

ABSTRACT

Title of Dissertation: A STUDY OF FACTORS IMPACTING UPON THE PERCEIVED ROLE AND PRACTICE OF SCHOOL PSYCHOLOGISTS WORKING WITH SEXUAL MINORITY YOUTH

Sharon Faith Gorenstein, Doctor of Philosophy, 2006

Directed By: Professor William Strein
Counseling and Pupil Personnel Services

The present study examined the archived results of a national survey involving the perceived role and actual practices of school psychologists working with sexual minority youth. The study focused on identifying factors associated with the perceived role and responsibility of school psychologists when working with this population and subsequent provision of support services. The majority of school psychologists agreed addressing harassment should be a part of their role while only one-third gave such ratings in regard to addressing sexual risks. There was wide variability across differing types of actual services provided. Less than one-quarter of the respondents reported involvement with sexual health related issues and one-quarter had intervened to address harassment of LGBQ youth. Survey responses demonstrated a significant relationship between the amount of services delivered to LGBQ youth by school psychologists and the amount of both formal and professional development training these psychologists received related to LGBQ youth. However,

only professional development training was related to perceived role. No relationship between the time elapsed since graduate training and services provided to LGBTQ youth was found. Although attitudes about the role and responsibility of the school psychologist in working with LGBTQ youth may not have changed, some individuals had the skill base to deliver such services. Clearly, given the literature's emphasis on viewing the school psychologist's role within this comprehensive health care model, it would be imperative to provide professional development and pre-service training in both the role and the skills needed for addressing the multiple needs of sexual minority youth.

A STUDY OF FACTORS IMPACTING UPON THE PERCEIVED ROLE AND
PRACTICE OF SCHOOL PSYCHOLOGISTS WORKING
WITH SEXUAL MINORITY YOUTH

By

Sharon Faith Gorenstein

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Advisory Committee:
Professor William Strein, Chair
Professor Cheryl Holcomb-McCoy
Professor Marvin Lynn
Professor Marilee Lindemann
Professor Pepper Phillips
Dr. Joan Rabin, Professor, Towson University

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Dedication

This work is dedicated to the underserved children, youth and families across the United States. My hope with this work is to further open the door and inspire future advocates to embrace diversity in the field of school psychology- both in the schools as practitioners, as trainers within the universities, and in future research efforts.

In loving memory of my grandparents: Nathan and Rose Gorenstein
Miriam Ness
Jacob Hains

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Chapter I: Introduction

This study addresses the expanding role of school psychologists and explores the rationale and necessary set of skills to work effectively with school-age lesbian, gay, bisexual and questioning (LGBQ) youth. (For the purposes of the present study, “questioning” youth are those individuals who may engage in sexual behavior with another of the same sex, while not identifying as LGB [American Psychological Association, 2000a]). Professional implications for the field of school psychology will also be explored through an examination of the provision of services within the comprehensive school health model as viewed through the results of an archival national needs assessment survey. The field of school psychology and its long-standing history of advocacy lend itself to a unique opportunity in meeting the needs of today’s diverse children, youth and families in the 21st century.

In general, a greater number of individuals appear to identify their sexual orientation during adolescence (Hollander, 2000). In 2001, the National Longitudinal Study of Adolescent Health estimated there were 2.7 million school-age LGBQ youth in the United States (Harris, Florey, Tabor, Bearman, Jones, & Udry, 2003). Although relatively few studies have reported on the identity formation of LGBQ youth, one study of students surveyed in grades 7-12 reported that: 1.1% of the students identified as LGB, while 10.7% were “unsure” or questioning their sexual orientation (Remafedi, Resnick, Blum, & Harris, 1992). Another study reviewed the 1995 Youth Risk Behavior Survey administered to youth in grades 9-12. Of the 9188 respondents, 315 identified as LGBQ or 3.4% (Bontempo & D’Augelli, 2002). The authors noted these numbers were likely an

under-representation of the population as those who were experiencing the most severe harassment were more likely to be truant or who have entirely dropped out of school. This hypothesis was substantiated by the results of the Gay, Lesbian and Straight Education Network (GLSEN) national survey reflecting the experiences of LGBT youth in school. Sixty-four percent of the 887 LGBQ middle or high school age youth reported feeling unsafe in their school because of their sexual orientation and 28.6% of the respondents reported missing at least one day of school in the past month (GLSEN, 2003).

Transgender youth and those who atypically express gender are not the focus of this study because items related to these youth were not included in the original survey from which the archival data were obtained. “Transgender” is used to describe individuals who “bend or challenge” traditional gender roles (Horowitz & Loehnig, 2005). While gender identity is not related to sexual orientation, it should be noted that students who do not seem to follow typical gender codes are often targets of verbal and physical abuse from their peers (Hadelman, 2000). Sensitivity to differences is important not only for providing support to LBGQ youth, but there are consequences for the student body as a whole. From a developmental perspective, all adolescents continually evolve in their individual sexual identity. Other factors such as school safety, violence reduction, and sexually transmitted diseases (STDs) are related concerns for all youth within the educational setting. Providing a safe learning environment for youth during the development of their sexual identities is imperative when delivering appropriate intervention and prevention services.

Although school-based professionals’, specifically school psychologists’,

perceptions may range from positive to negative on topics related to sexual minority youth both regionally and nationally, these youths have multiple needs that must be met appropriately. As a school psychologist practicing for the past eleven years within a large, Middle Atlantic, urban school district, I have witnessed the lack of understanding and compassion for diversity among our students, by not only other youths, but also from staff, administrators and colleagues. Even with anti-discrimination policies that included sexual orientation in place, disparaging remarks continue to be made by teachers such as “stupid faggot” and an administrator attempted to disband the school’s Gay Straight Alliance (GSA). These actions demonstrated a lack of sensitivity towards LGBQ students and negatively impacted the wellness of our schools by promoting discriminatory practices and lack of respect for individual differences and potential barriers for provision of services to the student body as a whole. The effects on individual students consequentially affected the entire school population. Additionally, there may be increased difficulties with the flow of instruction, disciplinary problems, and disruption of a positive educational experience. Ultimately, the result can be underachievement for all. While there is a gap in the literature specifically addressing achievement of LGBQ youth, research has validated the need to generally examine the services provided to these youth within our schools, noting that there are many areas that may influence the school psychologist’s ability to provide these services (Bontempo & D’Augelli, 2002; Persinger, 2001; Bahr, Brish, & Croteau, 2000; Christenson, 2000; Henning-Stout, James, & Macintosh, 2000; Hollander, 2000; Nastasi, 2000; Power, 2000).

School psychologists traditionally focused on assessment, counseling, staff development, and consultation. Recent literature in school psychology elaborated on the

expanding role of the school psychologist. The trend has been to move away from standardized assessment towards a more flexible, dynamic role of intervention, prevention and consultation within a comprehensive health care context (Persinger, 2001; Christenson, 2000; Nastasi, 2000; Power, 2000). The new school psychologist's role includes mediating interactions between family, community, and school personnel, in addition to adapting specific school-wide initiatives that better assist students at risk for drop-out, substance abuse, truancy and related problems (Persinger, 2001). Policy development and advocacy are also integral components for successfully meeting these demands (Roffman, 2000; Bailey & Phariss, 1996; Ouellett, 1996; Treadway & Yoakam, 1992).

A recent study examined the general activities used by school psychologists in their practice in order to identify the direction of training programs for future school psychologists (Loud & Terjesen, 2002). The participants completed a survey questionnaire that included demographic characteristics, specific activities, and practices used to determine the diagnosis of the learning disabled. The responses indicated that practitioners treated multiple disorders such as ADHD, Conduct Disorder, and Anxiety Disorder. Primary areas for psycho-educational evaluations were emotional disturbance, learning disability, and intellectual limitation. Provision of professional psychological services was inclusive of intervention and counseling of students as well as consultation. Also, the discussion of services lent consideration to geographic region as a potential influence on the specific types of professional practice findings. The study concluded that there was a need for a more integrative and comprehensive training program.

In addition to general practice considerations, the literature supported school

psychologists becoming more competent in addressing cultural diversity (Rogers & Lopez, 2002; Ysseldyke, Dawson, Lehr, Reynolds, & Telzrow, 1997). The Rogers and Lopez (2002) study identified 145 critical cross-cultural competencies across 14 domains of school psychological practice emphasizing the need for training programs to further incorporate these competencies into the graduate school curriculum. Along with factors such as race, ethnicity or linguistic differences, the authors identified sexual orientation as another inherent factor of diversity with which practitioners must become competent. Following suit, the National Association of School Psychologists (NASP) (2004a) revised its *Position Statement on Sexual Minority Youth* to state that lesbian, gay, bisexual, and those questioning their sexual orientation (LGBQ) should be able to receive appropriate school-based support services. Additionally, Persinger (2001) described NASP accreditation standards at the institutional level and offered rationale for the emphasis on LGBQ issues within a culturally inclusive graduate training curriculum.

Interestingly, despite increasing visibility within the literature discussing issues such as identity formation, increased risk for victimization, and homelessness for school-aged sexual minority youth, there was a lack of visibility of these same issues within the graduate training curriculum as well as in schools (NASP, 2004a; Savage, Thompson-Prout, & Chard, 2004; Bontempo & D'Augelli, 2002; Cochran, Stewart, Ginzler, & Cauce, 2002; Blake, Ledsky, Lehman, Goodenow, Sawyer, & Hack, 2001; Savin-Williams, 2001; Buhrke, 2001; Omizo, Omizo, & Okamoto, 1998). In light of this gap between research and application, several recent publications provide evidence supporting the need for school psychologists to be better prepared to address the issues associated with sexual minority youth (Persinger, 2001; Bahr et. al., 2000; Henning-Stout

et. al., 2000; Hollander, 2000). Also, the APA Division 44/ Committee on Lesbian, Gay and Bisexual Concerns-Joint Task Force on Guidelines for Psychotherapy with LGB clients stated that mental health professionals must create a safe environment for youths to examine issues associated with sexual orientation by becoming educated about issues unique to the LGB population (APA, 2000b).

By contrast, studies demonstrating LGBQ harassment were more numerous. Such studies indicated that the LGBQ population had suffered targeted harassment as well as verbal and physical violence within the educational environment (GLSEN, 2003; Bontempo & D'Augelli, 2002; Henning-Stout et al., 2000; Muller & Hartman, 1998; Savin-Williams, 1994; Treadway & Yoakam, 1992). Issues of victimization were associated with these negative actions and subsequently may compromise mental health (Hershberger & D'Augelli, 1995). The American Psychological Association (APA) and the National Association of School Psychologists (NASP) passed a joint resolution that denounced discrimination against LGB youth and affirmed the rights and dignity of individuals in sexual minority groups (APA/NASP, 1993; re-approved by NASP, 1998) as one of the initial responses to these findings. More recently, NASP (2004a) cited additional consequences for LGBQ youth such as twenty-seven percent of surveyed LGBQ youth reported missing at least one day of school for the previous month due to their perception of being in an unsafe school environment.

While homosexuality and bisexuality are not indicative of mental illness, studies have shown LGBQ youth are at higher risk for depression, substance abuse, suicide, and sexually risky behaviors, as well as increased stress and anxiety (Hershberger & D'Augelli, 1995; Jordan, 2000; Savin-Williams, 1994). Contributing to these potential

mental health concerns are issues of self-acceptance, inadequate familial support, and the negative social stigmatization of homosexuality found within the dominant culture. Some sexual minority youth may also be at a significantly higher risk for STDs because of a reduction in their ability to be emotionally involved in intimate relationships (Rosario, Meyer-Bahlburg, Hunter, & Gwadz, 1999).

In order to address the myriad of challenges the LGBTQ population currently faces, the profession of psychology, including school psychology, has been urged by the health care fields to receive additional training in the provision of mental health services to sexual minority youth. A recent study suggested that school psychologists perceived themselves as not having the necessary set of tools to deal with needs specific to this population (Savage et al., 2004). Many of these issues often pose legal complications and present complex ethical dilemmas. Bahr et al. (2000) specifically stated that the NASP ethical principles are directly applicable to sexual minority youth issues within three principal areas: professional relationship and responsibilities, professional competency, and professional practice.

While the subject of LGBTQ youth may be politically charged nationally, issues of legal liability for school-based practitioners and local education agencies also must be considered in the development of protocols for assisting sexual minority youths. For example, in 1995, there was a landmark court case involving incidents of physical harassment and discrimination of a young man, in both middle and high school, in response to his sexual orientation (*Nabozny v. Podlesny*, 1995). Nabonzy filed suit because the schools' administration failed to respond by either filing charges against the assailants or providing supportive intervention. Both principals at the middle and high

school, as well as the high school vice principal were found to have discriminated against the student by a jury. A settlement was reached for close to one million dollars (Gilbride & Persinger, 2001). This case demonstrates the subsequent financial liability of school systems and individuals when action is not taken to protect all students. Lawsuits in the same vein indicate that school systems can no longer afford to ignore issues involving harassment of sexual minority youth. School psychologists occupy a primary role within the educational institution to address these issues.

In addition to the general mental health, legal, and ethical issues presented in the literature, recent publications demonstrate that there is also a significant need for development of institutional support and promotion of healthy behaviors among LGBQ youth to prevent risky behaviors (Remafedi, Resnick, Blum, & Harris, 1992; Rosario et al., 1999; Sawyer & Lehman, 2000). The literature states that when LGBQ youth received support during critical identity development periods, self-acceptance increased which then provided an additional “buffer” against the negative effects of victimization (Hershberger & D’Augelli, 1995). The nature of the school psychologist’s role inherently provides the professional with the opportunity to give LGBQ youth critical support in either an individual or small group setting. Therefore, variables that support the appropriate provision of mental health services to LGBQ youth need to be identified and integrated into both professional training programs and schools.

Statement of Purpose

The current research study addresses the issue of service delivery by school psychologists to LGBQ youth within the educational setting. In 2000, the American Psychological Association’s Healthy Lesbian, Gay, Bisexual Student’s Project

(HLGBSP) developed a national needs assessment evaluating the types of health needs sexual minority youth have, the professional's role and responsibilities in providing services, and approaches to system level changes. The anticipated outcome of the HLGBSP was to reduce the overall risk of HIV transmission and to increase the knowledge of associated risk factors. This project is an on-going national collaboration between the Centers for Disease Control and five other professional organizations that work with school-aged youth, including NASP.

Using the results of the HLGBSP national needs assessment, an archival data set, the current study examined school psychologists as service providers to LGBQ youth. Specifically, the study examined: (a) school psychologists' perception of their role in providing services to LGBQ youth, (b) the school psychologists' actual provision of services, and (c) factors that influence both perception of their role, and the actual service delivery. Particular attention was given to comparing the type of training practitioners received and to the perceived effectiveness of training. The year a practitioner completed training, and the current work location (geographic region) of the practitioner were considered as potentially influencing whether a school psychologist perceived a need to provide services to LGBQ young people. Lastly, level of awareness of LGBQ youth in schools was determined by a series of questions to the respondent for personal knowledge about LGBT individuals in their school. This was an exploratory study and one of the first attempts to use the findings of the HLGBSP needs assessment to provide guidelines for training of school psychologists as well as furthering future studies on LGBQ youth services within the educational setting.

Research Questions

Using the HLG BSP needs assessment survey developed by the APA with regard to the provision of services for sexual minority youth (LGBQ) at the high school level:

- I. What do school psychologists: (a) perceive as their roles and (b) what services are they providing?

Perceived Role

- II. What factors are most strongly associated with the *perceived role* of school psychologists for work with such youth? Due to the structure of the needs assessment, the dependent variable was the perception of the respondent's role. The actual role varied according to reported practice or setting.
 - a. To what extent does training (*recentness of graduate training; amount of formal training in LGBQ youth issues; professional development training in LGBQ youth issues*) influence *perceived role*?
 - b. To what extent does *geographic region* impact upon *perceived role*?

To what extent does *level of awareness* of LGBQ youth issues influence *perceived role*?

Provision of Service

- III. What factors are most strongly associated with the actual *provision of services* from school psychologists for such youth?
 - a. To what extent does training (*recentness of graduate training; amount of formal training; professional development training*) influence *provision of service*?
 - b. To what extent does *geographic region* impact upon *provision of service*?

- c. To what extent does *level of awareness* of LGBTQ youth issues influence *provision of service*?

Predictors

- IV. To what extent do the differing background characteristics of age, gender, and level of training of school psychologists predict: (a) *perceived role*, and (b) actual *provision of services* to such youth?

Research Design

The two dependent variables were *provision of services* to sexual minority youth and the *perceived role* of the respondent to work with issues associated with the LGBTQ population. Respondents indicated whether or not they had provided a variety of services and the extent to which they perceived their professional role should include provision of the aforementioned services.

The independent variables were *recentness of graduate training*, *formal training* and *professional development training* about sexual minority youth issues. General *background characteristics* and *geographic region* were examined for possible interaction. Lastly, *level of awareness* was examined as the degree to which respondents acknowledged the presence of sexual minority youth in their school.

Definition of Terms

It should be noted that while the term "homosexual" is found throughout the literature, APA (1991) recommends using the term same-gender or other neutral terminology to avoid heterosexual bias in language. The emphasis on sexuality alone is not appropriate because LGBTQ identity is based on far more than sexual behavior. Language continues to be a powerful factor in discrimination and it is imperative that

professionals avail themselves of appropriate, empowering terms for the populations they serve. The following is an overview of current terms that will be used throughout this study and was taken from the NASP LGBT Training Modules (Persinger, Ford, Patterson, Gorenstein, & Scebbi, 2004):

“Homosexual: human development entails a complex set of processes that include development of gender identity and sexual orientation. Characteristics that are consistent with traditional roles of men (stereotypically masculine) and women (stereotypically feminine) are not necessarily indicators of “healthy development.” Pressures to conform to traditional roles combined with negative social judgments about those who have a nontraditional or a broad range of characteristics and interests can lead to misunderstanding and inappropriate labeling of differences.

Sexual orientation: refers to whom one is sexually/erotically attracted. Sexual orientation is believed to be a continuum inclusive of those who identify as homosexual, bisexual, and heterosexual. Genetics, hormones, and environment influence sexual orientation. Although the origins are not fully understood, it is recognized that sexual orientation is generally established during early childhood before the age of 5. Sexual orientation is not a choice.

Sexual behavior: refers to specific sexual behaviors with specific others. Individuals may or may not behave in accordance with their sexual orientation for many reasons. Sexual behavior is a choice.

Sexual identity: refers to the label we give ourselves. Examples of some of these labels are gay, lesbian, straight, bisexual, questioning, heterosexual, undetermined, and asexual. Sexual identity is thought of as a choice. Sexual identity evolves through a developmental process.

Sexual Minority: refers to persons who are gay, lesbian, or bisexual.

Internalized heterosexism: Negative beliefs and attitudes about same sex orientation that LGBT people have toward themselves and others like them. Self-hatred caused by unwanted same sex desires can interfere with the development of self-esteem and positive relationships. Internalization of heterosexism does not happen to every LGBT individual.

Homophobia: Hatred or fear of homosexuals. Phobia means a fear or dread that is unnatural either in its nature or degree.

Categories of homophobia as follows:

- I. The fear of being homosexual (or being seen/viewed as a homosexual)
People in this category tend to acknowledge their sexual attraction to members of the same sex and panic. This homosexual panic has been recognized as a motive for murder (fight) or suicide (flight). There are some homosexuals who never come to grips with their sexual orientation. Victims of homophobic perpetrators have been beaten, stabbed repeatedly, strangled, suffocated, and sexually mutilated.
- II. The fear of homosexuals and their alleged values
People in this category tend: to A.) believe that homosexuals and the

acceptance of them can cause an extreme threat to their individual beliefs, values, and/or institutions, B.) commit acts of violence in groups, C.) be members of support groups which sanction violence against homosexuals.

III. “Culturally conditioned” homophobia

People in this category tend: to A.) not have a strong fear of homosexuals, B.) feel that gays and lesbians are not valuable members of society.”

(www.nasponline.com)

Chapter II: Review of Literature

This review of the literature will provide an overview of: (a) the socio-political influence of homophobia on the daily experience of school-aged youth, (b) the multicultural construct, (c) the importance and relevance of the school psychologist addressing sexual minority youth issues within the educational environment, (d) attitudes towards provision of services to LGBTQ youth, and (e) the role of the school psychologist and implications for practice. The review concludes with a general discussion of other factors, such as geographic region and demographic characteristics that potentially may influence practitioners' practices. Implications for multicultural training will also be addressed.

Socio-political Factors/Influence of Homophobia on the Daily Experience of School-aged Youth

Prior to the discussion of the specific variables being addressed in this study, it is important to acknowledge the general socio-political factors associated with multicultural issues, the specific influence of homophobia within the dominant culture, and the resulting negative impact upon school-aged youth. Socio-political views are formed through individuals' beliefs about issues such as race, religion, gender, or sexual orientation. Social psychologists have proposed that the foundations of these beliefs are rooted in learned stereotypes, fear, and social morals, and symbolic racism (Sears, 2004; Sears & Kinder, 1985). For example, one study highlighted a landmark historical change that challenged the majority cultures beliefs about race- mandatory busing for the integration of schools (Sears & Kinder, 1985). The authors explained the impact of this

event through realistic group conflict theory. One application of this theory suggested that due to the change of the “racial status quo”, whites as a group perceived a direct threat from blacks and subsequently would have negative attitudes towards policies associated with blacks (p. 1146). With further investigation, the authors suggested that the effect on a particular groups’ politics should be viewed on a continuum- interests that impact the individual to those that effect the whole group (majority culture). Currently, symbolic racism was equally related with racial prejudice and political conservatism (Sears, 2004). This situation provides a parallel between the types of changes that both individuals and our society have made in regards to race and the current challenges with addressing sexual orientation.

One could argue that “homophobia” is the last sanctioned prejudice in the majority culture. Because of this “fear or hatred” of those individuals that present differently in general, the result has been a hostile climate for LGBQ youth within the schools. Subsequently, daily physical and emotional harassment of these youth have been well documented across all levels of education (Henning-Stout et al., 2000). One such example was of the request of a kindergarten teacher to the school psychologist for consultation on how to speak with her children and their parents about harassment. This was due to an incident that occurred when two of the girls played “house” and suggested to one another that they should get married and be lesbians. A girl who had been playing nearby stopped and screamed, “You are in trouble- you’re going to burn up or get really sick because people like you are bad, so stop it!” (p. 180). Another male child ran over and kicked one of the two girls and struck the other. The concluding remark from the first offended girl to the teacher was, “My mamma won’t let me come here anymore. I’ll tell

her, too. People who do like them are the baddest. They make other people sick and they kill other people. My Daddy said we have to kill them first.” (p. 180). This incident could easily be the result of the “socio-cultural harassment” or more specifically, from those messages that permeate the majority culture’s negative and stereotyped belief system about LGBTQ individuals. Accomplishments of LGBTQ people for both contemporary and historical contexts are lacking in the curriculum as well as visible positive role models in the community present multiple obstacles for LGBTQ youth in forming healthy identities (Henning-Stout et al., 2000). Society has made the topic of youth sexual identity a hazardous subject to discuss within the educational environment.

These same issues also influence those individuals’ belief systems that are entering into the mental health field. The Association for Multicultural Counseling and Development illuminated the issue of “self-awareness” and challenged professionals to examine issues regarding homophobia as a valid component of “multiple identities” that exist (Roysircar, 2003). The example stated that a client might be a black gay male, thus placing him as a “triple minority”. First there would not be acceptance within their own cultural group due to religious and family beliefs, second, as a sexual minority, and lastly, a racial minority within the dominant culture. Providers also need to acknowledge there may be additional cultural and fiscal barriers that often prevent the receipt of appropriate psychological supports (Sanders Thompson, Bazile, Akbar, 2004). It is imperative that an awareness of sexual minority youth issues be raised among all mental health professionals, especially school psychologists.

Multicultural Construct

Multicultural differences are not always visible, thus leaving professionals potentially impacted by cultural bias. There are wide variations in the meaning of the term “multicultural” including some that are inclusive of ethnicity, religion, socio-economic status and sexual orientation. Bernard (1994) discussed the need to standardize multicultural terminology so that there is a clear distinction between relevant cultural factors and those that were less relevant. For example, Rogers et al., (1999), defined diverse individuals as: "...include[ing] African-American, Pacific Islander, Native American, Asian, biracial, non-English-language-background, and bilingual persons." Rogers and Lopez (2002) concur that “multicultural” should include information about the aforementioned groups, but also added that other populations, such as sexual minorities, would have equal relevance. Agreeing, Bahr et al. (2000) stated, “sexual orientation represents one of the many salient dimensions of cultural diversity” and added there was a lack of particular attention to this group (p 217). This was perhaps due to a reluctance to deal with “cultural homophobia” and associated stigmatized issues.

In a 1992 article, Sue, Arredondo, and McDavis indicated that focusing on ethnic minorities may be "ghettoizing" the multicultural issue, noting that there are elements of cross-cultural issues in all counseling. The article also pointed out that there is a need to view individuals "in relationship to their environment and larger social forces (racism, oppression, discrimination, and so forth) rather than the individual or minority group" they identify with (p.68). This is especially true when acknowledging that multicultural issues are not just about race. New immigrants, religious minorities, and sexual minorities each have significantly different issues.

In order for professionals to appropriately address these complex issues in general, the literature indicated three broad areas of cultural competency- (a) skills, (b) self-awareness, and (c) knowledge (Sodowsky, Taffe, Gutkin, & Wise, 1994; Sue et al., 1992). “Skills” refer to the individual professional’s ability to apply interventions that match the needs of the specific client. So when working with a youth questioning her or his sexual identity, the professional establishing rapport may ask if the student has a “partner” versus a gender specific statement such as “boyfriend” or “girlfriend”. “Self-awareness” was defined as the professional’s understanding of attitudes about her/his own cultural characteristics and potential resulting biases towards a client. For example, if the professional grew up in a very religious community, there may be a need to address “culturally conditioned homophobia” before working effectively with LGBTQ youth. “Knowledge” involved the professional’s understanding of the current literature and approaches to cultural diversity. In the instance of the LGBTQ youth, it would be expected that there would be a base knowledge of sexual identity development and current available resources.

Importance and Relevance of Addressing Sexual Minority Youth Issues in the Schools

School psychology professionals need to address issues involved with adolescent sexual exploration. Like their heterosexual peers, LGBTQ youth explore their sexuality and developing sexual identity via experimentation. This experimentation may involve high-risk behaviors that often lead to sexually transmitted diseases. The Centers for Disease Control and Prevention completed a survey in six United States cities from 1998 through 2000 and found that gay identified black men in their 20’s comprised the highest rate of HIV infection (Altman, 2001). Of those individuals who participated in the

survey, 46% reported having had unprotected anal intercourse in the last six months. Of the new HIV infections and current cases of AIDS, 40% are gay identified men.

Another survey conducted by the New York Department of Health found that of the 529 young men (18- 24 years old) having sexual contact with men, 16% were positive for the HIV infection. Of the aforementioned group, 33% were black in comparison with 2% of their white peers (Seymour, 2001). These numbers are especially alarming for school professionals practicing in urban settings where more culturally diverse populations co-exist. More importantly, the numbers may be suggesting that the need for specific understanding of the LGBQ youth is not limited to the provision of services by educational professionals, but that the lack of understanding, and hence services, may be contributing to a public health concern.

McFarland (2001) stated that 2-10% of the United States population identified as LGBQ. McFarland showed if 6% were used as the indicator of the nation's school-aged youth, 2,600,000 LGBQ students would be enrolled in a middle or high school. School psychologists would likely have one or more LGBQ youth per classroom as potential service recipients. As a matter of professional practice, guidelines, ethical and legal precedents, school psychologists have a responsibility to address the needs of LGBQ youth on multiple levels and should view LGBQ issues as part of their continuing professional development (NASP, 2004a; APA & NASP, 1993; Bahr et al., 2000; Henning-Stout et al., 2000; McFarland, 2001; Ysseldyke et al., 1997). Individuals who have not received adequate training in their graduate programs have an obligation to seek additional professional development opportunities or refer their sexual minority youth students to other practitioners. McFarland (2001) stated that advocacy for LGBQ youth

was equated to the “core ideals of a school: equality, respect, and citizenship” and the promotion of these values should be paramount to the practitioner’s own opinion of homosexuality (p. 174).

The literature based in counseling psychology defined several professional tasks associated with the services provided to LGBQ youth (Lock & Steiner, 1999; Sodowsky et al., 1994; Coleman & Remafedi, 1989; Cooley, 1998; Fontaine, 1998). There was a need for counselors to become more sensitive to how their individual awareness of cultural differences, their internal belief system associated with cultural differences, and their racial attitudes impact the counselor-client relationship (Sodowsky et al., 1994). Of equal concern was the need to address institutional change regarding attitudes towards LGBQ adolescents (Cooley, 1998). School counselors, when surveyed, expressed an overwhelming sentiment that LGBQ youth experienced a hostile educational environment, which included negative attitudes from peers and administrators (Fontaine, 1998). While over half (51%) of the respondents indicated a presence of sexual minority youth within their schools, less than 10% described having a “high level” of skills to address their needs.

There has been a surge of media coverage focused on school violence, thus creating a heightened awareness of school-based mental health providers (Mulvey & Caufmann, 2001). Schools have been asked to develop violence prevention programs to address a multitude of issues such as physical violence, cultural-racial violence, and sexual-gender violence (McFarland, 2001; Mulvey & Caufman, 2001). Surveys indicated that sexual minority youth were disproportionately targeted for harassment and discrimination within the educational environment (Bontempo & D’Augelli, 2002;

GLSEN, 2001b; McFarland, 2001; Henning-Stout et al., 2000; Nichols, 1999; Muller & Hartman, 1998; Radowsky & Siegal, 1997; Savin-Williams, 1994; Treadway & Yoakam, 1992; Uribe & Harbeck, 1992). Nine percent of adolescents reported experiencing some form of violence in schools, while there were 25% of LGBQ youth who reported incidences of violence (McFarland, 2001). Savin-Williams (1994) stated that the most common theme within the literature for LGB youth was chronic stress related to the verbal and physical abuse perpetrated by peers and adults in their lives. Muller and Hartman (1998) identified additional stressors, including the overwhelming presence of the assumption of heterosexuality that effectively established barriers to available supports.

Sexual minority youth report that the on-going stress they experience has impacted their school-related behaviors. This may help explain the disproportionate rates of truancy, dropout, substance abuse, sexually transmitted diseases, multiple partners, mental health issues, and under-achievement. For example, 28% of gay males reported that their dropping out of school was due to general discomfort (Muller & Hartman, 1998). Additional data from the 1995 Youth Risk Behavior Survey (n = 9188 high school students; n = 315 LGB identified) illuminated the fear of being “discovered” as LGB by their peers as one of the internal and external factors contributing to the stress levels of sexual minority youth (Bontempo & D’Augelli, 2002). Another study reported that one-third of sexual minority youth attempted suicide or had issues with substance abuse prior to age 17 as a means of relieving anxiety associated with internal identity conflicts and negative self-image (Bailey & Phariss, 1996). More recently, Savin-Williams’ (2001) work identified developmental diversity that further delineated the need for intra-group

comparisons versus inter-group comparisons (i.e. comparisons within each group as oppose to comparisons between heterosexual and homosexual youth). He commented that if future research shifted to intra-group comparisons, then risk factors specific to sexual minority youth could be clarified.

Generally, the literature described LGBTQ youth of color in high-risk categories as having a dual minority status (Smith, 2002; Harbeck, 1997; Savin-Williams, 1996; Snider, 1996). For example, African-American youth may have the support of their family or spiritual community in regards to their racial minority status, but when they identify as a sexual minority, they often lose that network entirely. Historically, Native American traditions were supportive of homosexuality. Currently, however, literature about tribal culture indicates youth are often subject to humiliation and violence (Advocates for Youth, 2003). There were additional implications within the literature specific to other ethnic groups suggesting unique characteristics of identity development within their ethnic group in addition to the formation of their sexual identity (Chung & Katayama, 1998; Williams, 1996).

Treadway and Yoakam (1992) addressed variables that contributed to a safer school environment for lesbian and gay students. The University of Minnesota Youth and AIDS Project (YAP), primarily an AIDS prevention program serving both gay and bisexual males ages 14-21, collaborated with school professionals and conducted mandatory in-service training sessions focused on adolescent homosexuality and AIDS prevention. These trainings were based on information obtained from interviews with more than 300 YAP participants. In these sessions, strategies to make the school environment safer for LGB students to discuss sexuality and how school-based

counselors could become more approachable were presented. The participants were also educated on the stages of identity development: awareness, acknowledgement, acceptance, and affirmation. Professionals were challenged to address their own feelings and misconceptions about homosexuality and the presence of institutionalized heterosexism. The authors challenged not only school counselors, but also nurses, teachers, and other site-based staff to heighten their knowledge of LGB issues and to increase their ability to confront homophobic and heterosexist remarks with the same rigor as racist and sexist remarks. Efforts as described above should increase the chances for LGBQ youth to develop a healthy, positive identity while providing all students with a more supportive and inclusive educational environment to learn in.

The issues of LGBQ youth go beyond the educational setting to include other areas of concern such as homelessness (Cochran, Stewart, Ginzler, & Cauce, 2002; McFarland, 2001; Bailey & Phariss, 1996). One survey reported 26% of sexual minority youth were forced out of their homes due to conflicts around sexual orientation (McFarland, 2001). A study evaluating issues facing homeless youth indicated that 11-35% of youth on the streets identified as LGB (Cochran et al., 2002). Of the 168 participants, there was a higher rate of victimization, substance abuse, psychopathology, and number of sexual partners for the LGB respondents. The majority of the participants identified as bisexual (N = 71). When comparing LGB to heterosexual responses, the mean number of partners was 24 versus 12, respectively. Fourteen percent of the LGB youth in this study left home due to conflict with their sexual identity. The age of first voluntary sexual experience was 13 for LGB youth versus 13.8 years for heterosexual youth. The article cited several key factors that contributed to negative identity formation

for sexual minority youth, including inadequate familial and school environmental support, homophobia, and underdeveloped peer support systems.

Examples of Safe Schools Initiatives for LGBTQ Youth

There were several examples in the literature of programs and practices credited with fostering safe educational environments for LGBTQ youth (Walker, 2002; Snider, 1996; Uribe & Harbeck, 1992). Although some initiatives have spanned grade or age levels, most have focused on middle schools or high schools. The Women's Educational Media organization (2003) developed educational films targeted at school-aged youth and the professionals who service them. The films address issues ranging from school safety to embracing diversity. Examples of their work include the multi-media project, *Respect for All*, designed to provide participants with the tools to openly discuss diversity, leading to a safer, hate-free school environment and community. The project has been presented at many national and regional conferences and has enlisted national collaborators, including NASP. A training program accompanies the film.

Another film program by the Women's Educational Media organization, *That's a Family*, highlights diverse families including same-sex parents. A study was conducted with educators to determine the likelihood of teachers using the material in the classroom. Directly after viewing the film, 78% of the respondents reported being inspired to use the film in the classroom and subsequently 36% used the film within 60 days. Of those who participated in the training and showed the film during the 2001-2002 school year, 100% stated their intentions to use it again in 2002-2003. This film was appropriate for students' kindergarten through grade eight.

The Triangle program in Toronto is an off-site program established for youth who were victims of overt homophobia. The program's development was in response to community pressure to address the needs of sexual minority youth. In Dallas, Texas, two educators established the Whitman Walker Community School to service the LGBTQ students who were dropping out of traditional high school programs after suffering varying degrees of harassment. PROJECT 10, modeled after a counseling program, was established in the Los Angeles Unified School District with the goal of reducing the impact of anti-gay and lesbian discrimination (Snider, 1996; Uribe & Harbeck, 1992).

The Harvey Milk High School, in Manhattan, New York, founded in 1984, was the first and largest accredited public school devoted to the educational needs of LGBTQ youth. The unique nature of the school is the result of the Hetrick-Martin Institute's collaboration with the New York City Board of Education. The students complete the Board of Education high school curriculum in a safe, supportive environment with full college preparatory course options. While LGBTQ youth at other schools may be at risk for truancy and under-achievement, students at Harvey Milk seem to be thriving. The school's overall average on the New York State's Regency exams is 85% [www.hmi.org/education.htm]. By comparison, in 2004, the highest percentage of students passing the High School Assessment in the Baltimore City Public School System was 65.9% (Government exam) with the lowest rate being 53% for English I (Maryland State Department of Education, 2004).

At the district level, the establishments of "safe school" policies, along with the formation and implementation of Gay Straight Alliances (GSAs) or similar support groups, have been recognized (Griffin & Ouellett, 2002; GLSEN, 2001a; GLSEN &

Lambda Legal Defense, 2001; McFarland, 2001; Sawyer & Lehman, 2000; Swan, 1997). GSAs are safe spaces, supervised by a knowledgeable adult, that offer both informational and social time with peers. These activities enhance educational achievement opportunities for all youth and send a clear message that diversity may be positively experienced on many levels.

Another type of program that exists in many high schools is the “Safe Zone”. This particular program continues to be sponsored by the National Youth Advocacy Coalition-Bridges Project (NYAC). The program involves the displaying of a sticker or poster that has a pink triangle within a black circle. The symbol is a signifier to LGBQ youth that the individual who posted it is an “ally”, a safe person to speak with about related issues or concerns. The NYAC program has trainings, additional resources, and in some instances, local referral sources.

In 1993, Massachusetts was the first state department of education to implement a *Safe Schools Program for Gay and Lesbian Youth (SSP)* (Griffin & Ouellett, 2002). The SSP provided programming and consultation support services statewide and presented regularly at conferences for educators, trainers and administrators about ways schools can be safer places for LGBQ students. The University of Massachusetts and the Massachusetts Department of Education collaboratively developed a pilot study that evaluated specific strategies used to build a more welcoming learning environment for LGBQ youth. The results highlighted the need for systemic changes and multiple layers of key factors as the means to achieving a lasting success. The authors cited the following key factors: statewide legal mandates, policies and programs, administrative support at the building and district level, community participation, and student leadership.

Ouellett (1996) made specific recommendations for organizational change and multicultural development. One proposal to better meet the needs of LGBTQ youth was to reshape the schools through the modification of educational policy. Several state and local agencies have opted to pass “safe school legislation” to have school-based anti-discrimination statutes specific to sexual orientation. Twelve states and the District of Columbia, along with an additional 200 state and local government agencies, have such statutes. A specific example is the Dignity for All Students Act in New York, which passed due to the efforts of the 100-member statewide Dignity for All Students Coalition (GLSEN, 2001a). This bill amended the New York Education Law and prohibited harassment against students in school, based on real or perceived race, color, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender (including gender identity and expression) and sex. The Maryland General Assembly recently passed a bill with congruent categories in 2004, the Safe Schools Reporting Act (House Bill 740). However, this legislation does not address gender identity and expression.

Attitudes of School-based Professionals Toward Involvement with LGBTQ Youth Issues

A recent study indicated that 80% of prospective teachers reported negative attitudes toward LGBTQ individuals while 67% of school counselors maintained negative feelings (Roffman, 2000). Administrators often failed to respond to or may even have participated in harassment and discrimination of sexual minority youth (GLSEN, 2001b). Ninety-seven percent of students reported they heard homophobic remarks with 53% reporting that the source was a staff member. Eighty-five percent of those teachers surveyed stated opposition to the inclusion of LGB themes within the curriculum.

Treadway and Yoakam (1992) cited that one in five secondary counselors surveyed indicated a lack of interest in working with LGBTQ youth.

Directly related to school psychology, Savage, Thompson-Prout, and Chard (2004) recently conducted a survey that addressed attitudes and beliefs of psychologists in the schools. Of the 500 surveys randomly sent out to members of NASP, 288 professionals voluntarily completed the survey. Ninety-two percent were European American (n = 264), 91% were heterosexual (n = 262), and 84% lived in urban/suburban areas (n = 241). The highest level of education for 45% of the sample was a Master's degree while 22% reported holding a specialist's degree. The educational levels of the remaining 34% were not reported. The four major regions of the United States were represented as follows: Northeast (n = 87, 31%), Midwest (n = 84, 29%), Southeast (n = 49, 17%), and West (n = 65, 23%). There were four hypothetical case vignettes that were developed describing a high school student being referred by a teacher to the school psychologist for screening of possible emotional or behavior problems. The cases varied by gender and identified the students as lesbian, gay, or heterosexual. With each vignette, there was a *Student Impressions Questionnaire (SIQ)* specific for that case (two versions were developed to address attitudes towards each gender). Two additional surveys were also administered- the *Attitudes Toward Lesbians and Gay Men Scale (ATLG)* and were developed to address attitudes towards each gender.

In the Savage et al. (2004) results from the surveys, respondents indicated that attitudes were positive towards lesbians and gays, with a low to moderate level of knowledge about issues specific to them. While respondents expressed a willingness to address these issues, there was an overall lack of preparedness to do so. Of particular

interest was the respondents' reported lack of understanding that issues of sexual orientation do have an impact upon the student's experience within the educational environment. Some respondents suggested that there was no need to address LGB issues in schools at all, especially on the pre-school and elementary levels. The authors chose to conduct a correlation analysis with the ATLG for the reporting of overall attitudes and perceptions instead of viewing the results of the SIQ independently. An independent review of the SIQ would have provided data on the respondents' attitudes specific to the student population the professionals were rating.

Similar to the study of school psychologists, Fontaine (1998) surveyed school counselors. Fontaine (1998) replicated a study conducted by Price and Telljohann (1991) evaluating the extent to which secondary and junior high school counselors worked with LGBQ youth. The *School Counselor Survey of Sexual Minority Youth Issues* was used. Sections of the survey included demographic information, personal experiences, school environment, perceptions regarding homosexuality, and professional development. The professional development section assessed not only the respondents' competence and where their knowledge came from, but also their willingness to obtain additional training in order to address the counseling needs of sexual minority youth. Three hundred fifty surveys were distributed at the annual Pennsylvania School Counselors' Association conference. The return rate was 29% with 22 of the respondents being male and 79 female. Ninety-six percent were white with 2% black and 2% not responding to their ethnic identity. The demographics were representative of the state association's membership. Results indicated that over half (51%) of the respondents worked with youth questioning their sexual identity while 42% worked with an openly gay or lesbian

student. Twenty-one percent of counselors at the elementary level indicated there were students who were either questioning their identity or who already identified as a sexual minority. Furthermore, counselors indicated that within the school environment, students, faculty and administration held views that ranged from negative to intolerant. When surveyed about their knowledge of homosexual identity formation, results indicated that respondents saw sexual orientation as a “lifestyle choice”. Of greater significance was the implication that respondents viewed their time with sexual minority youth as an opportunity for the student to receive counseling about “choosing” a heterosexual lifestyle. Regarding the overall competence of respondents to address sexual minority youth issues, less than 10% indicated a high level of competence with the majority of respondents claiming some degree of skill.

Role of the School Psychologist

Persinger (2001) provided two definitions of the school psychologist highlighting the pertinent role the professional plays with school-aged youth:

1. A school psychologist is a professional psychological practitioner whose general purpose is to bring a psychological perspective to bear on the problems of educators and the clients’ educators serve. This perspective is derived from a broad base of training in educational and psychological foundations, as well as specialty preparation, resulting in the provision of comprehensive psychological services of a direct and indirect nature (p. 3, Fagan & Wise, 1994).
2. School psychologists have specialized training in both psychology and education. They use their training and skills to team with educators, parents, and other mental health professionals to ensure that every child learns in a safe, healthy, and supportive environment. School psychologists understand school systems, effective teaching and successful learning (National Association of School Psychologists, found at www.nasponline.org).

In order to fulfill the expectations of school psychologists, their training must include a broad range of fields related to education, behavior, social interaction, and

intervention. The NASP program approval guidelines for graduate training programs include eleven core training areas (Persinger, 2001). They are: (a) Data-based decision-making and accountability; (b) consultation and collaboration; (c) effective instruction and development of cognitive/academic skills; (d) socialization and development of life skills; (e) student diversity in development and learning; (f) school and systems organization, policy development and climate; (g) prevention, crisis intervention, and mental health; (h) home/school/community collaboration; (i) research and program evaluation (j) school psychology practice and development and (k) information technology.

Actual and Advocated Roles. Traditionally, the role of the school psychologist has been the assessment of students and their eligibility for special education services, intervention, consultation, and applied research (Reschly, 2000). Furthermore, Reschly (2000) determined that, on average, school psychologists spent 55% of their time doing assessment, 20% conducting direct intervention, 17% offering individual problem-solving consultation, 6% managing system/organizational intervention, and 2% on applied research. However, multiple articles indicate the current trend in the field is the move towards a more expanded, integrated role with a stronger emphasis on intervention and prevention within the comprehensive school health model (Loud & Terjesen, 2002; Christenson, 2000; Natasi, 2000; Power, 2000).

While there were no specific studies available to differentiate the amount of time practitioners spent providing services in the various role categories at different grade levels, Persinger (2001) offered the hypothesis that if high school based school psychologists spent less time doing traditional assessment, they would more likely be

available to provide a greater breadth of services. This was based on the fact that there were less initial evaluations and more non-traditional re-evaluation techniques required. Subsequently, secondary level versus elementary level professionals would be able to dedicate more time and resources to assist students in high-risk categories, such as LGBTQ youth, through the development and implementation of prevention and intervention programs.

The new expanding role of school psychologists involves the mediation of interactions between family, community, and school personnel in addition to seeking specific school-wide initiatives that better assist students at risk for substance abuse, truancy, and related problems (Persinger, 2001). The enriching value of this broader role for school psychologists is the opportunity to become advocates for school-wide programs addressing the diverse needs of youth, including sexual minorities. Indeed, mental health practitioners have been challenged to sensitize the educational culture and related communities on the impact of homophobia (Henning-Stout et al., 2000; Muller and Hartman, 1998). That challenge remains present today, even in light of the progress made so far. If school psychologists are to remain credible, the profession must remain diligent in its duty to ensure that every child learns in a safe, healthy, and supportive environment.

Implications for Practice within the Comprehensive School Health Model. The literature has presented a comprehensive and integrative health model to address the expanding needs within the educational environment for all school-aged youth (Loud & Terjesen, 2002; Persinger, 2001; Christenson, 2000; Nastasi, 2000; Power, 2000). This was based on the need to focus on the coordination and delivery of multiple services,

including health, mental health, social services and educational achievement (Persinger, 2001). As may be apparent, given the common links necessary for each of these supports to be effective, a model was developed. The literature review has already discussed the school psychologist's role in the general school-wide prevention initiatives that target youth at risk for dropout, underachievement, and unsafe behaviors. Thus, the school psychologist has been characterized as "comprehensive health-care providers". Due to the expansion of the school psychologists' role within the schools, there was an increased need for collaboration between community, site-based support staff, and families (Persinger, 2001). This new professional identity will afford better linkages for intervention and prevention for all students.

Supervision in School Psychology. While each of the above areas is significant and relevant to future practitioners, the true foundation of professional development for school psychologists is the supervision provided by experienced, competent professionals that is consistent from the beginning of training through the first year of practice.

The current study does not address issues of supervision directly because items related to supervision were not included in the original survey from which the archival data were obtained. However, it is important to acknowledge the ramifications of supervisors lacking the multicultural competence needed in today's field. Students or interns faced with questions about ethnic or sexual identity development should receive informed responses from those providing supervision. The literature in school psychology has long supported the importance of quality supervision as well as the need for highly competent professionals (Hunley, Curtis, & Batsche, 2002; Harvey & Struzziero, 2000; Bernard & Goodyear, 1998; Ross & Goh, 1993; Zins, Murphy, &

Wess, 1989). Several of the mental health fields, including psychology, counseling, social work, family therapy, psychiatry, and psychiatric nursing, require mandatory supervision as part of their professional credentialing and licensure standards (Bernard & Goodyear, 1998). Currently, mandatory supervision is not required of school-based psychologists post-internship. While NASP has organizational standards that are recommended in its recently released position statement on supervision, the majority of local education agencies do not adhere to them (NASP, 2004b).

Since training plays a major role in preparing school psychologists, the task of supervising future practitioners should be considered seriously. The recommendations offered by NASP reflect a desire to make supervision a significant component in the training of school psychologists. The recommendations include: the assignment of one or more credentialed, experienced school psychologists to oversee the administrative and professional supervision of staff school psychologists/ interns, the provision of opportunities to gain initial on-going training specific to supervision, the assurance that all school psychologists receive supervision at their level of expertise as well as multiple opportunities to access said supervision, and lastly, regular evaluation of supervisors and the supervision model being used. NASP also offered samples of supervision strategies ranging from the traditional one-to-one session, to direct observation of assessment and protocols, to collaborative counseling.

Demographic and Geographic Factors. The literature often evaluates the influence of demographic variables when looking to understand how they relate to a particular question. One such study was conducted to evaluate the regional differences in the practice of school psychology (Hosp & Reschly, 2002). This study involved sending out

three variations of a survey tool to a random selection of the 1997 NASP membership within the nine United States census regions. There were 1056 respondents (74% return rate) that were polled about issues separated into five variables: a) demographic characteristics, b) preferred roles, c) job satisfaction, d) assessment practices, and e) system reform beliefs and attitudes. Almost sixty-seven percent of the respondents were female, 27.9% held doctoral degrees (51.2% Specialist, 51.2% Masters), and the mean age was 47.2 years.

Results were compared to other previously conducted national surveys within the context of current legislation changes related to educational practice. Of the demographic variables evaluated, there were significant findings in the following: age, the majority gender of practitioners was female, and the percentage of minority populations served. However, this variance was expected in relation to the overall population trend. Within the roles, the respondents indicated that 50% or more of their time was spent doing assessment and just under 25% with direct intervention. The rest of the week was spent with problem solving consultation (16.5%), systems/organizational consultant (6.5%) with 2.5% conducting research.

There were significant regional differences in the number of hours spent conducting psychoeducational assessment. The respondents within the East South Central region spent almost an additional full day engaged in evaluation than those in the Northeast and Middle Atlantic regions. Those respondents in the Middle Atlantic region had the highest number of direct intervention hours; this was significantly different from all other regions except for the Northeast. One additional significant difference was noted for preference of time spent with systems/organizational consultant role. Those

respondents in West South Central and Mountain regions preferred to spend more than the average amount of time in that role.

On average, every region preferred less time to be spent with assessment. In the discussion of implications for practice, the authors stated that while NASP has set the guideline for the ratio of student to school psychologist as 1000:1, not one region has met this. One of the author's critiques of the current data set was that individual state ratios could not be evaluated. For example, within the Northeast region, Connecticut has a ratio of 844:1 while Maine has 1355:1. State-level issues may impact service delivery. Another concern was variables not addressed that could be confounding the differences seen in practice, such as the proportion of school psychologists who serve in different levels of schools versus another venue. This type of measurement would address Persinger's (2001) hypothesis of whether or not those working in high schools spend their time differently, thus affording more opportunity for school psychologists to work within the comprehensive school health model described earlier.

Multicultural Training for School Psychologists

There is a need for school psychologists to act in an ethical manner when servicing sexual minority youths. One way this ethical behavior can be demonstrated is for the practitioner to recognize the value of becoming competent in the area of cultural and linguistic diversity. A school psychologist's conduct is guided by the NASP Principles for Professional Ethics (2000) that state "By virtue of joining [NASP], each...member agrees to abide by the Ethics, acting in a manner that shows respect for human dignity and assuring a high quality of professional service" (p.1). The call for cultural competence is one that seeks to be proactive with the training of counselors prior

to an incident of insensitivity (Rogers & Lopez, 2002; Rogers et al., 1999; Sadowsky et al., 1994; Sue et al., 1992). Also, exposure to such training initiates a process of thinking about cultural diversity in general. In this discussion, cultural diversity may also be referred to as “multi-cultural” or “cross-cultural” diversity and will include race, ethnicity, religion, and sexual orientation.

The issues involving cultural and linguistic diversity are ingrained in all of the general competency areas, such as assessment, counseling, and consultation. Given the increasing percentages of culturally diverse populations, school psychologists must expand their knowledge base in this area. LGBQ youth are represented across lines of race, ethnicity, socio-economic class and geographic region. The misconception that one culture fits all is detrimental to not only sexual minorities, but to other minorities as well. For example, linguistically diverse students are more at risk academically when English is their second language, perhaps explaining why there is an over-representation of these children on the special education rollbooks of the United States (Rogers & Lopez, 2002).

Ysseldyke et al. (1997) stated that cross-cultural competence was one of the four principal domains of expertise needed for best practice within the field of school psychology. The literature suggested there is a general lack of training in the cross-cultural context, which illustrated the importance for both supervisor and supervisee to be aware of the current issues in this field of study (Rogers & Lopez, 2002; Bernard & Goodyear, 1998; Ladany, Brittain-Powell, & Pannu, 1997; Bernard, 1994). Provision of competent supervision will impact the following areas of professional practice: assessment, legal and ethical issues, educational policies, and consultation and counseling relationships (Hunley, Curtis, Batsche, 2002; Rogers & Lopez, 2002).

Supervisors must also be given supervision in their own multi-cultural development so that they do not overlook or downplay areas that need improvement in those they supervise. Sue et al. (1992) stated that all individuals of minority groups are necessarily bi-cultural, operating as they do on a daily basis within the majority culture, while being a member of the minority culture. With the growth of minority groups in the United States, the boundaries of who makes up the majority group and who makes up the minority groups is shifting, although the Euro-centric cultural model has been so deeply ingrained within our greater culture that there is still a need for multicultural training. While the original article did not address self-monitoring of homophobic attitudes, Savage et al. (2004) very clearly stated that psychologists were susceptible to the negative attitudes of the majority heterosexist culture. During the supervisory process, steps should be taken to assure ethical behavior and to assess counselors for any underlying prejudices, including heterosexism or homophobia that they may have.

In a study of school psychologists, Savage et al. (2004) reported that 85% of the respondents indicated that training specific to LGBTQ issues was not part of their graduate school training. For those who did complete some level of training, it was during a single lecture, a class discussion, or via a professional development activity affiliated with their program. The authors reiterated the need for additional training within the graduate school experience and stated that unless practitioners are appropriately trained, opportunities to educate others about discrimination and harassment would routinely be missed. In addition, these future practitioners would lack the ability to serve as advocates and allies to LGBTQ youth. The authors further recommended that prior to infusing LGBTQ issues into their curriculum, graduate school faculty should be polled on their level of

knowledge and preparedness to appropriately address these issues. Lastly, the authors recommended that school psychologists become more culturally aware of the diversity within the LGB community in order to better comprehend the unique issues of sexual minorities, including those with dual minority status.

Another aspect of LGB wellness was explored in a study of the relationship between ecological factors within the educational environment and identity development to further understand the supportive role school psychologists may play (Miville, Carlson, Neal, McKee, & Richhart, 2002). There were 35 self-identified LGB youth whose ages ranged from 12-19. Almost 67% were White/Euro-American with 5.9% African American, 11.8% for both Hispanic and Native American, with 5.9% as Other. The majority of respondents were male (65%) and 82% identified as lesbian or gay, with 18% identified as bisexual. Each respondent completed four survey tools and a demographic sheet. These tools evaluated stages of LGB identity development, involvement with LGB activities, quality of significant relationships (i.e. parents, peers, and teachers), and self-concept.

Results from the study indicated that several aspects of self-concept and interpersonal relationships were related with LGB identity. However, LGB identity had no impact on the social relationships of female respondents or academic relationships in general when respondents had a positive self-concept. These findings further support why it is imperative for school psychologists to understand the importance of LGB youth and their development. Further, school-based prevention programs should focus on the strengths of LGB youth in developing self-concept and interpersonal relations.

To enhance the ability of counselors to address LGB issues, the *The Lesbian, Gay,*

and Bisexual Affirmative Counseling Self-Efficacy Inventory (LGB-CSI) was developed to assist in their training and supervision (Dillon, 2003). The LGB-CSI is a 64 item scale that assessed the counselors' perceived ability to apply LGB affirmative counseling techniques in the 5 identified factor areas (Application of Knowledge, Advocacy Skills, Self-Awareness, Relationship, and Assessment Skills). This approach to measurement of skills could improve LGB client outcomes in addition to improving the counselor's performance.

Attitudinal Changes After Training. The review of the mental health and medical literature yielded two relevant empirical studies that involved both cultural sensitivity and measured attitudinal change after provision of training (Altshuler, Sussman, & Kachur, 2003; Rudolph, 1998).

During a 3-day workshop on lesbian and gay counseling issues, a study examining attitudinal change in counselors about their views on effective strategies with LGB clients was conducted with mental health practitioners and trainees (Rudolph, 1998). There were 21 participants who enrolled voluntarily. A comparison group, graduate students enrolled in counselor education programs ($n = 31$) did not attend the workshop. Both groups were similar for age (mean = 34 years), educational training level (Bachelor's = 50%, Master's 50%), race/ethnicity (White = 95%), gender, and their level of interest in working with lesbian/gay clients. There was a pre and posttest administered to both groups. The workshops were a combination of didactic presentation, film, role-play case scenario and small group discussion. Two scales assessed attitudes towards sexual orientation and counselor effectiveness with LGB clients was measured by participants' responses to presented video vignettes. Results indicated that the treatment

groups had significant and enduring positive attitudinal change towards working with LGB individuals. These groups were also more effective with LGB counseling than was the comparison group. The implications were that attitudinal change after training could equate behavioral change with professionals serving the LGB population.

In the medical literature, there was one study addressing awareness of cultural differences and the ability of medical trainees to appropriately respond to them (Altshuler et al., 2003). The study measured the sensitivity of medical residents (n = 24) after receiving cultural awareness training and utilized the Intercultural Development Inventory (IDI). There were 15 male and 11 female participants ranging in age from 26 to 42 representing diverse backgrounds (US- 12, Asia- 5, Africa-2, Central/South America- 3, Middle East- 3, and Eastern Europe- 1). Two of the residents choose not to complete the surveys. There were two different treatment groups. Group 1 received the didactic intervention and the behavioral rehearsal (n = 10). Residents in this group were provided with conceptual frameworks for understanding cultural differences. Group 2, received the behavioral rehearsal alone (n = 8) with no intervention control (n = 6). The residents received scenarios at an interactive station where they completed a paper and pencil task related to their experiences in the development of a treatment plan integrated with the patient's perspective. Results of the IDI suggested that there was a lack of significant changes after the training, though this may have been due to a small sample size and the length of the intervention session as well as time between pre-post test for the groups. There was an actual decrease in the level of sensitivity towards cultural differences for Group 2. The decrease may have been due to the discomfort experienced when facing the presented paradigms. Group 1 showed the greatest improvement. The IDI was

recommended to assist with the evaluation of the effectiveness of multicultural competence training programs.

Summary and Conclusions

In summary, school psychology has placed an emphasis on building and understanding the cultural and linguistic diversity of the student population and their families (Rogers & Lopez, 2002; Bahr et al., 2000; Rogers et al., 1999; Sue et al., 1992). From an ethical perspective, it is important for school psychologists to “act in a manner that shows respect for human dignity and assuring a high quality of professional service” (p. 1) (NASP, 2000). This literature review has yielded possible frameworks that will assist in addressing the needs specific to the LGBQ populations and suggestions for application within the multicultural context. The growing knowledge base in the provisions of services to sexual minority youth in school psychology, as well as multicultural issues, opens the door for continued exploration of professional development and training needs within the university.

There were gaps evident within the multicultural construct as the continuum needs to be expanded to include additional aspects of identity development, including, but not limited to, LGB youth and those with dual minority status (racial or ethnic) (Roysircar, 2003; Savin-Williams, 2001). While some have begun to address this issue recently, it is not yet universally implemented within the field of school psychology (Rogers & Lopez, 2002; Bahr et al., 2000). Also, in defining the role of the school psychologist, there is an on-going struggle to acknowledge the need to be an “ally” for sexual minority youth. Some respondents even implied LGBQ youth issues were not a concern for school-based professionals (Fontaine, 1998). Most experts agree sexual

identity is not a matter of choice, but rather of complex interaction between biology and environment. This study will further clarify issues around training and beliefs while furthering the opportunity to serve children, youth and families within the comprehensive health model.

Chapter III: Methods

Research Design

Using archival data from a survey of school psychologists, this research tested a set of questions that examined factors that influenced their perceived roles and what, if any, services they provided LGBQ youth. The first question evaluated the respondents' perceived role and provision of services descriptively. The second and third questions examined the predictive value of different types of training, geographic region, and level of awareness on the perceived role and provision of services. The last question evaluated the predictive value of the variable of differing background characteristics on perceived role and provision of services.

Survey. The survey consisted of a 19- item self-report paper and pencil measure called the "School Health Survey Concerning Lesbian, Gay, Bisexual, and Questioning Youth" (APA, 2000). The staff of the Academy for Educational Development (AED) developed this survey in collaboration with APA staff. The survey data were provided to the author of the present study as an archival data set in anonymous form.

The purpose of this survey was to complete a needs assessment of school professionals who work with LGBQ youth to determine the training needs relevant to the prevention of risk behaviors and the promotion of healthy behaviors (APA, 2000). While there was ample anecdotal evidence of the need to address these issues, this was an opportunity to quantify variables associated with major gaps in training. Existing surveys that assessed training and educational needs of school or community based staff working with LGBQ youth were reviewed when developing the survey. The items were primarily

close-ended, with one open-ended question for general comments. Appendix A. provides the specific survey item questions used in this study as well as specifies the HLGBSP item numbers. Appendix B provides a copy of the letter written to explain the purpose of the survey to perspective respondents.

Reliability. An item analysis was conducted on the survey questions being used as the dependent variable *provision of service* that resulted in a coefficient alpha of .83 (n = 206). This legitimized use of these items as a scale and implied total amount of involvement with LGBQ youth. A second item analysis was conducted for the dependent variable *perceived role* that resulted in an alpha coefficient of .91 (n = 192). This again defined a scale.

Structural Validity. A principal component factor analysis was conducted and demonstrated the structural validity of these two scales (*provision of service* and *perceived role*). For the *perceived role* scale, only one factor produced an eigenvalue (eigenvalue 4.37) greater than 1.0, accounting for 62% of the total variance. The item loadings on this scale were all moderate to high, ranging from .68 to .86. The *provision of services* scale produced two factors with eigenvalues greater than 1.0, but barely so. The eigenvalue for the second factor was a marginal 1.05. The first factor alone (eigenvalue 3.59) accounted for 51% of the total variance. Item loadings on the unrotated first factor were all moderate, ranging from .58 to .78. Accordingly, both scales are interpreted appropriately as one-factor scales. A table of factor analysis will appear in Appendix C.

Table 1 describes the independent and dependent variables included in this study.

Table 1

Independent and Dependent Variables as defined by the HLG BSP survey (item number)

Variables

Dependent

Provision of services to sexual minority youth (Item 10A)- Respondents indicated dichotomously whether or not they have provided a variety of services to LGBQ youth.

Perceived role to work with sexual minority youth (Item 10B)- Respondents indicated the extent to which they perceived their professional role should include provision of those services to LGBQ youth.

Independent

Recentness of graduate training (Item 7)- Number of years since graduation.

Formal training (Item 12)- Training during graduate school coursework about providing services to LGBQ youth.

Professional development training (Item 13)- Training through work experiences related to LGBQ youth.

Geographic region (Item 8)- Area of the main high school the respondent worked in.

Level of Awareness (Item 9)- The degree to which respondents acknowledged the presence of LGBQ youth in their school.

Background characteristics (Items 3, 4, 6)- Age, gender and level of training of respondent (respectively).

Procedures. The survey was pilot-tested originally by a small sample of members representative of three of the four professional school staff groups (School Counselors, School Social Workers, School Nurses), with a minimum of three members from each group. The original research team felt it had received enough feedback from key informants to move forward without formally piloting the survey with school psychologists. Originally the survey sample was to include school professionals who worked with both middle and high school populations. Following the pilot, it was decided to exclude professionals who only work with middle school populations, as they did not have extensive exposure to the targeted student population (LGBQ). No further data analysis is available for the middle school respondents.

Data from the “School Health Survey Concerning Lesbian, Gay, Bisexual, and Questioning Youth” (APA, 2000) survey of an archival national sample of school psychologists was used to evaluate the effect of specific factors in determining individuals’ perception of their role and responsibility to deliver services to sexual minority youth in an educational setting. The survey requested information about graduate level training, as well as professional development and addressed various topics involved with the physical and mental health needs of LGBQ youth.

A contractor under the direction of AED/APA staff entered the initial survey data and an accuracy check was completed via “double data entry”. For the original data set, quantitative data were entered in a (SPSS) file. The qualitative data were entered verbatim for potential future use. For the current study, results of the original sample of school psychologists on the quantitative items were identified, coded, and entered in a

(SPSS) file.

Participants

Participants for this study were drawn from an archival subset of the 3650 professionals who responded to the American Psychological Association's Healthy Lesbian Gay Bisexual Student Project (HLGBSP). The original HLGBSP survey was sent to five professional groups who were members of the following organizations: National Association of School Psychologists (NASP), National Association of Social Workers (NASW), American School Counselor Association (ASCA), American Counseling Association (ACA), and National Association of School Nurses (NASN). Respondents to the original survey were randomly chosen from these organizations to provide a national scope and to reflect a representational sample of school support staff. Participation was voluntary and surveys were sent through the U.S. mail.

As part of the survey process, 1000 surveys were sent to school psychologists. Participants were randomly chosen from the membership list of NASP to provide a representative national sample. For the purposes of this study, only those survey responses completed by professionals who identified themselves as "school psychologists" were used.

Of the 1000 surveys sent to school psychologists by the APA HLGBSP, 587 were returned for a return rate of 58.7 percent. This set of 587 surveys included school psychologists who did not provide services in a high school setting and therefore did not currently work with the target age group as determined by the HLGBSP core-planning group. The final subject pool was comprised of 212 respondents who identified themselves as school psychologists working in high school settings. The most recent

NASP membership survey indicated that 26% of its members (i.e. 260/1000) work either solely or partially in high schools. Given this, the 212 useable respondents likely represented a strong return rate relative to those who work solely or partially in high schools.

Characteristics of Participant Population. The mean age for the group of respondents was 47 years, with a range from less than 30 to greater than 70. The vast majority (93%) was White, less than 3% (.9% per group) were Black, Hispanic or Multiracial, and 2.3% responded as Other. Forty-three percent of the respondents held a Masters degree and an additional 25% were trained at the post-masters, Specialist level, with the remaining 25% at the Doctoral level. The average length of time respondents had since receipt of their graduate degree was 14.35 years. There were 142 women and 72 men that returned surveys for analysis. Respondents were represented in all of the geographic regions. Appendix D. delineates the specific states that comprise each region. Table 2 contains demographic and professional characteristics of the school psychologist respondents to the HLGBSP survey.

Table 2

Demographic and Professional Characteristics of Respondents

Characteristic	N	%	M	SD
<i>Age</i>			47.0	9.9
<30	11	5.1		
30-39	42	19.6		
40-49	61	28.3		
50-59	88	40.9		
60-69	10	4.7		
>70	2	.9		
Not Specified	1	.5		
<i>Ethnicity</i>				
Black	2	.9		
Hispanic	2	.9		
White	200	93		
Multiracial	2	.9		
Other	5	2.3		
<i>Highest Academic Degree</i>				
Masters	93	43.3		
Specialist	53	24.7		
Doctorate	54	25.1		
Not Specified	2	.9		
<i>Years Since Graduate Degree</i>			14.35	9.64
>5	35	16.43		
5-9	47	22.06		
10-14	30	14.08		
15-19	33	15.49		
20-24	32	15.02		
>25	36	16.90		
<i>Age at time of Survey</i>			46.8	
<i>Age at time of Training</i>			32.46	

Table 2, con't

Demographic and Professional Characteristics of Respondents

Characteristic	N	%
<i>Geographic Region</i>		
New England	25	11.6
Middle Atlantic	30	14
Midwest	72	33.5
South Atlantic	34	15.8
South Central	17	7.9
Mountain and Pacific	24	11.2
<i>Gender</i>		
Female	142	66
Male	72	33.5

Data Analysis

The following analyses were conducted for the current study's research questions:

- I. What do school psychologists: (a) perceive as their roles and (b) what services are they providing?

The HLGBSP needs assessment survey was conducted and respondents were asked to describe their perceived role in delivering specific types of service as well as their actual types of service delivery for students and their families. Descriptive statistics (e.g., means, standard deviations, frequencies) were tabulated and reported.

Perceived Role

- II. What factors are most strongly associated with the *perceived role* of school psychologists for work with such youth? Due to the structure of the needs assessment, the dependent variable was the perception of the respondent's role. The actual role varied according to reported practice or setting.

- a. To what extent does training (*recentness of graduate training; amount of formal training in LGBQ youth issues; professional development training in LGBQ youth issues*) influence *perceived role*?
- b. To what extent does *geographic region* impact upon *perceived role*?
- c. To what extent does *level of awareness* of LGBQ youth issues influence *perceived role*?

Part (a) was evaluated with 2-tailed correlation analysis to examine how the independent variables of *recentness of graduate training; amount of formal training; professional development training* contribute to variability in *perceived role* (dependent variable). To calculate the year trained, the subject reported the year of their graduate training and it was then subtracted from the year of the administration of the survey tool (2000). Part (b) was evaluated with an Analysis of Variance (ANOVA) to examine *perceived role* differences across *geographic regions*. Part (c) was evaluated with correlations as in Part (a) to examine relationships between and *level of awareness* with *perceived role* as the dependent variable.

Provision of Service

- III. What factors are most strongly associated with the actual *provision of services* from school psychologists for such youth?
 - a. To what extent does training (*recentness of graduate training; amount of formal training; professional development training*) influence *provision of service*?
 - b. To what extent does *geographic region* impact upon *provision of service*?
 - c. To what extent does *level of awareness* of LGBQ youth issues influence

provision of service?

The same analyses were conducted as described for Question I. (a)- (c), except using *provision of service* as the dependent variable.

Predictors

- IV. To what extent do the differing background characteristics of age, gender, and level of training of school psychologists predict: (a) *perceived role*, and (b) *actual provision of services* to such youth?

Parts (a) and (b) were evaluated with a 2-tailed correlation analyses to examine how *age, gender, and amount of training* (as independent variables) contribute to variability in: (a) *perceived role* and (b) *provision of services* (two dependent variables). Ordered regression analyses, originally planned, were unnecessary given the results of the zero-order correlation analyses. These results are explained in Chapter IV.

Chapter IV: Results

This chapter presents the results of an analysis of the reported perceived role of school psychologists to work with school-aged lesbian, gay, bisexual and questioning (LGBQ) youth and the actual provision of services to this population.

Research Question I

- I. What do school psychologists: (a) perceive as their roles and (b) what services are they providing?

The data revealed that the vast majority of school psychologists indicated that addressing harassment issues should be a part of their role to “a moderate “ or “great” extent. About half of the respondents gave similar ratings to counseling children and parents about sexual orientation, counseling about practicing safer sex, and HIV testing/counseling. However, only 36% of respondents gave such ratings in regard to addressing sexual risks with LGBQ youth.

In terms of actual service delivery, there was wide variability across the differing types of services provided. The majority of respondents reported they have counseled students to cope with peer harassment, although only about one-quarter had “intervened” to address peer harassment. About one-third had counseled parents or students about sexual orientation. Addressing sexual health-related issues or risks was much less frequently reported, with less than one-quarter of the sample reporting involvement in such activities. Table 3 presents the results of the selected HLG BSP needs assessment survey items.

Table 3

Services delivered and Role Perceptions of Healthy Schools Survey Respondents- School Psychologist (N = 212)

Service Delivered	N	% Provided Service	Part of Role	N	%
Counsel students to cope w/ peer harassment	114	54.3	Not at all	5	2.3
			A little bit	40	18.6
			Mod extent	83	38.6
			Great extent	76	35.3
Intervene with students to address harassment	56	27.1	Not at all	18	9.0
			A little bit	48	24.0
			Mod extent	75	37.5
			Great extent	59	29.5
Counsel students about sexual orientation	78	37.5	Not at all	28	14.1
			A little bit	68	34.2
			Mod extent	71	35.7
			Great extent	32	16.1
Address sexual risks of LGBQ students	37	17.7	Not at all	44	22.3
			A little bit	76	38.6
			Mod extent	56	28.4
			Great extent	21	10.7
Counsel LGBQ students to practice safer sex	47	22.6	Not at all	33	16.5
			A little bit	66	33.0
			Mod extent	64	32.0
			Great extent	37	18.5
Recommend HIV testing/counseling to LGBQ students	31	14.9	Not at all	35	17.4
			A little bit	65	32.3
			Mod extent	66	32.8
			Great extent	35	18.5
Counsel parents about children's sexual orientation	73	34.9	Not at all	15	7.4
			A little bit	72	35.6
			Mod extent	78	38.6
			Great extent	37	18.3

Note: The non-response rate for provision of service was 1-2% while for perceived role was 5-7%. The actual number of respondents varied due to missing data.

What factors influence school psychologists' self-perception of their

responsibility to serve the LGBQ youth and provision of services to this population? This study examined the relationships between the following variables: recentness of graduate training, amount of formal training, and professional development training, upon perceived role to deliver services to LGBQ youth and subsequent provision of service to LGBQ youth. A Pearson correlation analysis was conducted for each of the research questions outlined.

Research Question II a.

II. What factors are most strongly associated with the *perceived role* of school psychologists for work with such youth?

a. To what extent does training (*recentness of graduate training; amount of formal training* in LGBQ youth issues; *professional development training* in LGBQ youth issues) influence perceived role?

Amount of *professional development training* correlated significantly ($r = .204, p < .01$) with the *perceived role* composite score. However, the resulting correlation is modest, at best. Professional development training produced small, but statistically significant ($p = < .01$) correlations with all of the items on the role perception scale, except for intervening to address harassment and recommending HIV testing/counseling. Neither *recentness of training* nor *amount of formal training* in LGBQ issues correlated significantly with the composite *perceived role* score. In addition, neither of these two variables correlated significantly with any of the individual items that comprised the role perceptions scale. The results of these correlation analyses may be seen in Table 4.

Table 4

Correlations Between: Recentness of Graduate Training, Amount of Formal Training, Professional Development Training, and Perceived Role (N = 212)

<i>Perceived Role</i>	Recentness of Training (N = 190-200) R	Amount of Formal Training (N = 191-200) R	Professional Development Training (N = 190-199) R
Should intervene with students to address harassment	-.077	.012	.140
Should counsel students about sexual orientation	-.049	.097	.202(**)
Should address sexual risks of LGBTQ students	-.005	.096	.163(*)
Should counsel LGBTQ students to practice safer sex	-.040	.104	.186(**)
Should recommend HIV testing/counseling to LGBTQ students	-.018	.052	.090
Should counsel parents about child sexual orientation	.052	.047	.205(**)
Composite score	-.032	.084	.204(**)

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

Research Question III a.

III. What factors are most strongly associated with the actual *provision of services* from school psychologists for such youth?

a. To what extent does training (*recentness of graduate training; amount of formal training; professional development training*) influence *provision of service*?

There was no significant relationship found between *recentness of graduate training* and *provision of services* to LGBTQ youth composite score ($r = .09, p = .25$). The results indicated a statistically significant, positive relationship between the numbers of topics the individual received training on in the *amount of formal training* and the number of *services provided* to sexual minority youth ($r = .22, p < .01$). Therefore, more pre-service training received was associated with greater amount of services provided. The relationship between number of topic areas received during *professional development training* and *services provided* to sexual minority youth composite score was statistically significant ($r = .38, p < .01$). Those individuals that participated in professional development training provided services to sexual minority youth at a higher frequency than those individuals trained in the pre-service setting alone. Table 5 presents the results of these correlation analyses.

Table 5

Correlations Between: Recentness of Graduate Training, Amount of Formal Training, Professional Development Training, Provision of Services to LGBT Youth)

Services Provided	Recentness of Training (N = 205-210) R	Amount of Formal Training (N = 205-210) R	Professional Development Training (N = 204-209) R
Have counseled students to cope with peer harassment	.078	.166(*)	.254(**)
Have intervened with students to address harassment	.022	.082	.223(**)
Have counseled students about sexual orientation	.170(*)	.119	.261(**)
Addressed sexual risks of LGBQ students	-.040	.244(**)	.299(**)
Counseled LGBQ students to practice safer sex	.105	.142(*)	.246(**)
Recommended HIV testing/counseling to LGBQ students	.099	.067	.245(**)
Counseled parents about child sexual orientation	.093	.256(**)	.343(**)
Composite score	.090	.223(**)	.377(**)

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed).

Research Questions II/III b.

II./ III. b.) To what extent does *geographic region* impact upon *perceived role* and *provision of service*?

Significant relationships were found for the effects of geographic region ($F_{(5, 177)} = 6.088$; $p < .001$) on perceived roles. Those individuals living within the Mountain/Pacific region had the highest composite scores on the *perceived role* to provide services to LGBQ youth, greater than those residing in the Midwest, South Atlantic and South Central regions. South Central was the lowest composite *perceived role* scores, less than those individuals in the New England and Mid-Atlantic.

The relationships found between geographic region and actual provision of services ($F_{(5, 194)} = 2.413$; $p = .038$) were also significant. Individuals living within the New England region had the highest composite scores on the *provision of services* to LGBQ youth, slightly greater than those residing in the Mountain/Pacific. The greatest difference with *provision of services* to LGBQ youth was seen between those living in New England being the highest (3.08) and the Midwest was the lowest (1.64). South Central was only slightly higher than the Midwest in their reported *provision of services*, less than those individuals in the South Atlantic and Mid-Atlantic. Results for both role perceptions and service provision are presented in Table 6.

Table 6

Descriptives for: Geographic Region with Perceived Role and Provision of Services to LGBT Youth (N = 212)

<i>Geographic Region</i>	N	Mean	Std. Deviation	95% Confidence Interval for Mean	
				Lower Bound	Upper Bound
<i>Perceived Role</i>					
New England	19	17.95	4.06	15.99	19.90
Mid-Atlantic	27	17.00	4.91	15.06	18.94
Midwest	69	14.35	4.50	13.27	15.43
South Atlantic	31	14.55	4.19	13.01	16.09
South Central	15	12.40	3.79	10.30	14.50
Mountain/Pacific	22	18.04	4.03	16.26	19.83
<i>Provision of Service</i>					
New England	25	3.08	2.41	2.08	4.08
Mid-Atlantic	29	2.24	2.21	1.40	3.08
Midwest	72	1.64	2.13	1.14	2.14
South Atlantic	34	2.00	1.87	1.35	2.65
South Central	17	1.71	1.99	.68	2.73
Mountain/Pacific	23	2.87	2.42	1.82	3.92

Research Question IV a./b.

- IV. To what extent do the differing background characteristics of age, gender, and level of training of school psychologists predict: (a) *perceived role*, and (b) *actual provision of services* to such youth?

Age was unrelated to perceptions of role, producing no significant correlations with any of the role perception scale items or the composite score. Age was only a small predictor for whether or not respondents provided services to LGBQ youth about

harassment, sexual orientation and safer sex practices. *Gender* was not a factor in predicting either *provision of service* ($F_{(1,209)} = 2.25; p = .135$) or *perceived role* ($F_{(1,209)} = .36; p = .55$). *Level of training* was also not a factor in predicting either *provision of service* ($F_{(2,196)} = 2.74; p = .067$) or *perceived role* ($F_{(2,178)} = 1.02; p = .363$). Tables 7 and 8 show the complete results of the analyses conducted. Because neither gender nor level of training was related substantially to either role perceptions or provision of services, conducting an ordered regression analysis to determine relative contributions of these three variables (*age, gender, level of training*) was unnecessary.

Table 7

Gender and Level of Training as Predictors for Perceived Role and Provision of Service

(N =212)

	<i>Perceived Role</i>			<i>Provision of Service</i>		
	N	Mean	SD	N	Mean	SD
<i>Gender</i>						
Male	63	15.25	4.79	72	2.35	2.37
Female	128	15.43	4.61	139	1.91	2.06
<i>Level of Training</i>						
Masters	82	15.51	4.24	93	1.95	2.10
Specialist	50	14.58	5.35	53	1.68	2.07
Doctoral	49	15.84	4.39	53	2.60	2.20

Table 8

Age as Predictor for Perceived Role and Provision of Service

	Age (N = 199-211) R
<i>Perceived Role</i>	
Should intervene with students to address harassment	-.052
Should counsel students about sexual orientation	.074
Should address sexual risks of LGBQ students	.129
Should counsel LGBQ students to practice safer sex	.074
Should recommend HIV testing/counseling to LGBQ students	.063
Should counsel parents about child sexual orientation	.083
Composite score	.072
<i>Provision of Service</i>	
Have counseled students to cope with peer harassment	.186(**)
Have intervened with students to address harassment	.104
Have counseled students about sexual orientation	.246(**)
Addressed sexual risks of LGBQ students	.004
Counseled LGBQ students to practice safer sex	.193(**)
Recommended HIV testing/counseling to LGBQ students	.129
Counseled parents about child sexual orientation	.153(*)
Composite score	.197(**)

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed).

A descriptive analysis was performed regarding which topics respondents reported receiving for both pre-service (formal) and in-service (professional development training) training. Results were disaggregated by level of training (Master's, Specialist, Doctoral) and recentness of training. In general, respondents reported little exposure to these topics during their formal graduate training. Of the six topic areas surveyed, none were addressed during formal training for a majority of the respondents irrespective of their level or recentness of training. However, across topics there was a clear trend toward greater exposure during formal training for those respondents whose formal training was more recent.

Among the six topic areas surveyed, the physical and mental health concerns of LGBQ youth were the most frequently addressed topic, across level, type, and recentness of training with one minor exception. Respondents whose formal training occurred within the past five years reported equal exposure during in-service training to this topic and to sexuality/sexual development. However, even in the most-addressed topic area there was wide variability depending on level or recentness of training ranging from 23 – 42% for formal, pre-service training and 38 – 62% for in-service training. There was less consistency in regard to the least addressed area across level, type, and recentness of training, but the topic of LGBQ youth of color was most frequently the least-addressed area. Complete results are presented in Table 9.

Table 9

Topics Received Formal Training/ Professional Development Training by Level of Training and Recentness of Training

Topics Received	Level of Training						Recentness of Training					
	Masters		Specialist		Doctoral		Less than 5 years		5-10 years		10 plus years	
	N	%	N	%	N	%	N	%	N	%	N	%
<i>Formal Training</i>												
Sexuality/ sexual development of LGBQ youth	20	22.0	12	22.6	12	23.5	16	45.7	10	21.3	20	16.0
Identity development of LGBQ youth	19	20.7	8	15.1	14	27.5	8	23.5	11	23.4	23	18.1
Physical and mental health concerns of LGBQ youth	30	32.6	12	22.6	21	42.0	15	45.5	16	34.0	35	27.6
Specific HIV/STD prevention needs of LGBQ youth	7	7.6	9	17.0	5	9.8	6	17.6	6	12.8	11	8.7
Physical and mental health needs of LGBQ youth of color	7	7.7	8	15.1	7	13.7	7	20.6	7	14.9	9	7.1
Developing positive school climate for LGBQ youth	12	13.0	8	15.1	8	15.7	10	29.4	7	14.9	13	9.9
<i>Professional Development</i>												
Sexuality/ sexual development of LGBQ youth	34	37.0	16	30.2	26	52.0	10	28.6	20	42.6	50	40.0
Identity development of LGBQ youth	26	28.6	12	22.6	23	46.9	4	11.8	17	36.2	44	35.8
Physical and mental health concerns of LGBQ youth	44	48.4	20	37.7	31	62.0	9	26.5	25	53.2	66	53.2
Specific HIV/STD prevention needs of LGBQ youth	17	18.7	13	24.5	26	53.1	5	14.7	16	34.0	38	30.9
Physical and mental health needs of LGBQ youth of color	16	17.6	8	15.1	16	32.7	5	14.7	15	31.9	22	17.9
Developing positive school climate for LGBQ youth	29	31.9	13	24.5	23	46.9	8	23.5	17	36.2	44	35.8

Chapter V: Discussion

While the majority of school psychologists perceived it was a part of their role to both intervene and counsel students about peer harassment, only a quarter of the respondents reported actual provision of services to LGBQ youth involving these two issues. A review of the literature indicated that LGBQ youth were overwhelmingly the recipients of verbal and physical abuse from their peers and violence prevention was a priority set by school districts across the country (GLSEN, 2003; McFarland, 2001; Mulvey & Cauffman, 2001). There was also a direct link made in the literature between perceived safety of LGBQ youth and the subsequent rise in the level of truancy, stress, and other mental health related issues (GLSEN, 2003; Hershberger & D'Augelli, 1995; Savin-Williams, 1994) While one may speculate that school psychology professionals were tied to their eligibility role within the special education arena and did not have the time to intervene, it could also be inferred that perhaps the lack of direct intervention with LGBQ youth may be due to the stigma associated with sexual minority youth or a result of “culturally-sanctioned” homophobia (Bahr et al., 2000). Additionally, the taboo of discussing youth sexual identity in general may be a perceived provider barrier when not acting on the issue of harassment (Henning-Stout et al., 2000). It should be noted that school psychologists might have real fears about reprisal from parents, colleagues, or administrators when advocating for LGBQ youth. Even with the socio-political stressors that may be present within different regions of the country, the overwhelming legal and ethical implications of ignoring victims of such behaviors are contraindicated. These legal mandates also present an opportunity to open the door for dialogue about issues

related to safe instructional environments for all students as well as LGBTQ youth.

Almost half of the respondents agreed that it was a part of their role to address issues specific to sexual orientation for both the student and parent, sexual practices, and HIV testing, while just over one-third agreed they should address sexual risks of LGBTQ youth. However, less than one quarter actually provided services addressing sexual practices, sexual risks, and HIV testing. Slightly more than one third of the respondents counseled both students and parents about sexual orientation. Again, the difference in actual service provision could be substantiated by the literature's report that less than 25% of professionals' time is spent with any direct intervention (Reschly, 2000). There may also be little opportunity to discuss these more personal matters with students. However, the literature has also portrayed mental health professionals' general discomfort with issues related to sexuality (Roffman, 2000; Fontaine, 1998; Rudolph, 1998; Treadway & Yoakam, 1992). There appears to be a general resistance to change from the majority culture's viewpoint within the K-12 education system and within the university not only with addressing sexual orientation, but also with all multicultural issues (i.e. race, gender, religion). This may provide another possible application of realistic group conflict theory (Sears & Kinder, 1985). Due to the changes of the "sexual status quo", heterosexuals as a group are threatened by LGBTQ individuals and subsequently would have negative attitudes towards policies associated with sexual minorities thus resulting in conservative homophobic politics.

Recentness of graduate training and both the provision of services and the perceived role to provide these services were not significantly correlated. It is possible that some participants who received their formal training several years ago have chosen

to seek professional development training in areas addressing the needs of LGBQ youth. Additional training may have assisted in increasing their knowledge about the specific needs of this population and their role in fulfilling these needs as direct service providers. This information would not have been captured given the current analysis of the data. Savage et al. (2004) reported an overall lack of preparation to adequately address LGBQ youth issues. Thus, it may also be possible that regardless of when an individual received training, the individual's program did not offer an appropriate curriculum. In other words, there may have been little change in school psychology training programs over time with respect to LGBQ issues.

Even though the amount of formal training was not significantly correlated with perceived role, it was a significant predictor of the amount of services provided to LGBQ youth. These results may suggest that while individual attitudes may not have changed about the role and responsibility to work with LGBQ youth, these individuals who received training apparently gained the skill base and did deliver services. Results may also suggest that the formal training for school psychologists failed to focus on the role professionals have in assisting sexual minority youths. Factors that may have contributed to this failure include the limited awareness of other available resources for services in the community, a perception that the scope of topics that may be discussed within the school setting is limited, and/or administrative influences. The relatively recent legal policy changes as well as the limited scope of literature on formal multicultural training, may explain a lack of school psychologists' perceived role to address the issues associated with youth sexual identity.

Responses indicated that professional development training was a statistically

significant predictor for both the perceived role and provision of service variables. These findings were similar to Rudolph (1998), where after participants voluntarily received training, their attitudes were more positive towards LGB individuals and the skills specific to this population improved.

The present study results demonstrated significant regional differences for both role perception and provision of services. Residents of the Mountain/Pacific and New England were most likely to provide services to LGBQ youth and to perceive that it should be their role to do so. Those respondents from the South Central region had the lowest perceived role, and while not the lowest, there was a similar lack of actual provision of service, second only to the Midwest. Hosp and Reschly (2002) found that regional differences existed with amount of time school psychologists engaged in different types of professional activities. Similar to the current findings, those individuals residing in East South Central were significantly different than those in the Northeast and Mid-Atlantic because of an almost full additional day spent conducting psycho-educational assessment. The comparison of these two findings suggests that there may be a more traditional view of the school psychologists' role in the South Central region that subsequently does not afford much opportunity to provide related services to LGBQ youth.

None of the different background characteristics evaluated (age, gender, and level of training), were statistically significantly related to perceived role, and age was only slightly predictive of actual provision of service. This again points to the gap of available LGBQ formal training material. It was somewhat surprising that age was not a more significant predictor given the changes in the majority cultural view across the span of

years represented in the current sample. As for gender, a potential explanation for the heterogeneity of the sample may be a certain level of “self-selection” of males that enter a predominantly female profession such that their views may be more socio-politically liberal in comparison to the majority culture.

The results of this study establish the importance and need for school psychologists to receive additional professional development and formal training around the area of sexual minority youth. Bahr et al. (2000) stated that LGBTQ youth were an important dimension of cultural diversity, but the field of school psychology was less able to address their needs due to a lack of understanding about this group and a need for additional training. Given the overall higher percentage of school psychologists who do not receive this training versus those who do, there appears to be a large gap in the level of preparedness to address the needs of LGBTQ youth and the actual services provided. Of the topic areas that training was offered, through either formal or professional development, the needs of sexual minority youth of color were consistently the lowest percentage. There is also an apparent disparity between ethical and professional practice guidelines for cultural competence and training accreditation mandates.

Limitations of the Study

There are several limitations to this study. First, the way the questions were framed limits the ability of the respondents to fully report their experiences in providing services to LGBTQ students. For example, questions regarding the provision of services do not take into account the number of years a professional has practiced. A novice school psychologist may deliver services on five separate occasions in her/his first year of practice, while a veteran school psychologist may have delivered services on six

occasions across the span of 20 years. Consequently, the current survey does not account for the level of experience or how often services are provided within a set time frame by a practitioner. In addition, the questions fail to establish what relationship, if any, the recentness of training and the perceived role to deliver services have.

Secondly, the sample only included those individuals affiliated with a professional organization, such as NASP; there are many professionals who choose not to join these groups. Racial minority groups are also under represented by the current subject sample, although this sample may demographically be similar to the membership of NASP.

Additionally, the frequency and type of services prevented due to the extent a practitioner believes a system's level barrier exists versus an actual barrier (i.e. the belief that the policy of the local education district prohibits discussion of sexual orientation with students, when legislation at the state and federal level overrides and allows for provision of this service) cannot be measured through the current data results. These types of issues are too complex and would require more qualitative research methods, such as interviews or focus groups.

Also, there may be some limitations with generalizing the results of this study due to the modest response rate. It is possible that there may be a positive skew due to the self-selection of those who chose to participate in the survey versus those who did not respond at all. The possibility of a positive skew is particularly likely in a survey addressing an issue such as services for LGBTQ youth in which there is known bias against the topic being surveyed.

Lastly, the decision to exclude the responses of those professionals that worked in

school levels other than high schools limited the scope of the study. There may have been interesting differences discovered when comparing between elementary, middle and high school service providers with types of services delivered and their role perception.

Implications for Future Research

Future research is needed to explore the most effective ways to develop the skills needed to work with sexual minority youth, school staff, parents, and local communities, such as the professional development training materials developed by the HLG BSP (APA, 2000) and the university curriculum offered by NASP (Persinger et al., 2004). The field needs to further expand and define multicultural training needs with clearly identified skill sets so that there can be measurable outcomes of training efforts. Future study would allow for the evaluation of the impact sexual minority youth education would have upon the development of specific competencies in school psychologists providing school based support services to LGBTQ youth and the amount of services provided to this group. These services should be available across grade levels and not limited to just the high schools. This would allow for opportunities to explore the impact of stressors on achievement, the experiences of LGBTQ youth at different grade levels, as well as the youths' perception of the quality of services received.

One potential pathway to explore the specific formal training needs would be to survey university programs regarding what components of their curricula are dedicated to LGBTQ youth issues and to incorporate these issues into the supervision of practicum and internship students. Also, when reviewing the types of regional training individual professionals received, there could be further exploration of the link between acquired knowledge and application of specific practices. The implications of repeated exposure of

various formal multicultural training components and the impact on countering the majority culture messages in practice should also be examined in general and to assist in identification of what specific components are meaningful. There is an obvious need to expand upon the current survey tool by completing interviews and addressing several of the aforementioned limitations. Future surveys should also include opportunities to learn more about the school psychologist's understanding of gender identity/presentation. There also needs to be an evaluation of differences based on ethnicity of respondents (school psychologists).

Conclusions

The role of the school psychologist is continuously evolving. Historically, school psychologists have served as allies to vulnerable youth within an often unyielding, harsh educational institution. Today, as the school-based mental health provider, the school psychologist is in a unique position to assist in the creation of a healthy and safe environment for all youth.

With the emphasis on being proactive, school psychologists are encouraged to address early high-risk student populations, such as LGBQ youth. Some of the risks for these students include underachievement, unsafe behavior, dropping out of school, and suicide. Given the results of this study, it is apparent that continuing professional development in the area of sexual minority youth increases the likelihood that services will be provided to LGBQ youth in the school setting. Professional development, combined with additional pre-service training opportunities provided by universities, would do much to increase the number of LGBQ youth being served appropriately.

Nastasi (2000) emphasized delivering intervention services within the context of a

comprehensive health care model. Clearly, given the literature's emphasis on the school psychologist's role within this comprehensive health care model, it is imperative for practitioners to have both professional development and pre-service training that focuses on the multiple needs of sexual minority youth.

Equally important for the growth of the profession is the study of attitudinal changes, regionally specific training, the impact of training on services rendered and on providers, the implications for supervisors, and the continued development of national partnerships. Continued research on issues affecting LGBTQ youth can only enhance the safety and well being of all students served in the school setting, and in the process, will also advance both the professional and the profession.

Appendix A.

Items used from the American Psychological Association's Healthy Lesbian, Gay, Bisexual Students Project "School health survey concerning lesbian, gay, bisexual, and questioning youth"

2. At which school level(s) do you provide services? (**Check all that apply**)

1. Pre-school
2. Elementary
3. Middle or Junior High
4. Senior High
5. Other (*please specify*) _____

Attention: If you work exclusively in an elementary school, middle school and/or junior high, and you do not serve in a senior high school, please stop here and return the survey.

3. What is your gender? (*Check one response*)

1. Male
2. Female

4. In what year were you born? (Write in the 4 digit year of your birth; e.g., 1950, 1962).

— — — —

5. How would you describe yourself? (Check those categories that apply)

1. American Indian or Alaskan Native (Please specify the name of principal or enrolled tribe)
2. Asian or Pacific Islander
3. Black or African American
4. Hispanic/Latino
5. Caucasian/White
6. Other (*please specify*) _____

6. What is the highest academic degree you have acquired? (Check only one response)

- 1. Associate's (e.g., AA)
- 2. Bachelor's (e.g., BA, BS, BSW)
- 3. Specialist Degree (e.g., advanced licensure)
- 4. Masters (e.g., MA, MS)
- 5. Doctorate (e.g., Ed.D, Ph.D, DSW)
- 6. Other (*please specify*)

7. In what year did you receive your highest academic degree? (Write in the 4 digit year; e.g., 1987)

— — — —

8. Please provide the 5 digit zip code of the main high school in which you work. (Write in the 5 digit zip code)

— — — — —

Survey Definition of LGBQ:

In this study, the abbreviation LGBQ (lesbian, gay, bisexual and questioning) describes youth who believe either: 1) identify themselves as lesbian, gay, bisexual or are questioning their sexual orientation; 2) engage in same-sex sexual behavior; or 3) appear to be attracted to members of their own sex, but have not self-identified as LGBQ. We are interested in your experiences, as a school health professional, that are relevant to all three types of students.

9. Do you believe there are any students in your high school(s) that could be described in the following ways? (Circle one response option for each statement listed below)

Do you believe there are students in your high school(s) that...	No	Yes	Not Sure
	(1)	(2)	(3)
1. Have self-identified as gay, lesbian, or bisexual or are questioning their sexual orientation?	1	2	3
2. May have engaged in same-sex sexual behavior but NOT self-identified as gay, lesbian, or bisexual?	1	2	3
3. Appear to be sexually attracted to persons of their own sex, but have neither self-identified nor engaged in same-sex sexual behavior?	1	2	3

10. Please answer the following two- part question. In Part A please indicate if you have ever provided the following services regarding LGBQ students. In Part B please indicate the extent you believe your professional role *should* include providing the following services, regardless of the presence or absence of students who are LGBQ* in your school. (Circle one response option for each statement listed below in both Parts A and B).

<u>Part A:</u>	<u>Part B: Extent you believe your role</u>					
Have you provided the following service?	<u>should</u> include...?					
Services regarding LGBQ students:	NO	Yes	Not at	A	A	A
	(1)	(2)	all	little	Moderate	great
			(1)	(2)	(3)	(4)
				bit	extent	extent
1. Counseling students to cope with harassment from peers	1	2	1	2	3	4
2. Actively intervening with students to address harassment of LGBQ students	1	2	1	2	3	4
3. Counseling students about their sexual orientation	1	2	1	2	3	4
4. Assessing sexual risks (HIV, STD, unintended pregnancy) of LGBQ students	1	2	1	2	3	4
5. Counseling LGBQ students who may be sexually active to practice safer sex	1	2	1	2	3	4
6. Recommending HIV testing and counseling to LGBQ students who may be at risk	1	2	1	2	3	4
7. Counseling parents who have concerns about their child’s sexual orientation	1	2	1	2	3	4

*Remember, in this study, LGBQ includes students who identify as lesbian, gay, bisexual, or are questioning their sexual orientation; engage in same-sex sexual behaviors; or appear to be attracted to members of their own sex.

12. Please answer the following two-part question. In Part A, please indicate if you received education or training at the undergraduate or graduate college level on the counseling, health and mental health issues of students who are LGBTQ*. If your answer in Part A is “yes”, please go to Part B and indicate the extent that the education and training prepared you to provide counseling, health and mental health services on these issues to students who are LGBTQ*. (Circle one response option for each statement listed below in both Sections A and B as appropriate)

	<u>Part A:</u> Received training?		<u>Part B:</u> If received, extent training prepared you to serve LGBTQ students?			
	NO (1)	Yes (2)	Not at all (1)	A little bit (2)	A Moderate extent (3)	A great extent (4)
<u>Undergraduate or graduate education</u> about youth who are LGBTQ:						
1. Sexuality/sexual development of LGBQ youth	1	2	1	2	3	4
2. Identity development of LGBQ youth	1	2	1	2	3	4
3. Physical and mental health concerns of LGBQ youth (e.g., stress, anxiety, social isolation)	1	2	1	2	3	4
4. Specific HIV/STD prevention needs of LGBQ youth	1	2	1	2	3	4
5. Physical and mental health needs of LGBQ youth of color (e.g., higher risk for unprotected sex, adjustment to double stigma of race and LGBQ identity)	1	2	1	2	3	4
6. Developing positive school climate for LGBQ youth	1	2	1	2	3	4
7. Other (please specify)	1	2	1	2	3	4

*Remember, in this study, LGBTQ includes students who identify as lesbian, gay, bisexual, or are questioning their sexual orientation; engage in same-sex sexual behaviors; or appear to be attracted to members of their own sex.

13.) Please answer the following two-part question. In **Part A** please indicate if you have received formal education or training **through your work experience(s)** (e.g., professional workshops, conference sessions) on the counseling, health and mental health issues of students who are LGBQ*. If your answer in **Part A** is “yes”, please go to **Part B** and indicate the extent that the education and training prepared you to provide counseling, health and mental health services on these issues to students who are LGBQ*. (Circle one response option for each statement listed below in both Sections A and B as appropriate)

Part A: Received training?	Part B: If received, extent training prepared you to serve LGBQ students?					
	NO (1)	Yes (2)	Not at all (1)	A little bit (2)	A Moderate extent (3)	A great extent (4)
<u>On the job education and training about youth who are LGBQ</u>						
1. Sexuality/sexual development of LGBQ youth	1	2	1	2	3	4
2. Identity development of LGBQ youth	1	2	1	2	3	4
3. Physical and mental health concerns of LGBQ youth (e.g., stress, anxiety, social isolation)	1	2	1	2	3	4
4. Specific HIV/STD prevention needs of LGBQ youth	1	2	1	2	3	4
5. Physical and mental health needs of LGBQ youth of color (e.g., higher risk for unprotected sex, adjustment to double stigma of race and LGBQ identity)	1	2	1	2	3	4
6. Developing positive school climate for LGBQ youth	1	2	1	2	3	4
7. Other (please specify)	1	2	1	2	3	4

*Remember, in this study, LGBQ includes students who identify as lesbian, gay, bisexual, or are questioning their sexual orientation; engage in same-sex sexual behaviors; or appear to be attracted to members of their own sex.

Appendix B.

*Letter sent to participants by the American Psychological Association's Healthy Lesbian,
Gay, Bisexual Students Project*

October 6, 2000

(F Name) (M Name) (L Name)
(Address)
(City), (State) (Zip)

Dear (F Name) (L Name):

We are writing to ask for your help in a study of counseling, health, and mental health professionals who work in school-based settings.

This study is being cosponsored by the National Association of School Psychologists (NASP) and the American Psychological Association (APA). We are contacting a national random sample of NASP members to ask a variety of important questions regarding counseling, health, and mental health needs & services for lesbian, gay, bisexual and questioning (LGBQ) students. Your response is very important to us to understand the experiences, perceptions and opinions of NASP members on these issues.

Results from the survey will be used to develop educational content and a training plan for school psychologists, like yourself, to more effectively meet the counseling, health, and mental health needs of LGBQ adolescents in school-based settings. By understanding what school psychologists need in regards to servicing these students, the appropriate professional development opportunities can be offered at future conferences, training events, and through other dissemination activities. By knowing more about the counseling, health, and mental health needs of LGBQ adolescents school psychologists can help these students in the prevention of serious health risks, including HIV infection.

Your answers will remain completely confidential and will be released only as summaries in which no individual's answers can be identified. When you return your completed questionnaire, your name will be deleted from the mailing list and will not be connected with your answers in any way. This survey is voluntary; however, you can help us by taking approximately 15 minutes to share your perspectives and opinions about counseling, health, and mental health needs & services for LGBQ youth. If for some reason you prefer not to respond, please let us know by returning the blank questionnaire in the enclosed prepaid envelope. No other surveys or reminders will be sent to you after the questionnaire has been received.

If you have any questions or comments about this study, we would be happy to speak with you. Our contact numbers and email addresses are below.

Thank you very much for helping us with this important study.

Sincerely,

Susan Gorin
Executive Director
National Association of School Psychologist
(301) 657-0270
sgorin@nasp.org

Sincerely,

Karen Anderson, Ph.D.
Director, Center for Psychology in
Schools and Education
American Psychological Association
(202) 336-6126
education@apa.org

Appendix C.

Factor Analysis Data for Composite Scales

Provision of Service to Sexual Minority Youth Item Loadings: Unrotated Solution

Item 10A	Component	
	1	2
1	.632	.551
2	.679	.058
3	.774	.174
4	.767	-.368
5	.773	-.291
6	.776	-.433
7	.584	.551

Perceived Role to Provide Service to Sexual Minority Youth Item Loadings

Item 10B	Component
	1
1	.680
2	.785
3	.790
4	.770
5	.830
6	.868
7	.792

Appendix D.

Individual States Used for Geographic Region Coding

New England	Mid-Atlantic	Midwest	South Atlantic	South Central	Mountain/ Pacific
Connecticut	New York	Illinois	Delaware	Alabama	Alaska
Maine	New Jersey	Indiana	District of Columbia	Arkansas	Arizona
Massachusetts	Pennsylvania	Iowa	Florida	Kentucky	California
New Hampshire		Kansas	Georgia	Louisiana	Colorado
Rhode Island		Michigan	Maryland	Mississippi	Hawaii
Vermont		Minnesota	North Carolina	Oklahoma	Idaho
		Missouri	South Carolina	Tennessee	Montana
		Nebraska	Virginia	Texas	Nevada
		North Dakota	West Virginia		New Mexico
		Ohio			Oregon
		South Dakota			Utah
		Wisconsin			Washington
					Wyoming

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