2.7343, *SD*=1.66974, *t*=.580, *p*=.563 responses regarding

perceived need for NASP 2006 related supports. Likewise, no significant differences

were found between male (*M*=2.2188, *SD*=1.18415) and female (*M*=2.2657,

SD=1.16251), *t*=.206, *p*=.837 responses regarding whether NASP 1999 related supports

should be provided, or between male (*M*=2.1212, *SD*= 1.83299) and female (*M*=2.7310,

SD=1.76090), *t*=1.782, *p*=.076 responses regarding whether NASP 2006 related supports

should be provided.

<div align="center">*Age Variables*</div>

Age was explored in relationship to training, work experience, overall preparation

for work with SMY, and perceived need for additional training, and need for LGBQ

supports in the schools. Results of analyses are summarized in tables 19 through 22.

Table 19
Age and Formal Training

_____

Formal Training	Chi-Square	df	Asymp. Sig. (2 sided)
Stand Alone Coursework	2.001	3	.572
Courses Discussing LBBQ Issues	12.470	3	.006
Continuing Education	9.922	3	.019
Workshops	5.711	3	.127
Formal Training	18.836	12	.093

Age and Formal Training for Work with Sexual Minority Youth

Chi-square analysis was performed to determine the difference between

respondent age and their formal training for work with sexual minority youth. Age was

compared in relationship to individual genres of formal training, such as stand alone

coursework, coursework that discussed LGBQ issues, completion of continuing

education coursework, and workshops regarding LGBQ issues. The difference between

respondent age and stand alone coursework completion was not found to be significant

X2 (*n*=192) =2.001, *p*=.572. However, the difference between respondent age and

completion of coursework that discussed issues related to work with sexual minority

youth was significant at the .05 level (α=.05), *X2* (n=188) = 12.470, *p=*.006, suggesting

that completion of coursework discussing LGBQ issues increased as respondent age

increased. Likewise, a significant difference was found between respondent age and

completion of continuing education coursework (α=.05), *X2* (n=192) = 9.922, *p=*.019,

suggesting that the number of continuing education courses completed increased as

respondent age increased. No significant differences were found between respondent age

and completion of workshops, *X2* (n=189) = 5.711, *p=*.127. Overall, when individual

formal training options were collapsed into a comprehensive formal training variable, the

difference between age and formal training was not found to be significant *X2* (*n=185*) =

18.836, *p=*.093.

Table 20
Age and Work with SMY

Work with SMY	Pearson Correlation	Sig.	N
Gay	.118	.105	191
Lesbian	.080	.276	190
Bisexual	.048	.513	191
Questioning	.044	.546	190
No previous Work	-.053	.470	190

Age and Work with Sexual Minority Youth

A Pearson-Product Moment Correlation was conducted to determine the

relationship between respondent age and work with sexual minority youth. No significant

relationships were found between respondent age and their work with gay (*n=191*,

r=.118, *p=*.105), lesbian (*n=190*, *r=*.080, *p=*.276), bisexual (*n=191*, *r=*.048, *p=*.513), or

questioning youth (*n=190*, *r=*.044, *p=*.546). Likewise, no significant relationships were

found between age and respondent report that they had not worked with sexual minority youth (n=190, r=-.053, p=.470).

Table 21
Age and Overall Preparation, Benefit from Training and Require Training

Training	Chi-Square	df	Asymp. Sig. (2 sided)
Overall Preparation	12.280	9	.198
Benefit Training	1.980	3	.577
Require Training	2.291	3	.514

Age and Overall Preparation

Chi-Square analysis was performed to examine the difference between respondent age by quartile and overall preparation for work with sexual minority youth. The difference was not found to be significant, $x2$ (n= 187) = 12.280, p=.198.

Age and Require Training/Benefit from Training for Work with Sexual Minority Youth

Chi-Square analysis was employed to investigate the difference between respondent age and whether they believed they required training for work with sexual minority youth. The difference was not found to be significant, $x2$(n=188) = 1.980, p=.577. Likewise, following Chi-Square analysis, the difference between age and participant responses regarding whether they would benefit from additional training for work with sexual minority youth was also not statistically significant, $x2$(n=189) = 2.291, p=.514.

Table 22
Age and Support Provision

Support Provision	df	F	Sig.
Perceived Need NASP 1999 Related Supports	3	.108	.955
Perceived Need NASP 2006 Related Supports	3	.976	.405
Should NASP 1999 Related Supports	3	.167	.918
Should NASP 2006 Related Supports	3	.941	.422

Age and Perceived Need for Supports for Sexual Minority Youth/ Endorsement that

Supports Should be Provided to Sexual Minority Youth

Respondent sentiments regarding whether they perceive a need for both NASP

1999 related and NASP 2006 related intervention provision to sexual minority youth in

the schools was evaluated. An analysis of variance demonstrated that age did not yield

significant effects in terms of perceived need for NASP 1999 related intervention

provision, *F*= .108, *p*=.955. Likewise, age did not significantly effect perceived need for

NASP 2006 related intervention provision, *F*=.976, *p*=.405. When evaluating respondent

belief that NASP 1999 and NASP 2006 related interventions should be provided to

sexual minority youth, no significant effects were found for age in relationship to either

the NASP 1999 (*F*=.167, *p*=.918) or NASP 2006 related supports (*F*=.941, *p*=.422).

Education Level

Respondent education level was considered in relationship to training, work

experience, overall preparation, respondent indication that they would benefit from

training or require additional training for work with SMY, and their perceived need for

support provision to the LGBQ population. The results are described in table 23.

Table 23
Degree and Formal Training, Overall Preparation

Training and Preparation	df	F	Sig.
Formal Training	-1.321	183	.188
Overall Preparation	-2.152	185	.033

An Independent Samples T-Test was conducted to determine differences between training and overall preparation for work with sexual minority youth as reported by doctoral level practitioners compared to non-doctoral level practitioners. No significant differences were found between doctoral level (M=1.2381, SD=1.03145) and non-doctoral level practitioners (*M*=1.0210, *SD*=.90747), *t* (-1.321)=6.40, *p*=.188. Significant differences were found between the reported overall preparation of doctoral level (M=2.07, SD=.974) and non-doctoral level school psychologists (*M*=1.77, *SD*=.748), *t*=(-2.152)=2.478, *p*=.033. Based on the aforementioned, the hypothesis that stating that differences in responses based on degree type (doctoral/non-doctoral) would be observed, was partially accepted, in combination with the finding that doctoral level practitioners rated themselves as more prepared for work with SMY.

Table 24
Degree, Formal Training, and Endorsement of NASP Supports

_____

Degree and Formal Training	Chi-Square	df	Asymp. Sig. (2 sided)
Benefit Training	.616	1	.432
Require Training	2.071	1	.150
Perceived Need NASP Related Supports	4.906	4	.297
Perceived Need Non- NASP Related Supports	13.780	5	.017
Should NASP Related Supports	3.225	4	.521
Should Non-NASP Related Supports	4.075	5	.539

No significant differences were found between respondent indication that they would benefit from training for work with sexual minority youth and degree level (doctoral and non-doctoral), $x2(n=188)= .616$, $p=432$, or between degree level and indication that they require training for work with sexual minority youth, $x2(n=189)=4.906$, $p=.150$. Likewise, no significant differences were found between degree and perceived need for NASP 1999 related supports $x2(n=179)=4.906$, $p=.297$, sentiments regarding whether NASP 1999 related supports should be provided, $x2(n=178)=3.225$, $p=.521$, or sentiments regarding whether NASP 2006 related supports should be provided $x2(n=181)=4.075$, $p=.539$. However, a significant difference was found between degree and perceived need for NASP 2006 related supports, $x2(n=179)=13.780$, $p=.017$.

The employment setting was investigated in relationship to training, work with SMY, overall preparation, benefit from training, require training, and need for support provision. The results are summarized in tables 25 and 26.

Table 25
Workplace, Training, Preparation, and Support Provision

	Chi-Square	df	Asymp. Sig. (2 sided)
Formal Training	47.669	48	.486
Work with SMY	23.705	12	.022
Overall Preparation	46.017	36	.144
Benefit Training	5.859	12	.923
Require Training	13.064	12	.364
Perceived Need NASP 1999 Related Supports	48.602	48	.449
Perceived Need NASP 2006 Related Supports	66.806	60	.255
Should NASP 1999 Related Supports	46.838	48	.520
Should NASP 2006 Related Supports	48.595	60	.854

A Chi-Square analysis was conducted to examine differences between variables. The differences between current population served and formal training, $X2(n=180)=.47.669, p=.486)$, work, overall preparation, $X2(n=182)=45.017, p=.144$, benefit from training, $X2(n=183)=5.589, p=.923$, and require training, $X2(n=184)=13.064, p=.364$, were not found to be significant. The difference between current population served and work with SMY was found to be significant,

X2(n=23.701)=.022, suggesting that work in high school settings is associated with service to sexual minority youth. When examining the difference between perceived need for NASP 1999 related supports, X2(n=175)=48.602, p=.499, non-NASP related supports, X2(n=175)=66.806, p=.255, whether NASP 1999 related supports should be provided, X2(n=175)=46.838, p=.520, and whether NASP 2006 related supports should be provided, X2(n=177)=48.595, p=.854, no significant differences were found.

Based on the aforementioned data, the hypothesis stating that practitioners working in middle school and high school settings would report a greater need for training and supports for SMY than those working in preschool or elementary school settings, was rejected. No relationships were found between work setting, training variables, and support variables.

<div align="center">Degree Conferral Date</div>

Participant date of degree conferral was clustered into two groups for analysis, with group one representing conferral prior to and including 1999, and group 2 representing conferral dates after and including the year 2000. Such an approach was formulated to more directly address the hypotheses related to differences in practitioner training and sentiments stemming from the authoring of the NASP position statement regarding work with LGBQ youth in the schools, first authored in the year 1999.

Table 26

Degree Conferral and Formal Training, Work with SMY, Overall Preparation, Benefit from Training, and Require Training

_____

Training, Work, and Preparation	Chi-Square	df	Asymp. Sig. (2 sided)
Formal Training	4.613	4	.329
Work with SMY	.132	1	.716
Overall Preparation	3.462	3	.326
Benefit Training	.002	1	.964
Require Training	.581	1	.446

No significant differences were found between degree conferral date prior to 2000 and after 2000 in comparison to formal training, $X2(n=185)=4.613$, $p=.329$, work with SMY, $X2(n-190)=.132$, $p=.329$, overall preparation, $X2(n=187)=3.462$, $p=.326$, benefit from training, $X2(n=188)=.002$, $p=.964$, and require training for work with SMY, $X2(n=189)=.581$, $p=.446$.

Based on the aforementioned analyses, the hypothesis which stated that practitioners trained before the passage of the NASP and APA position statements regarding work with LGBQ clients would report less training for work with SMY, was rejected. No differences were found between degree conferral before or after 2000 and formal training.

Years Employed

Respondent years employed were compared to report of formal training for work with LGBQ students, work with SMY, overall preparation, as well as their belief that

they would benefit from and require training. Results are summarized in the following tables.

Table 27
Years Employed and Formal Training, Overall Preparation, Benefit Training, and Require Training

	Pearson Correlation	Sig.	N
Formal Training	-.015	.842	184
Overall Preparation	.072	.033	185
Benefit Training	.114	.123	186
Require Training	.149	.042	187

Years Employed and Formal Training for Work with Sexual Minority Youth

A Pearson Product Moment Correlation was conducted to determine the relationship between years employed and formal training for work with sexual minority youth. The relationship between years employed and formal training was not significant ($n=184$, $r=-.015$, $p=.842$). Based on the aforementioned, the hypothesis that stated that practitioners trained before the passage of NASP and APA position statements for work with SMY clients would report less training for work with LGBQ students than those trained after the authoring of the position statements, was rejected. No correlation between years of employment and formal training for work with SMY was found.

Years Employed and Overall Preparation for Work with Sexual Minority Youth

A Pearson Product Moment Correlation was conducted to determine the relationship between years employed and overall preparation for work with sexual minority youth. The correlation was not significant, ($n=185$, $r=.072$, $p=.333$).

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Years Employed and *Require Training/Benefit from Training for Work with Sexual*

Minority Youth

A Pearson Product Moment Correlation was also conducted to determine the

relationship between years employed and participant endorsement of statements

regarding whether they would benefit from training for work with sexual minority youth,

and if they believed they require training for work with sexual minority youth.

Correlation results were not significant for years employed and benefit training (n=186,

r=114, p=.123), but were found to be significant for years employed and require training

(α=.05, n=187, r= .149, p=.042). However, despite the fact that the years employed and

require training variables were found to be statistically significant, the correlation

between them was weak and bears no practical significance.

Table 28
Years Employed and Work with SMY
_____

Population	Pearson Correlation	Sig.	N
Gay	.153	.036	189
Lesbian	.24	.090	188
Bisexual	.102	.162	189
Questioning	.121	.097	188
No previous Work	-.099	.177	188

Years Employed and Work with Sexual Minority Youth

A Pearson Product Moment Correlation was employed to determine the

relationship between years employed and intervention provision to sexual minority youth.

A significant but weak correlation was found between years employed and intervention

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provision to gay students (n=189, r=.153, p=.036). The relationship between years

employed and intervention provision to lesbian (n=188, r=.124, p=.090), bisexual

(n=189, r=.102, p=.090), and questioning students (n=188, r=.121, p=.097) was not

found to be significant. The relationship between years employed and respondent

indication that they have not ever provided intervention to sexual minority youth was also

not statistically significant, (n=188, r=-.099, p=.177). However, significant correlations

were found between variables related to work with sexual minority youth exclusive of

years of employment. Specifically, respondents who reported that they worked with gay

students were more likely to report that they also worked with lesbian (α=.01, n=190. r=

.696, p=.000), bisexual (α=.01, n=191, r= .591, p= .000), and questioning students (α.01,

n=190, r= .584, p= .000). Similarly, respondents who indicated that they previously

worked with lesbian students were more likely to indicate that they also worked with gay

(α=.01, n=190, r= .696, p= .000), bisexual (α=.01, n=190, r= .638, p= .000), and

questioning students (α=.01, n=189, r= .536, p= .000). Participants who indicated

previous work with bisexual students were more likely to work with gay students (α=.01,

n=191, r= .591, p= .01), lesbian students (α=.01, n=190, r= .638, p= .000), and

questioning students (α=.01, n=190, r=.621, p=.000). Moderate correlations were also

found between questioning and gay (α=.01, n=190, r=.584, p= .000), lesbian (α=.01,

n=189, r= .536, p= .000), and bisexual students (α=.01, n=190, r= .621, p= .000).

Table 29
Years Employed and Support Provision

_____

Support Provision	Pearson Correlation	Sig.	N
Perceived Need NASP 1999 Related Supports	.007	.927	177
Perceived Need NASP 2006 Related Supports	.101	.180	177
Should NASP 1999 Related Supports	-.058	.447	176
Should NASP 2006 Related Supports	-.082	.275	179

Years Employed and Perceived Need for Supports for Sexual Minority Youth/

Endorsement that Supports Should be Provided to Sexual Minority Youth

A Pearson Product Moment Correlation was also conducted to determine the

relationship between years employed and intervention variables, including respondent

endorsement of variables related to whether they *perceived a need* for implementation of

supports consistent with the NASP 1999 position statement regarding work with sexual

minority youth, as well as supports that linked to the NASP 2006 position statement.

Likewise, practitioner sentiments regarding whether NASP 1999 or NASP 2006 related

supports *should* be provided were evaluated. The correlation between years employed

and perceived need for NASP 1999 related supports was not statistically significant,

(n=177, r=.007, p=.927) nor was the relationship between years employed and perceived

need for NASP 2006 related supports (n=177, r=.101, p=.180). The relationship between

years employed and participant endorsement that NASP 1999 related supports should be

provided was also not found to be statistically significant, (n=176, r=-.058, p=.447), as

was the relationship between years employed and endorsement that NASP 2006 related supports should be provided ($n=179$, $r=-.082$, $p=.275$).

Population Density

Population density was examined in relationship to formal training, work with SMY, overall preparation, respondent indication that they would benefit from training, and respondent indication that they require training for work with SMY. Results are summarized in the following tables.

Table 30
Population Density and Formal Training, Work with SMY, Overall Preparation, Benefit from Training, and Require Training

	Chi-Square	df	Asymp. Sig. (2 sided)
Formal Training	13.769	8	.088
Work with SMY	5.972	2	.050
Overall Preparation	6.011	6	.422
Benefit Training	.087	2	.957
Require Training	1.652	2	.438

Population Density and Formal Training for Work with Sexual Minority Youth

A Chi-Square analysis was conducted to analyze population density and reports of formal training. The difference between these variables was not significant, X2 ($n=183$) = 13.769, $p=.088$.

Population Density and Work with Sexual Minority Youth

A Chi-Square analysis was conducted to analyze population density and report of school psychologist work with sexual minority youth. The difference between these variables was significant, x2 (n=187) = 5.972, p=.050.

Population Density and Overall Preparation

Examination of population density and respondent report of overall preparation was examined via Chi-Square analysis; the difference between these variables was not significant, $X2$ (*n=185*) = 6.011, *p=.422*).

Population Density and Benefit Training/Require Training for Work with Sexual Minority Youth

Chi-Square analysis was also employed to investigate potential differences between population density and benefit from training; the difference was not significant, $X2$ (*n=186*) = .087, *p=.957*. Likewise, the difference between population density and require training was not significant, $X2$ (*n=187*) = 1.652*, p=.438*.

Table 31
Population Density and Support Provision

Support Provision	df	F	Sig
Perceived Need NASP 1999 Related Supports	2	.563	.571
Perceived Need NASP 2006 Related Supports	2	1.218	.298
Should NASP 1999 Related Supports	2	.701	.498
Should NASP 2006 Related Supports	2	1.331	.267

Population Density and Perceived Need for Supports for Sexual Minority Youth/

Endorsement that Supports Should be Provided to Sexual Minority Youth

Participant responses regarding *perceived need* for NASP 1999 and NASP 2006 related intervention provision were analyzed in relationship to population density, including rural, urban, and suburban regions. An analysis of variance (one-way ANOVA) demonstrated that population density yielded no significant effects in relationship to participant sentiments regarding perceived need for NASP 1999 oriented intervention provision ($F=.563$, $p=.571$). Likewise, population density did not yield significant effects in terms of perceived need for NASP 2006 related intervention provision ($F=1.218$, $p=.298$).

When analyzing whether respondents believed that interventions consistent with the NASP 1999 position statement for work with sexual minority youth *should* be provided, population density yielded no significant effects ($F=.701$, $p=.498$). Similarly, when analyzing whether respondents believed that NASP 2006 related interventions should be provided to students in the schools, population density did not significantly effect responses ($F=1.331$, $p=.267$).

Based on the aforementioned analyses, the hypothesis that stated differences in participant responses would be noted in relationship to the population density in which they worked, was largely rejected. The only significant relationship found occurred between population density and work with sexual minority youth.

Census Region

Region of employment was clustered by census region and compared to participant responses regarding training, work with SMY, overall preparation, respondent

indication that they would benefit from training, and respondent indication that they require training for work with SMY. Region was also examined in relationship to perceived need for support provision to SMY in the schools, as well as respondent indication that supports should be provided. The results are summarized in the following tables.

Table 32
Region and Formal Training, Work with SMY, Overall Preparation, Benefit Training, and Require Training

	Chi-Square	df	Asymp. Sig. (2 sided)
Formal Training	10.416	6	.119
Work with SMY	5.450	3	.142
Overall Preparation	6.848	9	.653
Benefit Training	.802	3	.849
Require Training	3.714	3	.294

Region and Formal Training for Work with Sexual Minority Youth

Chi-square analysis yielded significant differences between region and formal training experiences of school psychologists, X2 ($n=184$) = 10.416, $p=.119$.

Region and Work with Sexual Minority Youth

Chi-square analysis was performed to determine if significant differences were present between census region and respondent service (intervention) provision to sexual minority youth. It was found that participant report of intervention provision to LGBQ students did not significantly differ by census region, X2 ($n=189$) = 5.45, $p =.142$.

Region and Overall Preparation for Work with Sexual Minority Youth

Potential regional differences in overall preparation for work with sexual minority youth was examined via chi-square analysis. No significant differences were observed between region and reports of overall preparation for work with sexual minority youth, X2 (*n=186*) = 6.848, *p=.653*.

Region and Require Training/Benefit from Training for Work with Sexual Minority Youth

Chi-square analysis was performed to examine differences in participant reports regarding their perception of whether they require training for work with sexual minority youth. No significant differences were found between census regions in terms of required training X2 (*n=188*) = 3.74, *p=.294*. Results of chi-square analysis did not yield any significant regional differences in terms of participant report that they would (or would not) benefit from additional training for work with sexual minority youth, X2 (*n=187*) = .802, *p=.849*.

Table 33
Region and Support Provision

Support Provision	df	F	Sig
Perceived Need NASP 1999 Related Supports	3	1.657	.178
Perceived Need NASP 2006 Related Supports	3	.635	.593
Should NASP 1999 Related Supports	3	3.085	.029
Should NASP 2006 Related Supports	3	.473	.701

Region and Perceived Need for Supports for Sexual Minority Youth/ Endorsement that

Supports Should be Provided to Sexual Minority Youth

Respondent sentiments regarding the perceived need for supports consistent with

the NASP 1999 LGBQ position statement were investigated in relationship to region.

When examining participant results, no regional differences in respondent perception

regarding perceived need for supports consistent with the NASP 1999 position were

found, *F*=1.67, *p*=.178. Likewise, no regional differences were noted when investigating

participant sentiments regarding providing NASP 2006 recommended LGBQ supports in

the schools, *F*=.635, *p*=.597. When examining respondent belief that NASP 1999

consistent supports should be provided (as opposed to only perceiving a need for

supports), statistically significant regional differences were found , *F*=3.085, *p*=.029.

However, analysis of post-hoc procedures yielded only minimal differences between

respondents in the South (X=1.920) and respondents in the Midwest (X=2.5667)

(*p*=.054). No significant regional differences were found when examining whether

respondents believed that NASP 2006 oriented supports should be provided in the

schools *F*=.473, *p*=.701.

Based on the aforementioned analyses, the hypothesis that stated regional

differences in respondent survey data would be observed, was rejected. Though

statistically significant regional differences were noted in terms of region and formal

training, such differences lacked practical significance.

Summary

Analysis of data yielded the finding that over 50% of respondents completed coursework regarding LGBQ issues, with 29.7% indicating completion of workshops, 15.6% completing on the job training, and only 2.6% completing a standalone course regarding sexual minority clients. Many participants noted work with LGBQ youth on issues related to family issues, while 18.8% indicated work with such students on academic issues. When investigating participant self report of competency for work with LGBQ youth, 36.3% indicated that they were "not at all prepared", 44.8% indicated that they were "somewhat prepared", 11.5% indicated that they were "prepared", and 4.7% indicated that they were "very prepared". Approximately 82 percent of school psychologists believed that they would benefit from additional training for work with sexual minority youth, while 66.1% believed that they required such training to better their practice. School psychologists were also asked to identify school based supports that they believed should be provided to LGBQ youth, and were found to endorse all categories of support. However, with the exception of endorsing school wide anti harassment policies specifically mentioning LGBQ youth, school psychologists did not strongly endorse any other intervention formats, with their support ratings falling under 50% for the remaining categories. The exploration of demographic variables in relationship to respondent data regarding service to sexual minority youth, training, and perceived need for support provision was an integral component of this study upon which several hypotheses, discussed in chapter 5, were based. Few significant differences or relationships were found between demographic variables such as age, sex, professional experience, population served, region, and population density. Older respondents were

found to complete less coursework discussing LGBQ issues, but completed more continuing education coursework on the topic. Doctoral practitioners were found to rate themselves as more prepared for work with LGBQ youth at a level significantly higher than non-doctoral practitioners, though they did not endorse NASP 2006 LGBQ intervention supports as readily as non-doctoral level practitioners. A significant relationship was found between employment in high school settings and work with sexual minority students, with work in high school environments associated with service to LGBQ youth. Weak correlations were found between practitioner years employed and their indication that they require additional preparation for work with LGBQ youth, as well as years employed and work with gay youth. A significant but weak relationship was also found between census region and work with sexual minority youth in rural regions, with those participants in rural regions indicating less service to LGBQ youth than those in urban and suburban districts.

CHAPTER 5

DISCUSSION

Summary of the Study

The present study sought to investigate the experiences of school psychologists in their work with sexual minority youth, including training they have had for service LGBQ students, their perceptions regarding their preparedness for work with such a population, as well as their perceived need for additional training regarding LGBQ issues and their perceived need for SMY supports in the schools. An additional aim of the present project was to explore respondent demographic variables, such as age, sex, degree attained, years employed, population served, population density, and regional location in relationship to their responses regarding work with sexual minority youth, training, overall preparation, and perceived need for SMY supports in the schools.

The conceptual framework for this study was fueled by the desire to document the current training, practice, and competence of school psychologists for work with sexual minority youth, highlighting areas of strength and need in hopes of influencing future training and intervention efforts. Much of the extant literature identifies that school psychologists and psychologists in general are indeed working with sexual minority youth in the schools (e.g., Graham et al., 1984; Fontaine, 1998; Savage, Prout, & Chard, 2004. However, despite the fact that practitioners are engaged in providing service to LGBQ youth, most available research suggests variability in psychologists' reports of their own competency. Some research indicates deficits in skill for work with SMY (e.g., Graham et al., 1984; Phillips & Fisher, 1998), while other studies indicate ratings of moderate competence for work with LGBQ youth (Fontaine, 1998), and some indicating

competence for work with LGBQ youth despite lack of formal training (Savage, Prout, & Chard, 2004). Literature related to training for work with sexual minority youth has long indicated a deficit in graduate and post graduate and continuing education experiences (Crouteau, Bieschke, Phillips, & Lark, 1998; Graham et al., 1984; Savage Prout, & Chard, 2004).

While a review of the literature did not yield studies directly related to practitioner perceived need for LGBQ training, Pilkington and Cantor (1996), in a review of syllabi from APA graduate training programs in psychology, discovered that less than 25% mentioned topics related to work with sexual minority youth. Given the documented risks associated with identity as lesbian, gay, bisexual, or questioning (e.g., Radkowsky & Siegel, 1997), as well as the decreasing age at which many sexual minority youth choose to "come out" (Garnets & Kimmel, 2003; Tharinger & Wells, 2000), examination of the perceived need for programming for work with sexual minority youth is a critical endeavor.

Inclusion of analyses by demographic variable was fueled by literature indicating their relevance, or weak theory supporting their inclusion. Sex differences in attitudes toward homosexuality have long been documented, with males most often indicating more negative attitudes toward homosexuality than females (e.g., Whitely & Kite, 1993). However, literature documenting attitudes toward homosexuality among counseling, educational, and school psychologists have not indicated sex related differences (e.g., Korfhage, 2006; Savage, Prout, & Chard, 2004). Sex differences have also been noted in relationship to training for work with sexual minority youth (Korfhage, 2006), with male psychologists reporting less training than females. Analysis by age was deemed important

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given the rate at which societal perceptions of homosexuality, as well as standards of practice and training for work with sexual minority clients, transform. Though not supported by a strong literature base, Kilgore et al., 2005 did note that training for work with sexual minority youth was significantly more common among practitioners between the ages of 30 and 39 than those between the ages of 60 and 69. Inclusion of variables such as employment setting, population density, and professional experience (years employed) were viewed as important given intuitive differences in participant responses that may result from work environment (e.g., elementary school versus high school), and years of service in the field (potentially resulting in more experience or training). Geographic region was included as a variable due to documented regional differences in the incidence of harassment of LGBQ youth (GLSEN, 2005).

To address the research questions and hypotheses, a survey was developed assessing each of the aforementioned domains, and was mailed to 600 randomly selected NASP members. Of 600 mailed surveys, 192 completed surveys were returned.

Discussion of Findings

The first research question proposed in this study pertained to identifying the types of training, pre-certification or post-certification, that school psychologists have received in preparation for work with LGBQ youth in the schools. Analysis of respondent data yielded the finding that 2.6% of 192 participants completed stand alone preparatory coursework, 56.8% indicated completion of graduate coursework that discussed LGBQ issues, 15.6% indicated completion of on the job continuing education coursework, and 29.7% indicated completion of workshops to prepare them for work with sexual minority youth. Findings related to school psychologist training for work with sexual minority

youth appear to diverge from previous results regarding completion of stand alone coursework for work with LGBQ youth. Specifically, in the present study, 2.6% of respondents noted completion of stand alone coursework regarding LGBQ issues. Such findings differ from Phillips and Fisher's (1998) findings that 15% of their sample of psychologists completed stand alone courses for work with sexual minority youth. The findings of the present study also differ from Murphy et al.'s (2002) finding that 46% of psychologists surveyed completed continuing education coursework, compared to 15.6% in the present study. Modest increases in the amount of school psychologist training for work with sexual minority youth were noted in comparison to Savage et al.'s (2002) study, in which it was found that only 15% of respondents noted completion of training specific to LGBQ youth, compared to rates exceeding 15% in the present study in relationship to continuing education coursework as well as workshop completion. Participant responses regarding completion of graduate coursework that discussed LGBQ issues (56.8%) was also higher than earlier estimates set forth by Mohr et al., who reported that 42% of their participants completed coursework that discussed LGBQ issues.

The second research question explored in this study involved quantification of school psychologist experience working with LGBQ youth in the field. Analysis of respondent data yielded the finding that 20.3% of school psychologists reported working with lesbian students, 20.8% noted service provision to gay students, 15.6% indicated service provision to bisexual students, while 25.4% indicated service provision to questioning students. The current findings serve as an important contribution to the literature regarding school psychologist work with sexual minority youth, as available

literature on the topic is very limited and pertains to psychologists in general or school counselors. In 1984, Graham et al. found that 86% of 112 psychologists provided counseling to lesbian or gay clients over the course of their career. Fonataine (1998) found that 51% of school counselors worked with questioning youth at some point in their career, while 42% indicated service provision to gay or lesbian youth. Overall, the present study found that 31.3% of respondents provided service of some form to lesbian, gay, bisexual, or questioning youth. However, the disaggregated percentage does not account for service to each individual group, only whether or not service was provided at all. The disaggregated statistics by group provide a more detailed breakdown of service to the LGBQ population.

Perceived level of competence for work with sexual minority youth is an important consideration in light of the finding that school psychologists are indeed working with sexual minority youth in the schools. Previous research has not often explicitly asked practitioners about perceptions of preparedness for work with sexual minority clients, relying on objective measures of preparation such as tests regarding best practices for work with homosexual clients (e.g., Graham et al., 1984; Phillips & Fisher, 1998). Such research has found deficits in practitioner knowledge regarding effective practices for work with homosexual or questioning clients, as well as deficits in understanding the construct of homosexuality, often resulting in inappropriate beliefs, such as the belief that sexual orientation can be changed. The present study attempted to quantify perceived overall preparation of school psychologists for work with sexual minority youth in a direct fashion via self report. Results gleaned from 192 respondents indicated that the majority believed that they were "somewhat prepared" for work with

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sexual minority youth (44.8%), while 36.5% indicated that they were "not at all prepared"; 11.5% believed that they were "prepared", and 4.7% indicated that they were "very prepared". Compared to Fontaine's (1998) efforts, the response medium in the present study allowed for a more accurate indication of participant preparation; in her work, Fontaine found that 8% of her sample indicated a "high level of competence" for work with SMY, with another 8% noting "little to no competence", and the vast majority (89%) indicating "moderate levels of competence". Given that Fontaine utilized a 5 point Likert scale, it is plausible that the large number of moderate responses could be attributed to the response medium itself. Regardless of differences between present and past findings, the fact that 36.6% of school psychologists indicated that they were "not at all prepared" for work with sexual minority youth is troublesome in light of NASP LGBQ initiatives.

The need for additional training for work with sexual minority youth, the fourth research question, was explored by evaluating perceived need for training among practitioners, and then by evaluating whether or not practitioners believed that they *required* training for work with sexual minority youth. While previous studies have illustrated need for additional training for work with LGBQ clients by illuminating actual deficits in knowledge base (e.g., testing content knowledge), none have explicitly asked respondents whether or not they perceive a need for training themselves. Further, previous research endeavors have not explored whether or not respondents believe that they require training, a concept that differs from perceiving a need for training. Overall, 82.8% of participants believed that they would benefit from additional training for work with sexual minority youth, while 66.1% believed that they required additional training

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for work with sexual minority youth. It is possible that a difference between responses regarding "benefit from training" and "require training" were influenced by the population with which respondents worked, as well as their scope of responsibility on the job.

The fifth research question examined in this study pertained to the need for additional school based supports for sexual minority youth. Specifically, participants were asked to endorse statements regarding their perceived need for a variety of school based LGBQ supports, and were then asked to endorse statements regarding whether or not any of the same supports should be required. Inclusion of specific questions regarding perceived need for supports versus whether or not supports should be implemented was fueled by the well documented risks associated with identity as lesbian, gay, bisexual, or questioning, particularly in the school environment. However, to date, no research regarding LGBQ issues has documented perceived need for supports among practitioners, or practitioner endorsement that certain supports should be provided. Efforts to document the aforementioned are important, as identifying school psychologists' perception of school based supports can provide insight into their awareness of current best practices for work with sexual minority youth in the schools, while also illuminating areas of potential need in terms of advocacy.

When evaluating perceived need for school based supports, the majority of respondents (69.3%) indicated that they believed school based anti-harassment policies specifically mentioning LGBQ youth were needed in the schools; 72.9% believed that anti-harassment policies specific to LGBQ youth should be implemented. Such a finding is positive, as school based anti-harassment policies specifically mentioning LGBQ

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students are identified by NASP as a critical means by which to protect sexual minority

youth in the schools (NASP, 2006). Fifty six percent of respondents indicated that school

wide LGBQ training for staff should be implemented, while 58.9% believed that school

based staff training should be required. When examining provision of individual

counseling supports, 53.1% of school psychologists indicated that individual counseling

to LGBQ youth were needed, while 55.7% believed that individual counseling supports

should be provided. The need for group counseling provision was endorsed by 46.4% of

participants; 51% believed that group counseling supports should be provided.

The conceptualization of LGBQ or gay-straight alliances as a needed support was

endorsed by 44.3% of participants, while 45.8% indicated that LGBQ or gay-straight

alliances should be available to students. Implementation of school based support groups

for LGBQ students was viewed as necessary by 55.2% of respondents; 52.6% indicated

that LGBQ support groups should be provided. Perceived need for psychoeducational

groups received the least support by school psychologists relative other categories of

school based service provision. When asked if they perceived a need for

psychoeducational groups for LGBQ youth in the schools, 18.8 % of school

psychologists indicated that they perceived a need for such groups, while 23.4% believed

that they should be provided. Linking LGBQ students with community mentors was

endorsed by 52.1% of respondents, with an almost identical number (51.6%) indicating

that connections with community mentors should be provided. Surprisingly, 56.3% of

school psychologists perceived a need for school based family supports for families with

LGBQ youth, while 49.5% indicated that family supports should be provided.

In the present study, the fact that a large number of respondents (72.9%) supported enactment of school wide anti-harassment policies is positive and promising. However, given that the need for school based anti-harassment policy has been at the forefront of both the 1999 and 2006 position statements, combined with the relative ease with which such policies can be implemented, it is surprising that an even larger number of respondents did not endorse their implementation.. The creation of school wide anti-harassment policies specifically mentioning LGBQ youth is an essential first step in protecting such students, and should be endorsed by all school psychologists. Other support modalities were endorsed by relatively equal numbers of practitioners, with endorsement rates hovering between 45% and 59% for all support types with the exception of psychoeducational group provision, which was endorsed by only 18.8% of participants. Such findings are of concern, as psychoeducational group provision has long served as a strong means of linking LGBQ youth with appropriate resources while providing a supportive forum for sexual minority youth to share experiences with mentorship (Grossman & D'Augelli, 2006). Furthermore, psychoeducational service provision was explicitly mentioned in both the 1999 and 2006 NASP Position Statements, and should be widely known to practitioners as an important genre of intervention.

Holistically, while around 50% of respondents endorsed most support types, vast majorities did not endorse either NASP 1999 or NASP 2006 oriented supports, with the exception of anti-harassment policies. The lack of stronger ratings for many support types, particularly those featured in both NASP position statements, is worrisome, as it is unclear from the current data what intervention options most school psychologists would

choose to implement. Future investigations should afford participants the opportunity to rank their intervention selections, while also providing them the opportunity to indicate that they do not believe an intervention type is warranted. Furthermore, the lack of an overwhelmingly strong endorsement of any intervention support type, aside from anti-harassment policies, is problematic, given eight years of advocacy efforts on the part of NASP to increase practitioner awareness of important LGBQ intervention approaches. Position statements, training modules, and feature articles within both the Communique and School Psychology Review have long served to advise practitioners of the best means to intervene and advocate on behalf of LGBQ youth. The fact that practitioners did not recognize the importance of certain intervention types, particularly those featured prominently in both the 1999 and 2006 NASP position statements, serves as a strong indicator that practitioner awareness regarding LGBQ issues must be reinforced.

The final research question explored relationships between LGBQ training, experiences working with LGBQ youth, perceived level of competency, and perceived need for additional training and school based supports and demographic variables such as respondent sex, age, education level, employment setting, regional location, population density, and professional experience.

Age Variables

When age was examined in relationship to questions regarding training for work with sexual minority youth, it was discovered that no significant relationships existed between age and completion of stand alone coursework or workshop completion. Significant relationships were found between age and completion of coursework that discussed LGBQ issues as well as continuing education coursework, suggesting that as

age increased, completion of such forms of training increased. When responses regarding training were collapsed into one comprehensive training variable, no significant relationships were found between age and training. Such findings appear to conflict, to some degree, with the findings of Kilgore et al., who noted that training for work with sexual minority youth decreased as respondent age increased. However, aside from the findings of Kilgore and colleagues in 2005, there is no literature base documenting training for work with sexual minority youth by respondent age.

Analyses of relationships between age and experience with sexual minority youth have not previously been explored among school psychologists or psychologists in general. When respondent data was analyzed, results were also found to be insignificant, indicating that in the present sample, no relationship was found to exist between age and report of work with sexual minority youth. Likewise, no relationship was found to exist between age and those who did not report work with sexual minority youth. The relationship between age and overall preparation for work with sexual minority youth, age in relationship to whether school psychologists believe they require training for work with sexual minority youth, and age in relationship to whether respondents believe they would benefit from work with sexual minority youth, were also all found to be insignificant. Again, no previous literature exploring the aforementioned variables exists, with the exception of Kilgore et al., who examined the relationship between psychologist age and training in the domain of "gay affirmative" therapy. As it may be hypothesized that respondent age could influence the amount of training received for work with sexual minority youth, the present results regarding age and overall preparation are somewhat surprising, given Kilgore et al.'s finding that older psychologists received less training for

work with sexual minority youth. While the lack of significant relationships between age, training, work, and overall preparation are surprising, it is plausible that older school psychologists, over time, have received more training and experience working with sexual minority youth, and that newer practitioners, in a shorter amount of time (due to differences in training and practice standards), have received an equal amount of training and experience working with this population.

When examining age in relationship to perceived need for school based intervention supports consistent or inconsistent with the NASP position statement, no significant effects were found, indicating that age did not influence school psychologist endorsement of intervention formats. Age also did not impact respondent sentiments regarding whether or not NASP 1999 or NASP 2006 related supports should be required. As no previous research efforts have explored age in relationship to intervention provision, the present findings lend a novel and valuable dimension to research regarding school psychologists' sentiments regarding specific interventions. Though surprising, the lack of a relationship between age and endorsement of specific intervention approaches could be influenced by several factors. Specifically, those who seek careers as school psychologists, by nature, could be more open to variance in sexual orientation and evidence universal willingness to assist them, regardless of the era in which they were reared. Likewise, it is plausible that school psychologists, regardless of age and exposure to LGBQ youth, are aware, to some degree, of the types of intervention supports that should be provided. Additionally, though the sample size in the present study is large, it is possible that school psychologists with an interest in assisting sexual minority youth felt more compelled to respond to this researchers' survey.

Sex Variables

Like analyses involving age variables, no significant differences were found between male and female respondents in terms of formal training, work with sexual minority youth, or overall preparation. Similarly, no significant differences were found between sex and respondent belief that they require or would benefit from additional training for work with sexual minority youth, or between responses regarding perceived need for supports for sexual minority youth and endorsement that school based supports should be provided. While previous research regarding sex and issues regarding sexual orientation suggests that males typically espouse more negative attitudes toward sexual minorities than females, sex differences regarding attitudes toward homosexuality appear to be more variable among mental health practitioners, including psychologists. However, results of a comprehensive literature review did not yield the finding of previous research exploring sex differences in relationship to past work experience with sexual minority clients, training, competency, perceived need for additional training, or endorsement of specific intervention approaches. Though the present study did not explore sex differences in terms of attitude toward sexual minority youth, it is plausible that previously cited attitudinal differences could manifest in relationship to the key variables explored. Regardless, no such differences were observed. As mentioned in regards to the lack of age related differences in related to LGBQ service provision, it is plausible that the same factors that lead individuals to pursue work as a school psychologist serve as a protective factor against commonly observed sex related differences. Previous research tends to suggest that psychologists and counselors in general are "immune" to sex related differences in attitude toward sexual minorities. It is

possible that same phenomenon is at play in the present study, or that regardless of sex related attitudinal differences, both male and female school psychologists have responded in the same manner. Future studies regarding school psychologists, sex differences, and work with sexual minorities would be enhanced by the inclusion of an attitudinal measure against which to compare training, experiences, and overall sentiments regarding LGBQ individuals.

Education Level

In the present study, differences between doctoral level respondents and non-doctoral level respondents were not observed in the domain of formal training. Surprisingly, in spite of the possibility of increased formal training opportunities during doctoral training programs, doctoral level practitioners did not report a higher number of formal training experiences than master's and specialist level practitioners. However, differences between doctoral level respondents and non-doctoral level respondents were found in the domain of overall preparation for work with sexual minority youth, with doctoral level practitioners indicating slightly higher level of preparation than master's and specialist level practitioners. Though significant, the difference between degree holders was not overwhelmingly large, and may bear little practical significance. However, as no significant differences were found between doctoral level practitioners and training for work with sexual minority youth or experience working with sexual minority youth, the finding that doctoral level practitioners believed they were significantly more prepared for work with sexual minority youth is curious. Increased levels of training or increased experience working with sexual minority youth, which could account increased sentiments of competency, were absent in the present case. It is

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plausible that increased training in school psychology in general could account for increased reports of overall preparation for work with sexual minority youth. However, no definitive link to this end can be made.

When exploring relationships between doctoral and non-doctoral degree types and whether respondents believed that they would benefit from or require additional training for work with sexual minority youth, no significant relationships were found. Likewise, no significant relationships were found between degree type and sentiments toward the types of interventions that they perceived a need for or should be required, with the exception of respondent perceived need for NASP 2006 related supports. A significant relationship was found between doctoral degree holders and their perceived need for NASP 2006 supports, with more doctoral degree holders endorsing provision of such supports than respondents without a doctoral degree. Given the aforementioned, the hypothesis that stated that doctoral degree holder survey responses would differ from those of non-doctoral degree holders, was partially accepted. However, the only differences noted were in the domain of preparation for work with SMY and endorsement of 2006 responses.

Employment Setting

Analysis of employment setting in relationship to dependent variables yielded the finding of a significant relationship between work in a high school setting and work with sexual minority youth. However, overall, no relationships were found between employment setting and dependent variables. Though it may be hypothesized that practitioners' responses to survey questions may vary depending upon the population they serve, no such differences were observed. This finding is of interest given intuitive

differences in practice between elementary and high school practitioners. It seems logical

that practitioners working with high school students may encounter more LGBQ youth in

their practice, therefore accounting for the increased reports of work with this population

among secondary practitioners. However, the same reasoning may account for

differences in training, experiences, and perceived need for intervention supports between

participants working in various employment settings. It is plausible that other factors,

such as individual educational experiences (e.g., reading) or personal experiences with

LGBQ individuals not measured by the survey instrument influenced some participant

responses. However, even additional experience with this population outside of what has

been measured via the survey instrument would not account for the lack of a relationship

between employment setting and training.

Years Employed

Respondent years of employment were investigated in relationship to formal

training for work with sexual minority youth, experience working with sexual minority

youth, and school psychologist belief that they would benefit from and require additional

training for work with sexual minority youth. No significant correlations were found

between participant age and formal training for work with sexual minority youth.

Conversely, a significant but weak correlation was found between years employed and

work with gay students. However, due to the lack of strength of this correlation, the

present researcher does not feel comfortable suggesting any practical implications. The

correlations between years employed and work with lesbian, bisexual, and questioning

students were found to be insignificant, as were the correlations between years employed

and respondent indication that they had not worked with sexual minority youth.

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While no relationships were found to exist between age and the aforementioned variables, it was discovered that individuals who worked with gay students were likely to also indicate work with lesbian, bisexual, and questioning youth. The same moderate correlations (r=.536 -.696)) were evident for work with lesbian students, bisexual students, and questioning students, suggesting that work with one type of sexual minority client was related to work with other types of sexual minority clients.

When examining the relationship between years employed and overall preparation for work with sexual minority youth, no significant correlations were found. Likewise, no significant correlations were found between years employed and school psychologists' reports that they would benefit from additional training for work with sexual minority youth; however, significant but weak correlations were found between years employed and school psychologists' reports that they require additional training for work with LGBQ youth. Correlations between years employed and perceived need for school based supports for sexual minority youth, as well as endorsement that school based supports should be provided, were not found to be significant. The lack of significant relationships between years employed and the dependent variables is of interest, as it could be suggested that the experiences and perspectives of individuals working in the field for longer periods of time may differ from practitioners with less experience. However, given the findings of data analysis, neither the experiences or perspectives of practitioners with more or less experience appear to differ. Again, it could be hypothesized that the characteristics that lead individuals to become school psychologists lead them to universally endorse intervention provision to sexual minority youth regardless of professional experience. Likewise, it is plausible that newer practitioners have worked

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with more sexual minority youth in a shorter amount of time, leading to the lack of differences between groups across the span of their careers.

Population Density

Examination of dependent variables by population density did not yield the finding of any significant relationships, aside from the finding that population density was related to reports of service provision to sexual minority youth, with employment in a suburban environment related to more service provision to LGBQ students. Historically, urban locales have been associated with increased objectivity in terms of sexual orientation, and have long been viewed as more accepting of cultural diversity. Consequently, weak theory would suggest that those working in urban locations may possess viewpoints and experiences that differ from practitioners working in rural or suburban locations. However, in the present study, such relationships were not found, again suggesting that school psychologists' experiences and sentiments appear to be uniform regardless of demographical differences.

Regional Location

Participant regional location by census region was compared to participant responses regarding formal training for work with sexual minority youth. No significant relationships were found between regional location and formal training. Participant regional location was also examined in relationship to work with sexual minority youth, as well as overall preparation for work with sexual minority youth, and variables related to whether or not respondents believed they would benefit from additional training or require training for work with sexual minority youth. No significant relationships were identified between participant regional location and the aforementioned variables.

Likewise, no relationships were found between region and perceived need for NASP 1999 or NASP 2006 related intervention provision. However, when reviewing findings related to region and whether or not school psychologists believed that NASP 1999 related supports should be provided in the schools, a weak but statistically significant effect was found, $F=3.085$, $p=.029$. Due to the fact that the effect of regional location on endorsement of NASP 1999 related supports was weak, the findings do not bear any significant implications. No effects were found for region and NASP 2006 related supports. The lack of strong and consistent significant relationships between region and participant responses is of interest, given reports of regional differences in harassment and school climate previously cited (GLSEN, 2005). It is plausible that the experiences and sentiments of school psychologists remain stable across region, despite documented regional differences in school climate, or that the respondents in the present study have responded in a socially desirable manner.

<div align="center">Implications</div>

In the present study, the findings, though statistically insignificant, were indeed significant in relationship to their implications for practice in the field of school psychology as related to service provision to sexual minority youth. Demographic variables previously thought to influence school psychologists' experiences or sentiments for work with sexual minority youth, such as age, sex, years employed, population served, population density, and region, were overwhelmingly found to bear no relationship to participant experience working with sexual minority youth, their preparation, or their sentiments toward providing school based supports for the LGBQ population. Given such, variables that were believed to influence psychologists' work

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with sexual minority youth appeared to have no relationship to experiences and sentiments of school psychologists in the present study.

A primary aim of the current project was to quantify school psychologists' preparation for work with sexual minority youth, experience working with such youth, their perceived preparation for work with sexual minority youth, as well as their perceived need for additional training. Likewise, quantification of school psychologists' endorsement of school based supports aligned with NASP's position statement for work with sexual minority youth was also sought. Perhaps the most relevant finding related to school psychologists' training for work with sexual minority youth pertains to the number of respondents who indicated completion of coursework discussing LGBQ issues. While 56.8% of respondents indicated completion of such coursework, no correlation was found between age and completion of coursework discussing LGBQ topics. Though a 56.8% completion rate may be viewed as positive, such a completion rate is not impressive given the relative ease with which training programs can, and do, insert LGBQ topical discussions into extant coursework. As no relationship was found between completion of coursework discussing LGBQ issues and respondent age, it is unlikely that respondent report of such coursework completion (or lack thereof) is an artifact of the era in which they were trained. Consequently, it should not be assumed that completion of coursework discussing LGBQ issues is higher among those trained more recently, highlighting a need to expand coursework discussions related to sexual minority youth. An additional finding of interest related to training pertained to completion of on the job training related to sexual minority youth. While over 30% of respondents noted LGBQ workshop completion, a relatively small number (15.6%) indicated completion of on the job

training. The relative difference between on site and off site workshop completion suggests that practitioner training needs regarding this topic may not be met within the school environment, and may be best addressed off campus.

Perhaps the next most salient finding from the present study pertains to intervention efforts for work with sexual minority youth. Though a strong majority of participants endorsed the establishment of school wide anti-harassment policies specifically mentioning LGBQ students, other proposed support mechanisms were not endorsed by a strong majority, with most ratings hovering around 50%. Certainly, endorsement ratings around 50% may be viewed as promising. However, common NASP endorsed intervention approaches for work with LGBQ students, such as individual counseling, psychoeducational group provision, and school wide training, were not as strongly supported. Though the survey response modality may have influenced the response style of participants by giving them too many options and no opportunity to rank choices, it is nonetheless curious and worrisome that greater variation in preferred support options did not emerge. Given the efforts of NASP to provide continuing education regarding LGBQ intervention in the schools via a position statement, training modules, and scholarly articles, it was hoped that more practitioners would endorse "best practice" intervention approaches. The relatively stable and moderate endorsement rates across support types suggests that further education and advocacy efforts should be designed to reach larger numbers of practitioners in the schools. Given the large numbers of respondents who indicated that they would benefit from and require additional training for work with LGBQ youth, combined with the current results regarding endorsement

school based supports, it is important that more direct efforts be undertaken to increase practitioner knowledge of best practices in LGBQ service provision.

Most hypotheses set forth at the onset of this effort, fueled largely by the lack of comprehensive research regarding school psychologists and work with LGBQ youth or weak theory, were rejected. Unlike psychologists and counselors surveyed in previous, but not parallel, research efforts, school psychologists appear to possess sentiments and experiences for work with sexual minority youth that are not influenced by sex, age, population served, regional location, or population density. The present study serves as a unique contribution to the scholarly literature as it has comprehensively investigated demographic factors in relationship to training and service provision in a manner unlike any previous study. Certainly, the lack of prior research exploring demographic variables such as region and population density in relationship to work with sexual minority youth served as an impetus for the current endeavor. Relationships between demographics and work with SMY previously fueled only by weak theory have been empirically explored and rebuked in the present effort.

<div align="center">Limitations and Delimitations</div>

The present research effort was strengthened by a sample size that exceeds most samples in previous studies of mental health practitioners and LGBQ issues, allowing for greater insight into the knowledge and activities of responding practitioners. However, the utilization of survey research to evaluate the experiences and sentiments of practitioners regarding intervention provision is in and of itself limiting. First and foremost, survey research is often flawed as respondents may feel compelled to respond in socially desirable ways, serving as a threat to the validity of results. Such tendencies

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may be even stronger when the survey asks questions related to a controversial topic such as sexual orientation. While it is unlikely that respondents would manufacture responses regarding training experiences or previous work experiences with sexual minority youth, it is plausible that they would not respond honestly to questions regarding perceived need for intervention provision, perhaps endorsing approaches that they viewed as desirable as opposed to truly valuable. Similarly, despite survey anonymity, respondents may have felt obligated to provide a response to questions regarding perceived need for supports, when in actuality they may not endorse any of the support options.

A delimitation of the present study surrounds data collection efforts on the part of the researcher. Though pleased with the response rate in the present effort, it should be noted that only one survey mailing occurred, resulting in the noted sample size. Repeat efforts to collect data via reminder post cards or additional survey mailings to the original recipients may have yielded a larger data set. However, it is important to consider the sample size of the present study as it is situated in relationship to other surveys of school psychologists and mental health practitioner training and experiences working with LGBQ youth. Relative to earlier LGBQ survey research, the present sample of 192 practitioners exceeds most survey samples noted by researchers, which have typically ranged between 75 and 114 respondents (Phillips & Fisher 1998; Fontaine, 1998; Mohr, Isreal, & Sedlacek, 2001; Murphy et al., 2002; Sherry et al., 2005). Only one study regarding school psychologists and LGBQ issues (Savage et al., 2004) exceeded the present sample size of 192, featuring a sample of 288 school psychologists. Consequently, though not an exceedingly large sample, the number of respondents in this research project surpasses most found in the scholarly literature examining similar topics.

Though many aspects of the sample in the present study match the NASP membership at large, they may be best interpreted within the context of the sample, with caution exercised in generalizing to the population of NASP members.

An additional survey related limitation pertains to the design of the survey instrument and the phrasing of survey questions. The survey instrument, which was designed based on the unique needs of the researcher, previous literature, and NASP professional materials, was not validated prior to use. Though the survey possesses strong face validity, a panel of experts approach may have been helpful in providing documented evidence of validity. Further, several respondents wrote notes on the survey in reaction to questions regarding perceived need for intervention supports for LGBQ youth in the schools in comparison to the question asking participants if they believed that supports "should" be provided. Such comments indicated that a handful of respondents did not understand the subtle difference in meaning and intention between the two items. The item regarding perceived need was designed to assess participant sentiments regarding their perception of needed supports; the item regarding whether or not supports "should" be provided was designed to ascertain what supports they believed were necessary. In retrospect, the aforementioned items could have been more accurately and clearly phrased. Similar comments were made about questions asking participants if they "would benefit from" or if they "require" additional training for work with sexual minority youth, with a few respondents indicating that they believed the questions were one and the same.

An additional complication related to survey construction pertains to the manner in which degree information and conferral date was obtained. In an effort to be thorough,

respondents were asked to indicate all degrees obtained and their degree conferral dates for each degree. However, the research questions and hypotheses were only contingent upon highest degree attained and the resultant conferral date. Extra data proved unnecessary in the analysis process. Furthermore, questions regarding whether supports were perceived as needed or should be provided could have featured a ranking mechanism whereby practitioners could have endorsed the support modality and also ranked its' importance. Such a mechanism may have provided valuable insight into the interventions viewed as most utilitarian by participants.

Another limitation of the study again involves construction and the use of survey research in general, particularly in regards to questions regarding perceived need for additional training, required training, and LGBQ support provision in the schools. Though participants were allowed to indicate whether or not they believed they would benefit from additional training, required additional training, or endorsed a wide variety of LGBQ supports, they were not provided the opportunity to indicate why or why not they responded in the way they did. Specifically, participants could have indicated that they did not require additional training, but could not indicate why they did not require such training. Similarly, participants may not have endorsed certain LGBQ supports, but could not indicate why they did not endorse them. Allowing respondents an opportunity to provide a rationale for such responses is of importance, as individual rationales could have provided valuable insight into their responses. For example, based on personal experiences, an individual may or may not endorse certain intervention approaches, or may not believe they require additional training. One respondent candidly indicated on the survey instrument that anti-harassment policy changes would not be permitted in their

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conservative district; therefore, they did not endorse the anti-harassment policy intervention support. It appeared as though the lack of endorsement stemmed from school norms as opposed to personal beliefs. Consideration of rationales for certain responses would have provided additional depth and richness to data analyses.

Likewise, although questions related to previous training experiences for work with sexual minority youth were comprehensive, individual research or reading endeavors were not included as options. Inclusion of individual education options such as readings or self-instruction should have been considered as informal training variables to more fully account for the full spectrum of exposure to LGBQ issues. Furthermore, questions assessing personal experiences related to sexual orientation, such as experiences with friends, family, or previous non-school psychology related work experience, should have been included. It is highly plausible that participant responses regarding dependent variables could be influenced by personal experiences as opposed to training and work related factors, and are therefore an important consideration.

The large number of participants indicating work in elementary, middle, and high school settings simultaneously may obscure efforts to discern the role of population served in relationship to work experiences and intervention endorsement. In the present study, few respondents worked exclusively in one setting, rendering interpretation of data by population served somewhat prohibitive. Though an aim of this research effort, clear understanding of school psychologist sentiments in relationship to their work environment in a K through 12 setting was not fully achieved. However, knowledge of the frequent overlap in grade levels served is helpful in understanding some of the

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caveats that may occur in future investigations of this topic, as well as in the worldview of practitioners in and of itself.

Future Directions

The present study sought to quantify school psychologists' training and experiences working with sexual minority youth, an endeavor not fully explored in previous research efforts. Likewise, a primary aim of this project was to investigate potential relationships between demographic variables and variables such as training, work with SMY, and intervention provision, a relatively novel concept in the school psychology literature and mental health literature as a whole. While the aforementioned efforts were successful and meaningful, they serve only as a gateway to future research exploring service provision to LGBQ youth in the schools. Future research surrounding school psychologists' service to LGBQ youth in the schools should seek to explore school psychologists' training and intervention provision vis a vis LGBQ and straight student experiences in the same district. By including student perceptions of LGBQ issues along with practitioner report, identification of strengths, needs, and alignment of perceptions is possible. In depth analysis of school climate as related to sexual orientation and in relationship to school psychologist work with SMY would also provide an additional and well needed layer of depth to the literature. Such an effort could rely on utilization of focus groups to facilitate comprehensive exploration of critical factors related to addressing the needs of LGBQ youth in the schools.

As mentioned in earlier discussions, in-depth exploration of school psychologists' rationales for responses regarding individual training and supports for work with sexual minority youth is also a critical next step. Though training and intervention provision has

been quantified, the present survey method has not afforded the opportunity to fully explore the complete array of factors responsible for respondent endorsement of certain intervention options.

<div align="center">Recommendations to the Field and Training Institutions</div>

Over the past twenty years, the NASP has made exceedingly strong efforts to increase practitioner awareness and facility in working with lesbian, gay, bisexual, transgender, and questioning youth, asserting at all times that service to this at-risk population is not only a professional duty but an ethical obligation. The NASP must be commended for their well defined position statement for work with GLBTQ students, as well as their comprehensive online training modules and resource pages which serve as invaluable resources to school psychologists in their practice. Combined with consistent coverage of GLBTQ issues via School Psychology Review, the Communique, special interest groups, and presentations at the annual convention, the efforts of the NASP to improve the social and emotional outcomes of sexual minority youth are well formed and documented. However, despite a palpable dedication to such youth on the part of the national association, it appears that NASP members, and potentially non-member school psychologists, remain somewhat unaware of best practices for work with LGBQT students, with many citing a need for additional training on the topic. Though it is challenging to recommend future directions for the NASP, given their tireless quest to aide LGBTQ youth, it may be suggested that specific post-certification continuing professional development requirements regarding work with high risk populations may be of assistance. Though not all NASP members hold the NCSP credential, mandating completion of the NASP LGBTQ training modules for continued certification is one

possible avenue for increased awareness. Specific recommendations to state credentialing authorities for continuing professional development requirements encompassing diversity, LGBTQ issues, and other domains of practice, is also a means to reach school psychologists who are not members of NASP. Likewise, increasing NASP member knowledge of the wealth of information available to them through the NASP member page may be helpful, as many survey respondents made comments on the survey indicating unawareness of LGBTQ resources provided by the association. Regular emailings or mailings advising members of the content available via NASPonline could facilitate awareness among members who may not regularly navigate the site and who may not know where to look for current information.

Ensuring that university training programs include topics related work with lesbian, gay, bisexual, and questioning students is a proactive and necessary manner of enhancing school psychologist LGBQ facility, given that previous research suggests that comprehensive coverage of such topics may be absent or minimal in many graduate programs (APA, 2005; Phillips and Fisher, 1998; Savage et al., 2004; Sherry, Wilde and Patton, 2005). While inserting additional content discussions into already brimming training program sequences may be viewed as formidable task, doing so is easily accomplished if embedded in counseling and intervention courses, and provides a comprehensive means of accessing practitioners early on in their career. Including assignments, experiential requirements via practicum or internship, comprehensive exam questions, or portfolio entries regarding service to sexual minority youth may serve as valuable outcome measures for practitioners in training.

In the field, it is equally necessary to ensure that school districts and all faculty and staff in their employ realize the importance of addressing issues related to sexual minority students in their buildings. At minimum, awareness training delineating the risk factors associated with LGBQ identity should be incorporated into professional development curricula of those responsible for working with students in need of support in the schools, particularly school psychologists and other mental health practitioners. Increased awareness of the challenges and successes experienced by many sexual minority students during adolescence provides a perfect segue into discussions regarding proper practices for counseling and referring LGBQ youth for community support, understanding stages of homosexual identity formation, and developing school based programming designed to deter perpetration of abusive acts and cultivate a supportive environment in the district. Armed with appropriate knowledge, school psychologists can and should take a leadership role in fostering positive school climates and supports for students with diverse sexual orientations.

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Appendix A

COVERLETTER TO PARTICIPANTS

Dear NASP Member,

My name is Lisa Kilanowski-Press and I am a doctoral candidate at the Indiana University of Pennsylvania. I am writing to request your participation in a research study entitled *"School psychologist preparation and perceived need for work with sexual minority youth."*

The following information is provided in order to help you to make an informed decision whether or not to participate. Should you have any questions, please do not hesitate to email me at l.a.kilanowski-press@iup.edu. The purpose of this study is to further understand the type of training school psychologists have had to prepare them for work with sexual minority youth. Additionally, the types of work experiences that school psychologists have had with sexual minority youth, their perceived need for additional school based programming for sexual minority youth, as well as their perceived level of competency when working with sexual minority youth will be explored. If you wish to participate, you will be asked to complete a survey regarding the aforementioned areas in relationship to your practice in the field of school psychology. Participation in this study will require approximately 10 minutes of your time and is completely voluntary. Likewise, you may withdraw from survey participation at any time by not completing the survey. All surveys are completed anonymously and no identifying information is collected at any time. The information obtained in the study may be published in scientific journals or presented at scientific meetings. There are no known risks to participating in this survey research.

As an incentive to participating in this research project, respondents are eligible to participate in the raffling of four, 25 dollar gift certificates to Barnes and Noble. Involvement in the incentive program is voluntary and will require completion of the attached consent to participate in the incentive program. Participants interested in entering the raffle must provide their name and address in order to deliver the gift certificate should they win. Survey responses will not be linked to incentive entry forms as they will be separated from the survey responses prior to delivery to the present researcher.

If you are willing to participate in this study, please proceed to the attached survey. This project has been approved by the Indiana University Institutional Review Board for the Protection of Human Subjects (Phone: 724-357-7730). Thank you in advance for your consideration.

Lisa Kilanowski-Press, M.S./CAS   Dr. Lynanne Black
Doctoral Candidate   Assistant Professor
Educational and School Psychology   Educational and School Psychology
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Appendix B
SURVEY

Part I: Demographics

Have you **completed** a sequence of graduate coursework leading to the conferral of a degree allowing you to practice as a **school psychologist**?   Yes   No

Age_____ (will be grouped into categories for analysis)

Female   **Male**

Degree(s) attained: Please check degrees attained, describe the degree concentration and then indicate the year conferred or presently attending

Master's degree: degree concentration _____: year conferred _____
Specialist degree/Master's plus 30 : degree concentration_____: year conferred ____
Doctoral degree: degree concentration_____: year conferred_____
Other (if other, explain): degree concentration_____: year conferred_____

Total years employed as a *school psychologist*_____

Which of the following best characterizes the population that you currently serve? Please circle all that apply.

Preschool   Elementary School   Middle School   High School   Private Practice
Higher Education

Other (please describe):

Which of the following best characterizes the populations that you have served in the past 5 years? Please circle all that apply.

Preschool   Elementary School   Middle School   High School   Private Practice
Higher Education

Other (please describe):

Which of the following best characterizes the population density of the region in which you work?

Rural   Urban   Suburban

Please indicate the state in which you work. Your responses will later be coded according to census region. _____

Part II.

Have you completed *stand alone* graduate coursework solely dedicated to preparing practitioners for work with lesbian, gay, bisexual, and questioning youth (sexual minority youth)? An example would include sexual minority counseling coursework.
Yes   No

If yes, how many *stand alone* courses have you completed?____

Have you completed graduate coursework that *discussed* (but did not focus solely on) lesbian, gay, and bisexual issues (for example, LGBQ counseling, LGBQ rights issues, LGBQ identity formation issues embedded within a multicultural counseling course or other counseling course)? Yes   No

If yes, how many courses have you completed that discussed issues relevant to work with lesbian, gay, bisexual, and questioning youth?____

Have you completed *continuing education* coursework *on the job* related to lesbian, gay, and bisexual issues? Yes   No

If yes, how many?____

Have you attended workshops, seminars, or continuing education courses outside of work to prepare you for work with lesbian, gay, bisexual, or questioning clients?
Yes   No

If yes, how many?____

Have you worked directly with lesbian, gay, bisexual, and questioning (sexual minority) students in school regarding interpersonal difficulties related to their sexual orientation (e.g., peer relations, harassment, teasing)? Please check all groups with whom you have worked.
□Lesbian   □Gay □ Bisexual □ Questioning □ I have not worked with any of these groups for such difficulties

If yes, please provide a few brief examples of the type of interpersonal difficulties you have assisted sexual minority youth with:

Have you worked directly with sexual minority students in school regarding family issues related to their sexuality?   Yes   No

If yes, please provide a few brief examples of the types of family issues related to their sexuality you have assisted them with:

Have you worked directly with sexual minority youth regarding academic concerns related to their sexual orientation (e.g., absenteeism or declining grades due to harassment, substance abuse, interpersonal difficulties, considering dropping out)? Yes   No

If yes, please identify which concerns you have assisted with (check all that apply):
□Absenteeism due to harassment
□Absenteeism due to interpersonal difficulties
□Absenteeism due to substance abuse
□Declining grades due to harassment
□Declining grades due to interpersonal difficulties
□Declining grades due to substance abuse
□School drop out due to harassment
□School drop out due to interpersonal difficulties
□School drop out due to substance abuse
□Other (please describe)

Have you referred sexual minority students for mental health services outside of school?   Yes   No

If yes, please describe why the referral was made:

Have you referred LGBQ students to community organizations for support regarding their sexual orientation (e.g., community centers, gay/straight alliances)? Yes   No

If yes, please describe why the referral was made:

Do other support personnel in your school work with sexual minority youth (e.g., school counselors, school social workers)? Yes   No

Please describe how you perceive your overall preparedness to work with sexual minority youth:

166

Very Prepared_____   Prepared_____   Somewhat Prepared____   Not at all
prepared_____

**Do you feel that you would benefit from additional training to prepare you for work
with LGBQ youth?**

Yes   No

**Do you believe that you are in need of/require additional training to better prepare
you for work with sexual minority youth?**

Yes   No

**Do *you* perceive a need for any of the following LGBQ supports in the schools?
Check all that apply.**
□Anti-harassment and bullying policies specifically mentioning LGBQ students
□School based LGB anti-harassment training for students
□Individual counseling
□Group counseling
□LGB alliances
□Support groups
□Psychoeducational groups
□Connections with community mentors
□Family support groups
□Other (please describe)

***Should* any of the following LGBQ supports be provided in the schools?
Check all that apply.**
□Anti-harassment and bullying policies specifically mentioning LGBQ students
□School based LGB anti-harassment training for students
□Individual counseling
□Group counseling
□LGB alliances
□Support groups
□Psychoeducational groups
□Connections with community mentors
□Family support groups
□Other (please describe)

What kind of training, if any, would you find helpful in your efforts to reinforce skills for work with LGBQ students? Please describe.

What format of training (e.g., school based workshops, graduate training courses) regarding LGBQ issues would be most preferable to you? Please describe.

Thank you very much for your participation!

Consent for Inclusion in the Survey Raffle

By providing my name and address below, I consent to inclusion in the survey incentive raffle. I understand that obtaining my name and address is necessary to deliver the gift certificate if I am the winner. I also understand that this page will be separated from my survey responses prior to data analysis and will remain anonymous to the principal investigator.

Name _____

Signature _____

Mailing Address_____

_____

_____

Appendix C

Respondent Report of Type of Interpersonal Difficulty

Report of types of interpersonal difficulties they have encountered in work with SMY by survey number.

1. Peer name calling, peers alienating themselves from these students

7. Stress related issues, parent conflict issues

10. I worked with pre-school student's parents to be supportive of various pre-school students behavior.

12. Telling people they are bi-sexual, dealing with teasing from other girls, dealing with a mother telling her something is wrong with them, cutting because of the pain

18. 5th grade confiding in me that he felt he might be gay and how to cope with that

20. Bulling, teasing

24. I worked with a suicidal student who feared for his life. His father had told him that if he (the father) ever discovered his son "was gay"- he "would kill". This young man (who was gay) was afraid to tell his parents and was severely impacted at school.

31. Interpersonal difficulties with parents

35. Bulling, dating issues, parental concerns

37. Gender identity, bullying

42. Anxiety around questioning

43. Family issues

44. Identity issues, social interactions, peer acceptance, teasing

45. Parent issues, relationship issues with partner

46. Sexual identity, feeling comfortable with sexual choice/preference

47. Coming out to parents, dating men and women, teasing and harassment, use of the word "gay" as slang

49. Family issues, harassment, transgender

51. Brief counseling with hermaphrodite- after a sex change is a lesbian

53. How to relate to heterosexual friends- letting them know; networking with groups

55. Demanding that others accept their lifestyle even if others have different beliefs

57. Teasing and harassment of sexual minority by peers

67. Harassment (orientation unknown)

68. Conflict with peers/teasing, general relationship issues/ dating issues

70. Predatory and self destructive behavior. Also ran a club for LGBTQ and their supporters

76. Peer relationships, feeling different, suicide

78. Harassment, friendship difficulties, family difficulties, abuse

79. Teasing from peers. Rejection of their sexual orientation by parents. Isolation, confusion over gender identity, cultural milieu of rural south

84. Sexual orientation, telling parents engagement in sexual activity

86. Issues surrounding family reaction to coming out, dating, bullying at school

87. Dealing with peers. Family members, friends, teachers, coming out, relationships with a significant other

89. Relationships issues, identity

90. Group identification, family conflict, religious conflict

94. Girls groups counseling

95. Bullying academic performance, coming out to parents/ friends

101. Bullying

103. Family issues, coming out to parents

106. Problems related to "siblings" at the same school who didn't know her brother was gay and had difficulty accepting this

111. Bullying and depression

114. Not enough training

117. Student disclosed information during an assessment

118. Understanding what treatments to themselves

120. Teasing/Bullying; relationships issues typical of age regardless of orientation/questioning

122. Coming out to parents, relationships with their significant others

128. Interpersonal relationships with peers, bullying, victimization, poor school performance, withdrawal, self injurious behavior

132. Bullying suicidal ideation

143. Letting peers think they are male when actually female

150. Teasing, relationships issues

157. Self acceptance, bullying, harassment, abuse coming out

166. Troubled youth, didn't know if they fit in

168. Male youth who identify with more traditionally female forms of play and are becoming aware of how they don't fit the norm

172. 9 yr. old girl dressed as a boy, used boys restroom, presented as boy at school until a parent disclosed her gender

174. Peer relations and relationships

177. Grappling with identity issues dealing with peer teasing and parental lack of acceptance, seeking support group

181. Questioning of identity of self

183. Religious concerns, romantic relationship, adjustments, parent conflict

184. Alienation, conflict of sexual preferences, peer communication

187. Behavior brings attention (negative) to student, students had difficulty talking to parents and others about issues

189. Peer relationships, facility relationships and family relationships

Appendix D

Respondent Report of Type of Family Related Difficulties

Respondent report of type of family related difficulties encountered in their work with

LGBQ youth by survey number.

7. Rejection, concerns about being kicked out

8. Parents not supportive of lesbian orientation

12. Telling people they are bi-sexual, dealing with teasing from other girls, dealing with

a mother telling her something is wrong with her, cutting because of the pain

18. How to help child approach issue with family (if even appropriate)

20. Rejection by parents

24. I worked with a suicidal student who feared for his life. His father had told him that

if he (the father) ever discovered his son "was gay"- he "would kill him". This young

man was afraid to tell his parents and was severely impacted at school

30. Parents have difficulty with lifestyle choice

35. Parents in denial

42. Consulting w/parents of questioning youth

43. Mother/daughter conflict

44. Parent/child relationships, acceptance of sexual orientation

45. Parent acceptance

46. Acceptance

47. How to talk w/parents about sexuality, being gay in culture that doesn't accept

homosexuality

49. Finding foster care, coming out to family

51. Brief counseling with hermaphrodite, after a sex change is a lesbian

52. Victimization

53. Fear of parents being disappointed, kicking them out

55. Demanding that parents accept their lifestyle choices

68. Difficulties coming out to parents, parents negative attitudes/ beliefs about

homosexuality

70. Concerns about family acceptance

76. Parents acceptance

78. Opening lines of communication, reporting abuse

79. Rejection of child's sexual orientation by parents. Fears of coming out to parents.

Problems interacting in culture of parents

84. Discussed concerns regarding ? parents orientation

86. A Pentacostal young man telling his mother he was gay/is gay, respecting rules at

home while creating an outside "say family" with chosen parents

87. When to come out, how, reactions/treatment of family members

89. Whether they should tell their family or not

90 Breaching topic of sexuality with family, dealing with a parent coming out

95. Coming out

99. Gender identity/ trans-gender

103. Coming out to parents, coping and preparing with aftermath

114. Mother not accepting of gay son due to strong Christian values

119. Alienation from having lesbian moms

120. Lack of acceptance, denial, guilt ("you can choose otherwise") or "you're doing this to get back at a parent"

122. Coming out to parents

128. Relationship with parental figures

132. Mother and father rejecting student's sexuality

144. Not as a school psych, but as a crisis intervention specialist b/f grad school, probably not part of this research, but prior experience with LGBQ youth maybe another factor to consider with regards to school psych preparation

150. Parent acceptance of sexual orientation

157. Rejected by parents, kicked out of the home, denial by parents

172. Parents rejection of sexual identity

174. Mostly helping students who come from foreign countries and whose parents are typically less understanding

177. Single father raising lesbian teenager to seek outside support for suicide ideation

182. Acceptance by family

183. Discussion with parents re:sexuality

185. Communication with family, ways to request support

187. Not knowing how to talk to parents about issues

189. Acceptance/rejection

Appendix E

Respondent Report of Reasons for Outside Mental Health Referral

Information collected by survey number.

7. Dealing with anxiety, accessing support groups

13. Because I didn't feel I could do enough

17. Depression, suicidal ideation

20. Suicidal ideation

22. Didn't know for sure but felt this may be the issue

24. Suicide threats with specific plan/means

27. General mental health issues

35. Counseling for emotional concerns

37. Student was in pain over gender issues that (cannot read rest of writing)

38. Questioning

42. Cutting

44. Need for individual and/or family therapy

45. Depression, substance abuse

46. Needed more support than school was able to provide

49. Depression, suicidal ideation

53. So they would not be questioned about seeing anyone on campus on a regular basis

68. Hx of sexual abuse that had not been addressed

73. Have not encountered sexual minority students

76. To support student

78. Services needed were beyond scope of services delivered in school

79. Long-term therapeutic relationship needed to deal with interpersonal and family issues. Family therapy needed. Substance abuse therapy needed

84. Suicidal ideation

86. I was worried that I wasn't able to provide the level of care one child needed through providers support at school

87. I have facilitated support groups but I have referred one student to outside counseling due to severe depressive symptoms. Feelings of depression and isolation

90. Continuous family therapy over a long period was required

111. Depression

117. Visual and auditory hallucination

120. For support over summer and other school breaks or crisis

121. Risk of self harm

128. The student needed counseling in my opinion to assist with self esteem issues that were adversely affecting academic and social skills

132. Suicidal ideation with expectation of death

142. Depression

150. Anxiety

157. Family counseling

159. Parent requested outside referral

172. Issues were outside scope of my experience

174. Concern for personal safety or summer services

177. Suicide ideation, self mutilation

183. Family relationships primary concern

185. Therapist with more extensive training and availability for more intensive and consistent therapy

187. Believed it was not within my area of expertise

191. Fear of harassment in community

Appendix F

Respondent report of reasons for referral to outside support agencies (by survey number):

7. Dealing with anxiety, accessing support groups

17. For support

18. Consulted with school social worker-referred me to organization and website. Explored organization with student via the website

35. Peer support

42. Another safe voice/ venue

44. NO- but did refer to school based Gay straight alliance

47. Gay/Straight alliance in school through it's not very active, so student may feel some support

49. To provide them the opportunity to meet other students who are experiencing similar issues

53. For support to receive more points of view on how and when to handle particular situations

68. Referred student to community organization due to small population of students in school that were (openly) in the same situation. Student wanted to meet other teens that were "out"

71. School staff in 5th grade were concerned about the student would encounter in middle school (although this student had never identified his orientation to teachers or parents, both viewed him as gay). The referral to agencies was made to the parents.

76. To support student

78. Ongoing intensive support was needed, some organizations are better at service delivery

79. Child requested, family requested

86. For extra emotional support, to meet new people, to meet people who might encounter similar joys/trials, etc. With whom they might be free to communicate their daily joys/trials with

87. The students wanted to get involved in outside organizations. Students wanted to meet other students with similar problems, etc.

90. So that the students would not see my office as the only safe place

95. Child needed additional support and information about their sexuality

99. To assist family with issues pertaining to their child's orientation

101. I felt that a support group would be beneficial

103. NO, I did refer to the Gay/Straight alliance within the school

114. Student asked for referral

118. This was in a University setting >5 years ago

119. To have similar peers

120 Support them and acceptance

121. Peer support, social networks

122. PFLAG student wanted support group outside of school

128. Because there are no such organizations available in a reachable geographical area

132. Not feeling understood by most people at their school- family needing information on how to support their child

150. NO *Community resources specific to CGBQ is very rare in rural areas

157. NO Limited services in our area

172. Need for social support

174. We have a strong support group/community in our high school

182. Help promote LGBQ support group

189. –Struggling with spiritual concerns so referred to a support group in their

denomination -referrals to local PFLAG

Appendix G

Respondent Report of Interest in LGBQ Training

Information reported by survey number.

1. Training to advocate to school boards the need and appropriateness

2. Workshops, seminars, graduate courses

4. At the elementary level, I benefit more from learning about activities to build a school
climate of tolerance, since I don't typically work with LGBQ students

5. DK

7. Information with community based resources. Expanding knowledge of support
available

8. Issues involvement for young students- elementary eye

9. Workshop presentation

10. List of issues that should be addressed and role play model how to do it

11. How to support young children who come from families of gay/lesbian parents

12. Workshops

13. Workshops provided by state associations and or NASP at annual conference

15. I have/ have had gay and lesbian friends and we have discussed many of these issues
and I feel that I could deal with working with these students and do a good job

16. Info re: available resources for students, parents Info re: specific difficulties and
issues for sexual minority students

17. Experiences of adults describing how they coped while students their support
network, etc.

18. Sensitivity and awareness training resources – community support interventions

19. Workshops continuing education, community/services available

21. How to work if the student and their existing support group

23. I would like information on sexuality of elementary age students and ways of responding to parents and teachers

24. The best training I have received was a three-hour didactic seminar provided by two LGBQ school psychologists. Their personal experiences as children (which they shared), in conjunction with their massive research and information opened my eyes tremendously and gave me many useful tools. However, it also helped me to realize how much of a need there is for more graduate training in this area for school psychologists.

27. Training that increases knowledge and enhances skills that are used to deal with observable behaviors impeding school performance (academic and social)

29. Harassment and identity confusion issues

31. School in-services/workshops

32. What to say how to react, how to try to be supportive of emotional needs

33. Basic training in how to counsel and community resources

35. Workshop

37. Well done post-doc workshops

39. Continuing education

40. Training on LGBQ research and BP counseling strategies and interventions

41. Conducting groups

42. Group skills

44. Update on current issues relevant to LGBQ students review/introduction of evidence based interventions appropriate at school

47. How to create a welcoming atmosphere → working with staff that ignore issue or use the word "gay" as slang themselves. Providing support for LGBQ students inside and outside of school

48. Seminar/workshop provided at trainings like KAPS or regional cooperatives how to identify at risk students, interventions appropriate for rural community

49. Better understanding of sexual issues (bi vs transsexual), transgender, etc. GLSEN workshops

50. Classes, workshops

51. Skills training for LGBQ

54. More targeted bullying interventions

57. I would like training on how to deal with everyday situations that anse – i.e. what do you counsel a student to do if family members are hostile to homosexuality/bisexuality

60. How to recognize when problems are present

62. Workshop denoting issues LGBQ students faced in school ad maybe provide community resources

63. Specific counseling skills (groups or awareness groups)

65. I think an in-service would be helpful. I would hope that the in-service would supply counseling materials/ therapy ideas and materials to ally students and parents to learn more.

66. Strategies to assess teachers and dealing with LGBQ students. Ways to develop a more accepting attitude on the part.

67. Best practice for reading discrimination

68. More information about age appropriate ways to discuss sexuality within the school context. Training on how to discuss issues without worrying about angering parents who may not be accepting. Should be school wide understanding of issues so that MLT staff will be supported if they are discussing sexuality with students.

71. I really don't have the need for training at the elementary level in my role (as long as others are hired to fulfill their role) bullying in my buildings happens, but doesn't seem to relate to sexual orientation.

73. Affective approaches to dealing with these issues

75. A listeners or focus group would be used

76. Personal experiences

78. I specialize in sexuality issues in my doctorate training but I had to pursue everything, sometimes at great expense with travel. So much more training is needed in all areas of sexuality education

79. Further training working with families especially regarding coming out to parents, support for siblings, handling cultural issues

80. One day workshops/ review issues/ concerns/ counseling training

82. Discussion of how to assist students who are questioning, as well as how to involve their family/ friends if they wish

83. Unsure

84. Unsure/ very little work at current school

85. None

86. If any, I feel like our greatest need in Philly is education around how to address sexuality in general. I feel like we walk a fine line in addressing it because were not often supported by public school teachers.

87. How to train staff members in the schools

88. Informational training regarding social/emotional development of LGBQ individuals, as well as training in counseling students

90. More of a concentration on community resources

95. Begin with overview of issues/ awareness training. Then provide training about LGB cultures, issues they face. Training on anti-bullying

96. The prevalence of students with these issues seems much lower then merit supplemental training. I find I have to pick training for higher incidents disabilities to warrant the cost and professional justification.

97. Any, I had so little

98. Conversations with LGBQ students and their experiences

99. Not sure

100. Beyond the stereotypes

101. (cant read first word)-Conferences

103. Training to help assist with common issues and struggles of LGBQ students

104. Training that emphasizes the emotionality associated with LGBQ youth and interventions to address coping with the stressors associated with being LGBQ

105. Course work specific to the issues relating facing LGBQ students

106. Possibly an online training through NASP on the current research and best practices

107. N/A

111. How to counsel questioning youth

114. Organizations to refer

115. would love to know how to help support students who might be starting to actively explore these issues, so they understand how to accept themselves and can feel accepted/ safe with at least on person in their lives (me) as they figure out what they feel and explore who they are.

116. More info about issues faced, info on programs that have been successful

117. Workshops, professional working communities

118. Direct supervision while facing with LGBQ issues

119. Should begin with school wide training for all staff- then school tolerance for students at all levels, geared for age

120. Counseling

121. As a lesbian myself, a would like to network in other gay, lesbian, bi/trans professionals

122. How to identify students in need of support/ w to encourage them to seek support when needed

123. Specific training for a rural population

124. Workshops/professional development provided by school psych organizations (i.e. local, state, national psych associations)

127. Issues that LGBQ find most difficult, supports that are needed, where to find these resources

132. I was a women studies minor in college, which explored LGNQ issues as well.

More training in how to make clear I'm a safe space would be good and also how I can

help the school as a whole be safer.

133. Anti-bullying/harassment, individual counseling skills

134. Counseling and support information for LBQ students

135. Training on how best to support LGBQ students when parents are not supportive of

their needs

136. Updated information sessions on best practices

137. Info on most effective formats for work with LGBQ youth; best support

138. Workshops

140. Has not really come up in my work yet but I know these issues exist everywhere. I

wish my district had more resources for it. Any form of training and info is always

helpful

144. I think that simple exposure to individual who are LBGQ is the best method. Doing

so allows one to view the biases surrounding LGBQ in a different light. Of course one

may also need assistance in learning how to view things (cant read rest of writing)

145. d/k

146. General orientation initially

148. I think further training with anti-harassment, LGBT alliances and community

mentors would be my priority. Increasing correctiveness and decreasing alienation or

discrimination are critical focal points.

149. Continuous training in this area

150. Training in providing school wide tolerance training

151. #1 top issue I deal with constantly is how to respond to teachers/admin/school staff that believe homosexuality is wrong due to their religious beliefs or upbringing-show complete intolerance – can't even begin to support students with this happening

152. Workshop at a NASP conference to focus on resulting lifestyle issues for a child regarding parent's sexual orientation

154. Issues facing LGBQ teens

155. Kids rights, parents rights, appropriate comments activities for counseling, guidance on how to help with peer interactions

156. Specific bullying policies with reward to LGBQ students. Bullying in enerl is a significant issue in our school.

157. 3 hour workshops

159. Professional journal articles

160. Issues faced by LGBQ students, available resources, how to provide support

162. Basic information n the LGBQ groups and how we as school psychs can help them

163. Not sure, I have not worked with this population

164. Unsure at this time

165. How to deal with the issues

166. I attend many workshops, LGBQ students need help, very little training going on

167. Group based counseling training or individual

168. How to work with parents to promote acceptance of their child's orientation so the child is not further subject to verbal abuse

169. The students I work with have not usually developed a sexual identity

172. Understanding needs of LGBQ students being provided with community resources

174. Better knowledge of resources (books etc) to help share experiences with students

175. Review of latest research

176. I work with elementary students and so trainings focused on working with students questioning their sexuality would be helpful. Also, how to assist parents about how to support their child

178. Yearly staff development training would be great-or workshops at conferences

179. ang

180. Any research on best practices

181. Info on how best to support them in the school community and home setting

182. CEU opportunities

183. Working with administration to gain acceptance and support for LGBQ students

184. I am nearing the completion of my career as a school psychologist

185. Resources for training teachers and staff

186. Workshops

187. Workshops and conferences

188. Counseling

189. List of topics that could be discussed in support groups, ways to help students feel they are "ok" and normal, list of literature and books to have available for students to checkout or read in my office

190. Updated information, my coursework was 1 years ago

191. The procedures o follow in providing support in our community

Appendix H

Respondent Report Type of Desired Training Format

Information reported by survey number.

1. School based workshops

2. Any of the above (workshops, seminars, graduate course)- workshop most preferable

3. Workshops/NASP training modules

5. Inclusion of workshop at NASP

7. Community supports, excellent referral options

8. School based workshops

9. School based workshop or staff development presentation

10. School based and graduate

12. School based workshops, inservices with community service providers

13. Same as above (workshops provided by state associations and/or NASP at annual

conference)

14. Graduate training courses

15. Professional organizations providing workshops at conferences for (cant read word)

students, graduate training course

16. Workshops, school based inservice for all staff

17. Workshops

18. School based workshops

19. School and community workshops

20. Graduate training courses

21. Need classes, need it reinforced in the park setting, school based workshops, graduate training courses

23. Workshops

24. interactive didactic training (with small group discussions)

25. Don't know

27. No preference

29. Inservice training/workshops

30. School based workshops

31. Prof. workshops

32. School based workshops

33. Workshops

34. Inservice for school psychologists

37. School based workshops with colleagues who work with the same youth (writing very hard to read, so might want to check)

38. Professional CE worshops

39. Experience with actual cases and school based workshop

40. Intermediate unit workshops

41. Workshops would be the most helpful and accessible

44. On-line course work, high quality workshops (1 hour ?) at conventions or at monthly department meetings

46. Both of the mentioned styles of training would be helpful

47. School based workshops, conference with student and professional speakers

48. Seminar/workshops provided at training like KAPS or regional cooperatives

49. Community workshops, school based workshops, graduate courses

50. School based workshops

51. District based

53. School based, NASP workshops, the 1 ½ -2 days State conference workshops

54. Workshops

57. School based workshops

58. N/A

59. School based workshops, staff development

62. School based workshops possibly through IU (intermediate Units in PA) online

course for Grad students

63. Workshops

64. District workshops

65. School based workshops

66. School based workshops, online course

67. (cannot read first three words) graduate courses

68. School based workshops, continuing education through conferences would have been

nice to have these issues addressed more adequately in grad school

70. None. It would have been nice to have better workshops at NASP. Most of these

were overly emotional subjective presentation of graduate "research"

71. If I thought I needed more training, I'd prefer graduate coursework with the

opportunity for supervised practice

72. Community Based

73. School based workshops, include all teachers, administrators

75. 1. School based workshops 2. Any of the above (workshop/ conference sessions, online training modules (eg. through NASP/APA web sites), Webinars

76. Workshops

77. 78. For those working in the field probably shorter workshops would be better. Sorry the writing is so illegible, I am in a van traveling. Love your dissertation, good luck.

79. Workshops

80. Both are valuable- graduate training courses for the research based instruction and school based workshops for hands on application that are useful and applicable

82. Workshops, online coursework

83. School based workshops, workshops at professional conferences

84. Unknown-a lot offered in my area

85. School based workshops designed to educate the staff members on appropriate ways of dealing with the students

86. School based workshops, discussing above, school based police addressing above

87. School based workshops

88. Continuing education workshops at this stage in my career, graduate training courses would have been ideal

90. School based work shop, conference training

92. One day workshops, graduate courses, mentors, research reviews

94. Workshops, continuing ed provided at conferences

95. 1-2 day conference w/ follow up at a school based workshop

97. School based workshop, ISPA workshop

98. Informal-either school or graduate based

99. Workshops, training also needed for (cannot read rest of sentence)

100. At this point, trainings at national conferences and or state conferences, graduate training for those who have not received their degree

101. I think it would be beneficial to offer a course that would promote an understanding of various sexual orientations as well as support services

103. Professional development workshops

104. School based workshops that focus on specific needs of students with similar demographics re:LGBQ issues would be most preferable because it is more likely to be practical

105. Both- school based should focus on supports available as well as how personnel should /could reinforce policy and rights of these students. Graduate course work should focus on how best to emotionally support LGBQ students

106. Online

107. I've not encountered LGBQ in my practice as a school psychologist

108. Workshop format

111. As well as training for administration in concerns faced by LGBQ

114. Advanced workshops

115. I don't think the elementary school culture would support this type of workshop since LGBQ is not an issue that most of my colleagues don't see anything related to this. I would love to attend a community based workshop re this issue. To be honest, there are so many areas in which I would like to peruse ongoing development and time, financial resources and new initiatives (ex. RTI) make it difficult to make LGBQ issues a priority

for cont. ed. At the elem. Level right now. If I worked at the middle school or high

school students, it would be higher on my priority list

116. Workshops at state conference

117. Workshops

118. School based workshops and ongoing supervision

119. Any

120. School based workshop

121. Professional networks

122. Conferences (for CEU credits) online workshops/ tutorials

124. Graduate training courses

125. School based workshops

126. Workshops and reading

127. Graduate training courses

129. (can't read first word looks like concluded) in graduate training optional courses for

supplemental professional development workshops in school

130. I don't do counseling in my district, we have social workers and counselors

131. Conferences/workshops

132. Workshops

133. School-based workshops that we could send a "team" to

134. Workshops, seminars

135. School based workshops

136. School based workshops and inservices

137. School based workshops, community based – info/ collaboration on available/ needed support

138. School based workshops

140. Would be great if a grad. Class was devolved to LGBQ issues. Workshops would also be helpful

144. I think that if workshops are needed for a school then they would be appropriate. Of course you also don't want to wait until there is one incident w/one youth because then thus is singled out (cannot read of sentence very well). I think the better selection and this would be for grad training as well, is to discuss these issues within the context of diversity/human relations/counseling and may be assessment (cannot read word) support, being aware of tester basis. I think a specific grad class regarding LGBQ is perhaps unrealistic as there a case could be made for every ethnic/cultural group regarding it. CF course again, a workshop based on any issue could have relevance given the needs of the school and staff. (the hand writing was extremely hard to read so you might want to refer back to the document)

145. Graduate training courses

146. Perhaps online training

148. Most likely school based workshops, I think that would further align local staff and provide consistency

149. Both school based and graduate training

150. School based workshops or conference

151. Inservice at this point because I feel I still need very basic training in small pieces

152. Would not endorse additional graduate training course requirements could be included in courses already in existence on minority issues

154. School based workshop on inservice

155. Professional workshops in community

156. All of the above (Specific bullying policies with reward to LGBQ students. Bullying in enerl is a significant issue in our school.) Any kind of training would be welcome

157. Professional organization: NASP, State org

158. School based workshops

159. Professional articles, books

160. Workshops

162. School based workshops

163. Not sure

164. School- based workshops or presentation during state school psychologist conferences

165. Staff development workshops

166. Any training at all, training is at best scant/little

167. Association workshops at state or national level

168. School based workshops, probably most helpful to middle school and high school staff

170. Workshops

171. Graduate training courses

172. Department-wide workshops

173. I would prefer workshops instead of courses. School psychology programs already encompass as much material, I don't feel that it would be necessary to devote an entire course to LGBQ students. I haven't come across any LGBQ students in the rural districts I have worked in.

174. Self guided curriculum. I find that workshops to preach not teach. I think more individuals would be open to understanding the needs of the LGBQ students if the emphasis were on help not necessarily acceptance. I realize this sounds harsh, but much of this country is not open or accepting. If our goal is to insure the health and well being of the students, lets focus on that and not trying to change their opinions, that will change in time.

175. Workshops at conferences

176. I think it would be great for graduate training programs to include some training about how to work with these issues.

177. School based workshops

178. I believe either would be beneficial- workshops and graduate training courses- times have change and just like RTI has been integrated into graduate training programs, these diversity classes should be offered as well. School districts may be a little harder to convince but that doesn't mean the need still doesn't exist.

179. School based workshops, training courses, online courses

180. Anything that has been found to be effective for best practices

181. School-based workshops would provide more practical information and strategies to use in the school setting. Also, more people/ staff at school should partake in it since it would be good toward school staff.

182. See above (CEU opportunities)

183. Workshops

185. School based workshops

186. School based/district based workshops or state conference workshops

187. Conference and workshops

188. Graduate course

189. All staff needs better training in this area. School based workshops would provide more opportunities then graduate training courses

190. SB workshops

191. School based workshops, presentation at psych conference, school presentations for all staff