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Supporting Safe and Healthy Schools for Lesbian, Gay, Bisexual, Transgender, and Queer Students:

A National Survey of School Counselors, Social Workers, and Psychologists

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Supporting Safe and Healthy Schools for Lesbian, Gay, Bisexual, Transgender, and Queer Students:

A National Survey of School Counselors, Social Workers, and Psychologists

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GLSEN is the leading national education organization focused on ensuring safe schools for all students. Established in 1990, GLSEN envisions a world in which every child learns to respect and accept all people, regardless of sexual orientation or gender identity/expression. GLSEN seeks to develop school climates where difference is valued for the positive contribution it makes to creating a more vibrant and diverse community. For more information on our educator resources, research, public policy agenda, student leadership programs, or development initiatives, visit www.glsen.org.

This report and all other GLSEN research reports are available at www.glsen.org/research.

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Preface

Supporting Safe and Healthy Schools is the latest example of GLSEN's evidence-driven approach to understanding the dimensions and impact of LGBTQ issues in K-12 schools, and identifying the most promising avenues for an effective response. Focusing on the perspectives, preparation, and practices of school-based mental health professionals (SMHPs), this study builds on our past work examining school climate and effective school-based supports from the perspective of parents, principals, teachers, the general student population, and LGBTQ students themselves.

Conducted in partnership with the American Council for School Social Work (ACSSW), the American School Counselor Association (ASCA), and the School Social Work Association of America (SSWAA), this new study identifies a critical challenge and significant opportunity: SMHPs as a sector are ready and willing to support the LGBTQ students in their school communities. However, they do not receive the pre-service training or in-service professional development to support them in fulfilling that responsibility with great confidence or in ways that would do the most to promote the health of the entire school community.

A large majority of SMHPs identify anti-LGBTQ bias and harassment as significant problems in their schools, and nearly all felt responsible for providing supportive counseling to LGBTQ youth. Many did, in fact, meet with individual LGBTQ students to provide one-on-one support in the past year. These findings – both their willingness to be supportive and their actions in doing so – are quite encouraging in this era of public debates about the "right" of school professionals to deny LGBTQ students counseling support on the basis of negative individual beliefs about LGBTQ people.

However, very few SMHPs took steps to promote broader improvements to school climate that could benefit the safety and health of students – LGBTQ and otherwise – beyond the confines of their offices. Fewer than half publicly identified themselves as LGBTQ-supportive with a Safe Space sticker or other visual sign that would make it easier for students to approach them. Even fewer consulted with administrators regarding supportive policies at the school or district level. The lack of time, training, and funding – and, for some, working in a school culture explicitly hostile to LGBTQ issues – all played a part in preventing them from taking steps that would benefit LGBTQ youth who might never seek out individual counseling, as well as the school community as a whole.

We are very grateful to our partners at ACSSW, ASCA, and SSWAA for their collaboration on this study, and for their years of leadership in the sector, laying the foundation for the broad support available to LGBTQ students from SMHPs reflected in these results. The lives and well-being of millions of students benefit from this professional commitment to supporting every child that needs their help.

Over the past few years, the education community across the United States has begun to appreciate the importance of "whole child" supports and social-emotional learning in the success of all students. Under new federal funding guidelines, many states are reporting on school climate improvement as a measure of school performance. The role of SMHPs in addressing pervasive anti-LGBTQ bias, bullying, and harassment in our schools represents a significant point of leverage for progress on this front. The question is whether we have the political will and societal determination to provide the resources and public support necessary to prepare them for the work and clear a path to action.

Eliza Byard, PhD
Executive Director, GLSEN

Dear Readers,

For nearly 20 years GLSEN has been the leader on issues and research related to lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth and the challenges they face. Their research, as well as that of others, has alarmingly and consistently reported that these youth continue to face discrimination, harassment, and marginalization both in schools and in communities across the country. While the acceptance and understanding of LGBTQ students has improved, as a country we are far from readily including them in day-to-day activities.

The American Council for School Social Work (ACSSW) was honored and excited to partner with GLSEN as they embarked on their survey and is hopeful that the results of Supporting Safe and Health Schools for Lesbian, Gay, Bisexual, Transgender, and Queer Students moves school mental health professionals to become more active and determined to improve the lives of LGBTQ children and youth. This report provides insight into where we, school mental health professionals, can improve services and exert influence that will ensure that these youth are included and accepted as easily as someone who has brown eyes or blonde hair is included and accepted in schools--and the world beyond. School mental health professionals can and should be in the forefront of establishing a safe and healthy school climate for all.

Results of the report strongly indicate that improvements in the education of and provision of services by school mental health professionals is sorely needed. Understaffing of school social workers who report "lack of time" as a barrier to services underscores the need for schools to provide sufficient mental health support for all students. Likewise, services—programs or opportunities—specific to LGBTQ students can and should be increased if students are to become fully engaged and participatory in schools and communities.

School social workers, in addition to the implications generated in this report, can assist in educating school boards about LGBTQ students and their needs and challenges. They can provide in-service education to school staff. They can address the PTO/PTA and community organizations. They can assist with the development of school policy that does not discriminate against LGBTQ students, ensuring that they are, for example, addressed by their chosen names.

The ACSSW Board of Directors encourages you not only to read this report thoroughly but to take action, working with LGBTQ youth and their schools to strengthen their school experience. We further encourage you to share the findings herein with all who are stakeholders in the education of today's youth. ACSSW is grateful to GLSEN for allowing us to partner in this study and hopes that it will lead to deeper conversations and to significant steps toward improving the lives of LGBTQ students.

Sincerely,

Judith Kullas Shine, MSW, MS, LCSW
Immediate Past President
American Council for School Social Work

Dear Readers,

School is, and should be, one of the safest places for our children and adolescents. Students need a safe and supportive learning environment. Unfortunately, each day thousands of students feel bullied and threatened simply for being who they are. They are made to feel different when they should be accepted. They feel isolated when they should be welcomed. They feel stress when they should enjoy the freedom of youth. In these conditions, it's almost impossible for students to succeed academically, and a wealth of research shows that students perform better in a positive school climate, especially when they feel they have at least one adult they can trust.

Many lesbian, gay, bisexual, transgender, and queer (LGBTQ) students have developed healthy relationships with a school-based mental health professional (SMHP). This reports demonstrates that school counselors, school social workers, school psychologists and other SMHPs hold positive attitudes about LGBTQ-related issues in schools and understand that LGBTQ students face considerable barriers to feeling safe in schools. SMHPs engage in a variety of supportive efforts to play an important role in supporting LGBTQ students. In addition to fostering individual relationships, many SMHPs support LGBTQ students through school-wide initiatives such as displaying Safe Space posters and stickers and other visual signs of support.

Findings from this study reveal that SMHPs themselves encounter barriers to working with LGBTQ students, most commonly a lack of time in the face of overwhelming student loads and a multitude of job responsibilities, including many non-counseling responsibilities that could be assumed by other school personnel. The American School Counselor Association (ASCA) recommends that school counselors spend a minimum of 80 percent of their time in direct and indirect service to students. Unfortunately, most SMHPs are not able to devote the time their students need.

This study is an invaluable tool for effecting change in every school building. We hope it is read widely by teachers, administrators, parents, school board members, legislators and every adult whose work affects LGBTQ students. All educators and parents working together can bring about change such as greater inclusion of content about LGBTQ youth in graduate-level training and continuing education, greater funding and resources for school mental health programs, stronger connections between school and district policies with professional association policies and best practices related to supporting LGBTQ students, and use of available resources like GLSEN's Safe Space Kit.

ASCA is proud to work with GLSEN, ACSSW and SSWAA to present this important research. We are certain it will contribute considerably to safe, welcoming and supportive learning environments for LGBTQ students across America.

Sincerely,
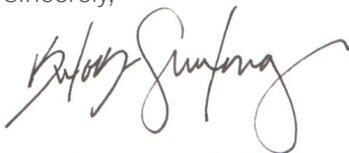
Kwok-Sze Wong, EdD
Executive Director
American School Counselor Association

Dear Readers,

America's youth hold much promise and are the future of our nation. Our youth hold potential for positive impact in the United States and across the globe. Youth spend a considerable portion of their day in the school environment. The School Social Work Association of America (SSWAA) believes that all students should be afforded equal educational opportunity in a safe and supportive school environment. Our youth should be able to attend school without fear of threat, harassment, bullying, or denial of rights – schools that are free from bullying and harassment, that are welcoming and promote school engagement, and advance the success and potential of our nation's young people.

School social workers hold a strong ethical commitment to respect the dignity and worth of each student and are actively engaged in ensuring safe and healthy school environments. As primary mental health service providers on school campuses across the country, school social workers are vital to school climate work. At a system level, school social workers play an active role to establish positive school climates that allow and more importantly, enhance a student's social, emotional, physical, developmental and cognitive potential. SSWAA supports educating students, staff, and all stakeholders regarding potential misconceptions about lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth which may negatively impact their school experience and personal identities.

Knowledge, training, access to reliable data, and proactive conversations promote a school's and community's ability to provide safe and healthy schools for LGBTQ students. For this reason, the School Social Work Association of America (SSWAA) is pleased to have partnered with other specialized instructional support groups and GLSEN on this joint research study: Supporting Safe and Healthy Schools for Lesbian, Gay, Bisexual, Transgender, and Queer Students: A National Survey of School Counselors, Social Workers, and Psychologists. We believe that this important study will provide useful research which will aid in ensuring that our nation's schools provide safe and health environments where all students can learn, grow, and thrive.

Sincerely,

Rebecca K. Oliver

Rebecca Kunkel Oliver, LMSW
School Social Work Association of America (SSWAA)
Executive Director
Vital • Valuable • Visible • Voice

Acknowledgements

Executive Summary

Introduction

For over 25 years, GLSEN has been at the forefront of national efforts to make schools safer and more welcoming for all students, regardless of their sexual orientation, gender identity, or gender expression. To support GLSEN's mission, GLSEN Research conducts national studies examining school climate from multiple perspectives—from the LGBTQ student experience to the viewpoints of school staff and administration. Given that school mental health professionals (SMHPs)—school-based counselors, psychologists, and social workers—play a critical role in the academic and emotional well-being of our nation's youth, it is essential that we have a better understanding of both the pathways and barriers to school-based mental health professionals' support of LGBTQ students.

Given the relative lack of national research examining SMHPs' efforts to support LGBTQ students and create safer school environments, we undertook the *Supporting Safe and Healthy Schools* study to provide a detailed examination of SMHPs' perspectives and experiences regarding their support of LGBTQ students. GLSEN, in partnership with the American Council for School Social Work (ACSSW), the American School Counselor Association (ASCA), and the School Social Work Association of America (SSWAA), conducted the *Supporting Safe and Healthy Schools* survey, which examined SMHPs':

- Perspectives on school climate, including school safety and the frequency of bullying and harassment facing LGBTQ students;

- Graduate education and training on general issues regarding school safety, and their specific exposure to LGBTQ-related competency training;

- Ongoing continuing education experiences regarding the safety and well-being of LGBTQ students;

- Attitudes and beliefs related to LGBTQ issues in schools;

- Self-efficacy regarding LGBTQ-related practices, i.e., their confidence in their abilities to engage in important tasks to support LGBTQ students, and

- Specific efforts to support LGBTQ students, both direct, individual interventions, and school-level efforts to improve school climate and safety.

Methods

From May to September, 2013, SMHPs who worked as school counselors, psychologists, or social workers in U.S. schools (grades 5-12) were invited to participate in the *Supporting Safe and Healthy Schools* study online. Email invitations were sent by ACSSW, ASCA, SSWAA, and a professional association for school psychologists to their membership lists, including via state-level affiliates. Additionally, we conducted targeted outreach through partner organizations' websites, social media (e.g., Facebook, Twitter), and national conferences.

The final sample consisted of 1,741 SMHPs. Respondents came from all 50 states and the District of Columbia. The majority of SMHPs participating in the study were school psychologists (52.0%), just over a third (35.4%) were school counselors, and a minority were school social workers (12.6%). More than eight out of ten respondents identified as White (84.3%), heterosexual (91.0%), and cisgender female (83.0%). The vast majority of participants worked in public school settings (94.5%), largely at the high school level exclusively (41.5%). The average age of respondents was 42.8 years, and the average years of employment was 11.4 years.

Key Findings

PERSPECTIVES ON SCHOOL CLIMATE

School mental health professionals play a key role in addressing the psychological and behavioral issues that may have an impact on students' academic performance and well-being. Thus, they may have an important and unique insight into the challenges that students face in their schools. Part One of this report details SMHPs' assessment of student experiences and school climate. We asked SMHPs for their perspective on a number of problems that students commonly face, including safety, bullying and harassment, and biased language.

Student Safety

- Approximately a third of SMHPs (32.6%) believed that lesbian, gay, and bisexual students would feel unsafe in their schools.

- Nearly half (48.9%) believed that transgender students would feel unsafe.

- Close to half (43.7%) believed that male students with nonconforming gender expressions, i.e., one that does not conform to traditional gender norms (e.g., a male student with feminine gender expression), would feel unsafe.

- Nearly a quarter (22.9%) believed that female students with nonconforming gender expressions would feel unsafe.

- Fewer than 1 in 5 (17.2%) believed that students with LGBTQ parents would feel unsafe.

Bullying, Harassment, and Biased Language

- Nearly 8 in 10 SMHPs (78.1%) believed that bullying, name-calling, and/or harassment of students were serious problem in their schools. Bullying, name-calling, and/or harassment was the second most serious problem cited in their schools, after student behavioral, emotional, and mental health problems (cited by 84.4% of SMHPs).

- Nearly 9 in 10 (88.5%) perceived that students were bullied at least sometimes based on their appearance (i.e., the way they look or body size), which was the most common reason reported.

- Approximately 7 in 10 believed that students were bullied at least sometimes based upon their sexual orientation (73.9%) or gender expression (70.4%).

- More than 6 in 10 frequently heard students use of the word "gay" in a negative way (68.5%) and make other types of homophobic remarks (62.2%) in their schools.

- 6 in 10 (60.2%) frequently heard students make sexist remarks.

- Nearly half (47.4%) frequently heard students make negative comments related to gender expression, such as others not acting "masculine" or "feminine" enough.

PREPARATION FOR WORKING WITH LGBTQ STUDENTS

While LGBTQ students face similar challenges to academic performance that all students do, there are unique issues that LGBTQ students face that may require specialized knowledge and skill to address. Therefore, in Part Two of this report, we assess multiple aspects of SMHPs' training—from their graduate school education to their ongoing, on-the-job professional development—that could play an important role in their preparedness to support LGBTQ students. We also examine attitudes and beliefs that might relate to SMHPs capacity to support LGBTQ students in their schools.

Graduate Education and Training

The majority of SMHPs received inadequate preparation for working with LGBTQ populations in their graduate education/training.

- 7 in 10 SMHPs (69.8%) received little to no competency training in their graduate programs related to working with LGB populations.

- 8 in 10 (80.5%) received little to no competency training in their graduate programs related to working with transgender populations.

- Over 7 in 10 (76.0%) received little to no competency training in working specifically with LGBTQ youth.

- A sizable portion, ranging from 25.7% to 37.4%, reported receiving no graduate training whatsoever in working with LGBTQ populations.

- Nearly two-thirds (64.3%) rated their graduate programs fair or poor in preparing them for school-based work with LGB students.

- Nearly three-quarters (73.7%) rated their graduate programs fair or poor in preparing them for school-based work with transgender students.

Continuing Educational and Training Experiences

The vast majority of SMHPs reported receiving some professional development or training on bullying and school safety, but fewer had professional development or training that included content on LGBTQ student issues.

- Approximately 8 in 10 SMHPs reported receiving in-service training (88.1%) or attending a conference panel or workshop (80.4%) on bullying and school safety at least sometimes in their professional careers.

- Over a third (37.3%) had not received any formal education or training on LGBTQ-specific student issues during their professional careers.

- About 6 in 10 reported reading LGBTQ-related research and literature (64.9%) or consulting with colleagues on their work with LGBTQ students in schools (56.9%) at least sometimes in their professional careers.

LGBTQ-Related Attitudes and Beliefs

School mental health professionals' attitudes and beliefs related to LGBTQ student issues may serve as indicators of their willingness and ability to support LGBTQ students. Overall, the majority of SMHPs in our study endorsed positive views towards LGBTQ students and LGBTQ-related school issues.

- Nearly 9 in 10 (87.2%) SMHPs agreed that it was their professional responsibility to provide supportive counseling to LGBTQ students.

- 8 in 10 (80.2%) indicated that they would not avoid topics of sexual orientation and gender identity in discussions with students.

- Nearly 9 in 10 (87.4%) believed that students of the same sex/gender should be able to attend the prom together as a couple.

- More than three quarters (76.8%) believed that sex education should portray LGBTQ identities as normal and healthy.

- Over half did not believe that it was better for male (55.5%) or female (57.1%) students to express their gender in ways that conformed with traditional gender expectations (i.e., masculine or feminine).

However, a minority of SMHPs (22.1%) agreed that it would "be okay" for LGBTQ educators to disclose their identity to students.

Confidence in Working with LGBTQ Student Issues

We asked SMHPs to report on their level of confidence, i.e., their self-efficacy, in engaging in specific efforts to support LGBTQ students in schools. By and large, SMHPs reported high levels of self-efficacy in such efforts.

SMHPs reported feeling *more* confident in:

- Intervening in anti-LGBTQ remarks, bullying, and/or harassment of students (93.1% felt somewhat or very confident);

- Using culturally sensitive terminology when talking with or about LGB people (89.1% felt somewhat or very confident);

- Creating a safe space for LGBTQ students (86.9% felt somewhat or very confident), and

- Providing counseling and support to an LGBTQ student (82.0% felt somewhat or very confident).

SMHPs felt *least* confident in:

- Helping students identify LGBTQ-friendly colleges (59.7% felt somewhat or very confident);

- Conducting support groups specifically for LGBTQ students (47.4% felt somewhat or very confident);

- Serving as a GSA sponsor/advisor in their school (46.3% felt somewhat or very confident), and

- Addressing the unique health and mental health needs of transgender youth (35.3% felt somewhat or very confident).

We examined the factors that might play a role in SMHPs' feelings of confidence, i.e., self-efficacy, in their LGBTQ-related practice abilities and found that SMHPs were more likely to report higher LGBTQ-related practice self-efficacy when they:

- Received greater exposure to competency training with LGBTQ populations in graduate school;

- Gave higher ratings to their graduate programs in preparing them to work LGB and transgender students;

- Reported greater exposure to ongoing, on-the-job continuing education and training activities related to LGBTQ students;

- Endorsed more positive attitudes and beliefs towards LGBTQ-related issues in schools; and

- Reported greater familiarity with LGB and transgender individuals in their personal and professional lives.

EFFORTS TO SUPPORT LGBTQ STUDENTS

In Part Three of our report, we examine the degree to which SMHPs engage in a number of efforts to support LGBTQ students directly (such as providing individual counseling and support), and also engage in efforts to address the overall school climate for LGBTQ students (such as intervening in LGBTQ-related bullying and harassment).

Individually-Focused Efforts

We asked SMHPs about supportive actions with or on behalf of LGBTQ students. Most SMHPs reported having had meetings with LGB students, individually or in a group, whereas fewer reported having had meetings with transgender students. Further, with regard to other specific actions, SMHPS most commonly reported individual counseling or support with LGBTQ students and consulting with staff about LGBTQ student issues.

- Meeting with at least one LGB student in an individual or group setting in the past school year – 73.6%; meeting with at least one transgender student in an individual or group setting in the past school year – 26.1%.

- Having a Safe Space sticker or other visual sign of support for LGBTQ students in a place that they met with students – 45.1%.

- Providing individual counseling or support to LGBTQ students related to sexual orientation – 42.0% at least sometimes.

- Consulting with staff about LGBTQ students in their school – 40.6% at least sometimes.

- Consulting with an LGBTQ student's family member – 29.8% at least sometimes.

- Providing support/counseling related to students gender identity – 28.5% at least sometimes.

- Referring students to LGBTQ-sensitive providers or agencies – 27.7% at least sometimes.

- Providing LGBTQ-specific educational or informational materials to students – 22.4% at least sometimes.

- Exploring college or career options of LGBTQ students – 22.3% at least sometimes.

- Providing health education to LGBTQ students – 15.8% at least sometimes.

- Assisting LGBTQ students in coming out process – 15.0% at least sometimes.

School Wide-Focused Efforts

We also asked SMHPs how often they engaged in efforts to address the overall school climate for LGBTQ students. Overall, SMHPs did not commonly report engagement in systems-level interventions, which is likely due to their prescribed role in the school. Nevertheless, almost half reported intervening in LGBTQ-related bullying at harassment on a somewhat regular basis (i.e., at least "sometimes").

- Intervening in LGBTQ-related bullying and harassment – 47.9% at least sometimes.

- Consulting with school or district administration about policies related to LGBTQ student safety and well-being – 20.7% at least sometimes.

- Working on school-wide programs addressing LGBTQ student safety or well-being – 17.6% at least sometimes.

- Advocating for LGBTQ inclusion in curriculum – 12.3% at least sometimes.

- Conducting a class or workshop about LGBTQ issues for students– 10.8% at least sometimes.

- Leading a support group for LGBTQ students – 8.7% at least sometimes.

- Conducting workshops or trainings on LGBTQ issues for staff – 7.9% at least sometimes.

Factors Related to SMPHs' Efforts to Support LGBTQ Students

We examined how perceptions and attitudes about LGBTQ student issues were related to SHMPs' engagement in LGBTQ-related efforts. Further, we examined how their self-efficacy and their past training on these issues related to engagement. Overall, we found that awareness of and prior education and training regarding LGBTQ people were related to greater engagement in LGBTQ-related efforts, as was greater self-efficacy related to such efforts. Specifically, SHMPs were more likely to engage in efforts when they:

- Perceived that LGBTQ students in their schools were frequently bullied, harassed, or called names based on their sexual orientation or gender identity/expression;

- Had greater familiarity with LGBTQ people in their personal and professional lives;

- Received more LGBTQ-related competency education and training in their graduate programs;

- Received more LGBTQ-specific continuing education and training experiences in their professional careers, and

- Had greater confidence in their abilities to engage in efforts with LGBTQ students in schools.

We also asked SMHPs to identify the barriers they face in engaging in efforts to support LGBTQ students. Lack of time and competing job responsibilities were most commonly reported as barriers.

- Over half of SMHPs reported that a lack of time (56.0%) and other job responsibilities (53.0%) were barriers to engaging in efforts to support LGBTQ students.

- 40.7% of SMHPs reported that a lack of training was a barrier to engaging in LGBTQ-supportive efforts.

- 31.9% reported that a lack of material resources, such as funding, was also a barrier to engaging in LGBTQ-supportive efforts.

- 24.5% felt that the culture of the school (i.e., homophobic or heterosexist) was a barrier to engagement.

- More than one in ten SMHPs felt that objections by parents (16.1%), administration (14.2%), school staff (11.8%), and community members (10.7%) were barriers to engagement.

- Less than one in ten SMHPs felt that objections by their school board (8.3%), and students (5.3%) were barriers to engagement.

- Among the barriers reported, SMHPs who reported a lack of training as a barrier were less likely to actually engage in frequent LGBTQ-supportive efforts.

Conclusions and Recommendations

Findings from the *Supporting Safe and Healthy Schools* study highlight the important role that SMHPs play in the safety and well-being of our nation's students, and demonstrate a critical need for schools, districts, and educational organizations to provide them with the support and resources to do more. In general, our findings suggest that a large majority of SMHPs in our study are in a unique position to be strong advocates for LGBTQ students and school safety in general. SMHPs in our study largely held positive attitudes towards LGBTQ-related issues in schools, saw that LGBTQ students faced considerable barriers to feeling safe in schools, and felt that they played an important role in supporting students. However, our findings also highlight a gap between their desire to support LGBTQ students and their actual practices to support LGBTQ students. Although some of these school personnel report being very active supports and advocates for LGBTQ students, the majority of SMPHs rarely engaged in many of the LGBTQ-related supportive practices we examined, and a concerning number of SMHPs in our study reported never engaging in these supportive practices.

Although more research is needed to better understand the gap between SMHP's beliefs and practices; our findings provide some insights. Many of the SMHPs in this study reported a lack of time to engage in some of the practices we asked about in our survey. It is quite possible that too few resources are given to schools to engage in mental health support for students, and therefore many schools are understaffed, which may limit SMHPs' ability to engage in tasks that they deem important. Furthermore, our study identified low levels of training and ongoing professional development in LGBTQ-related issues, and found that less training was related to less engagement in practices. In fact, four in ten of the SMPHs in our survey self-identified a lack of training as a barrier to their engagement in LGBTQ-supportive practices. Furthermore, we also found that a greater familiarity with LGBTQ people, both in a personal and professional context, was also related to LGBTQ-supportive practices. It may be that knowing LGBTQ people results in decreased prejudice and greater sense of empathy, resulting in stronger motivation ensure LGBTQ students are safe and supported in school. To this end, there are steps that schools can take to increase the visibility of LGBTQ people, such as adopting and reinforcing a vision and mission statement that is welcoming and inclusive of LGBTQ students, creating an environment where LGBTQ school staff can feel comfortable being open about their identities, ensuring that sexual orientation and gender identity are included in non-discrimination statements and employment protections, and including LGBTQ content in the school curriculum.

Findings from this study indicate that although SMPHs share some common beliefs, practices, and areas for growth regarding LGBTQ student issues, their preparation and experiences may vary based on the particular expectations and roles associated with their individual profession – counselor, psychologist, or social worker. These results indicate that that one-size-fits-all trainings or interventions would not be optimal, and professional development should be tailored to the specific school mental health profession.

Based on our findings, we recommend the following to support SMHP's desires and efforts to create safer and more inclusive schools for LGBTQ students:

- Take steps to improve SMHPs' graduate education curricula by including more LGBTQ-related content, evaluating outcomes related to LGBTQ-student competencies, and holding schools accountable to accreditation standards requiring the inclusion of LGBTQ issues in curricula.

- Educate and inform SMHPs about their professional membership organizations' position statements and ethical standards related to LGBTQ youth issues in schools.

- Develop and implement trainings for SMHPs that have been evaluated for their effectiveness, and that specifically demonstrate an increase in SMHPs self-efficacy.

- Ensure that education and training efforts related to LGBTQ students for SMHPs include specific content related to transgender students. Specifically, ensure that SMHPs are prepared to work with transgender students and understand the issues of gender identity and expression. Not only will this support their work with transgender students, but also can provide a stronger foundation for addressing issues of gender identity and expression among all students.

- Increase SMHPs' awareness of and familiarity with LGBTQ people and issues, especially among those who may have less personal and professional familiarity with LGBTQ populations.

- Increase funding to school districts for professional development activities for SMHPs, and ensure that sufficient funding is allocated to LGBTQ-specific training.

- Provide SMHPs with more knowledge about activities that they can engage in to support LGBTQ students, and provide them with the resources to facilitate this engagement. For example, SMHPs should be informed about resources that may be easily accessible to them, such as GLSEN's *Safe Space Kit*.

- Consider the specific professional population – counselor, psychologist, social worker – and their particular roles, needs, and context when conducting professional development, providing resources, or advocating for LGBTQ-supportive efforts.

- Recognize the importance of the context in which SMHPs work, and continue to engage in targeted efforts to improve school contexts that are particularly hostile towards LGBTQ youth and discourage SMHPs' efforts.

SMHPs are an important part of the school community and have a unique role for supporting LGBTQ students to reach their fullest potential. Implementing these recommendations will facilitate these school professionals helping to create safer and affirming schools for LGBTQ students.

Introduction

Since 1999, GLSEN has been at the forefront of a growing body of research examining the school experiences of lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth in the United States. Findings from our biennial survey on LGBTQ students' school experiences, GLSEN's *National School Climate Survey* (NSCS), have consistently demonstrated that LGBTQ youth face alarmingly high levels of harassment, assault, biased language, and discrimination at school that have a negative impact on their educational experiences and psychological well-being.[1] Our research also suggests that school resources and supports, such as the presence of educators supportive of LGBTQ youth, can have a positive impact on the experiences of LGBTQ students.[2] GLSEN's research has specifically found that LGBTQ students with more supportive school staff felt safer in their schools, experienced less victimization, reported greater psychological well-being, and had better academic outcomes.[3] Additional research has found that the presence of educators[4] supportive of LGBTQ students mitigated the effects of victimization on their mental health, and that emotional and academic support from educators had positive effects on LGBTQ students' academic and psychological well-being.[5]

In addition to understanding school climate from the student perspective, GLSEN also recognizes that school personnel play a central role in creating more positive, welcoming, and supportive climates for all students. As such, GLSEN's research has also examined the perspectives on school climate and efforts to support LGBTQ students of educators — specifically school principals and teachers.[6] The *Supporting Safe and Healthy Schools* (SSHS) study makes an important contribution to our understanding of school personnel's efforts to support LGBTQ youth by examining the experiences and efforts of school mental health professionals (i.e., school psychologists, counselors, and social workers) as they relate to improving school climate for LGBTQ students. School mental health professionals (herein referred to as "SMHPs") provide academic and psychosocial support to students in order to promote their success in school and beyond. At the individual student level, SMHPs provide

a range of services, depending on their role and responsibilities, including: individual and family support, counseling, psychological testing and assessment, behavioral intervention, crisis intervention, social competence instruction and promotion, career counseling, and academic planning. At the school or "system" level, SMHPs may engage in activities that promote the well-being and positive development of the student body, such as: developing and implementing school-wide prevention programs; consulting with teachers regarding student performance and well-being; curriculum planning; and advocating for programs and policies that promote safer and more welcoming school environments.

Scholars, safe school advocates, and educational and professional organizations articulate and endorse the roles that SMHPs can play in providing competent, direct services to LGBTQ students in need. They also advocate for SMHPs' engagement in efforts to positively influence the school climate through a number of professional activities, including intervening in bullying and harassment, advising Gay-Straight Alliances (GSAs), or influencing school policies and curricula to be more inclusive of LGBTQ students and issues.[7] In light of these recommendations, it is notable that only a few studies have specifically examined the state of SMHPs' LGBTQ-related competencies and practices in schools.

Despite the gaps in our knowledge on the state of SMHPs' practices with LGBTQ students, there is some evidence that LGBTQ students' psychosocial needs are not being sufficiently met by their schools.[8] For example, existing research suggests that despite their beliefs that providing supportive counseling to LGBTQ youth or intervening in bullying behavior is important, SMHPs infrequently engage in such efforts.[9] Furthermore, our NSCS found that only about a third of LGBTQ students sought support from SMHPs in the past school year, despite a majority reporting that they would feel comfortable talking with SMHPs about LGBTQ issues.[10] Little is currently known about the barriers that SMHPs face in supporting LGBTQ youth, but some experts have suggested that SMHPs receive inadequate training and support related to LGBTQ issues, which may lead to a decreased motivation or willingness to provide support.[11] A

better understanding of SMHP's efforts to support LGBTQ students and the potential barriers to and facilitators of these efforts is needed to advance our efforts to create safer and more welcoming school environments for LGBTQ and all students.

In partnership with the American Council for School Social Work (ACSSW), American School Counselor Association (ASCA), and School Social Work Association of America (SSWAA), we undertook the *Supporting Safe and Healthy Schools* study to better understand the role that SMHPs play in supporting LGBTQ youth in schools. Members of these professions can be found in most schools, and, while they vary in the nature and focus of the work they do, they share a commitment to maintaining and enhancing the social-emotional well-being of all students. Although other school personnel also contribute to students' mental and emotional health, school psychologists, counselors, and social workers are tasked with the responsibility for prevention and intervention with students who are particularly marginalized, vulnerable, or at-risk. Therefore, SMHPs can play a central role in promoting the safety and well-being of LGBTQ students, a population often subjected to hostile school climates and communities.

This study fills an important gap in our knowledge by providing the most comprehensive examination to date of SMHPs' efforts, on a national level, to support LGBTQ students and foster safer school climates. In addition to documenting their current practices, we assess: (a) SMHPs' perceptions of school climate for LGBTQ youth and other students; (b) their exposure to LGBTQ-related content in their graduate training, continuing education, and training activities; (c) their personal attitudes and beliefs as they relate to LGBTQ people and issues; and (d) their confidence in providing important services to LGBTQ students. Furthermore, we examine SMHPs' specific efforts to support LGBTQ students, from the individual level, such as supportive counseling, to school-level efforts that affect the larger climate, such as policy advocacy. We also examine what factors are related to these supportive behaviors and what barriers SMHPs may face in their efforts to support LGBTQ youth. We believe that the findings from this report will make a significant contribution to growing efforts to respond to LGBTQ student needs and to improve school climate for all students, regardless of their sexual orientation, gender identity, or gender expression.

Methods and Sample

The *Supporting Safe and Healthy Schools* (SSHS) study was conducted via a national survey of secondary school mental health professionals' (SMHPs') experiences with LGBTQ student issues by GLSEN's Research Department in partnership with the American Council of School Social Work (ACSSW), American School Counselor Association (ASCA), and School Social Work Association of America (SSWAA).

GLSEN Research—in collaboration with partner organizations and other educational experts on LGBTQ issues in schools—developed the SSHS study and survey instrument (see the Appendix for the complete survey instrument). In addition to collecting data on general demographic, professional, and school characteristics, the survey was designed to assess the following information related to SMHPs' LGBTQ-related work experiences: perceptions of school climate, graduate training, professional development activities, attitudes, LGBTQ-related self-efficacy, school culture, and LGBTQ-related practice activities. Items and scales were largely adapted from GLSEN's previous research examining the perspectives and competencies of school staff and administration[13] and were also informed by existing scales that measure general LGBTQ-related counseling competencies and self-efficacy.[14]

The survey was administered via the internet to public and private school personnel employed as school psychologists, counselors, or social workers, and who were working with students in 5th-12th grades. From May to September, 2013, we invited SMHPs to participate in the survey using three methods:

- Email invitations containing a link to the survey were sent by ACSSW, ASCA, SSWAA, and a professional organization of school psychologists to their professional membership lists, including follow up emails reminding members to participate;

- State-level affiliates of these organizations advertised the study to members of their organizations through email invitations, websites, and/or social media (e.g., Facebook, Twitter); and

- School counselors attending a national conference received promotional materials inviting them to participate.

The final sample consisted of 1,741 SMHPs. About half of the respondents were school psychologists (52.0%), just over a third (35.4%) were school counselors, and about a tenth were school social workers (12.6%; see Table M.2). We calculated an approximate maximum response rate for email invitation outreach method for the entire sample and each of the professional subsamples (# who completed the survey/ # of members sent email invitations). Due to the nature of the outreach, we were not able to calculate maximum response rates for state-level affiliate outreach or conference promotion.

- Overall, a total of 35,604 members of our research partners' organizations were contacted via email to participate in the survey. 1,741 SMHPs completed the survey, resulting in a maximum response rate of 4.9% for the entire sample.

- Response rate by profession:

  – 17,903 members of ASCA were sent email invitations and 617 school counselors completed the survey, resulting in a maximum response rate of 3.4% for school counselors.

  – 3,077 school social workers (1,077 members of SSWAA and 2,000 members of ACSSW) received invitations and 219 school social workers completed the survey, resulting in a maximum response rate of 7.1% for school social workers.

  – 14,624 members of a professional organization of school psychologists received email invitations and 905 school psychologists completed the survey, resulting in a maximum response rate of 6.2% for school psychologists.

Demographic, professional, and setting characteristics of the entire sample and the professional subsamples are presented in Tables M.1 and M.2. Respondents were from all 50 states and the District of Columbia. More than eight out of 10 respondents identified as White (84.3%), heterosexual (91.0%), and/or cisgender

female (83.0%, note: "cisgender" refers to individuals whose gender identity aligns with their sex assigned at birth, i.e. not transgender). About four out of 10 (41.5%) worked exclusively at the high school level, and the vast majority worked in public school settings (94.5%). The distribution of school settings of the participants was relatively equal across region and locale. In addition, though not noted in the Tables, the average age of respondents was 42.8 years, and the average years of employment by their schools was 11.4 years.

Table M.1. Demographic Characteristics (N=1,741)

Characteristic	Full Sample		Counselors	Psychologists	Social Workers
	n	%	%	%	%
Gender[a]					
Cisgender female[b]	1147	83.0%	82.1%	81.9%	89.8%
Cisgender male	235	17.0%	17.9%	18.1%	10.2%
Sexual Orientation					
Heterosexual	1252	91.0%	90.1%	91.7%	90.2%
Gay/lesbian	91	6.6%	7.9%	6.1%	5.7%
Bisexual	28	2.0%	1.8%	1.7%	4.0%
Other sexual orientation	5	0.4%	0.2%	0.5%	0.0%
Race/Ethnicity					
White	1165	84.3%	83.9%	87.0%	73.4%
Hispanic/Latino/a	57	3.3%	4.4%	2.9%	9.0%
African American or Black	62	3.6%	4.1%	3.1%	11.3%
Asian or Pacific Islander	16	1.2%	1.1%	1.0%	1.7%
Middle Eastern or Arab American	3	0.2%	0.2%	0.3%	0.0%
Native American, American Indian, or Alaska Native	5	0.4%	0.2%	0.3%	1.1%
Multiracial	73	5.3%	6.0%	5.3%	3.4%
Other	1	0.1%	0.0%	0.1%	0.0%
Religion					
Catholic	344	24.9%	25.1%	23.4%	31.3%
Protestant	182	13.2%	11.8%	15.1%	8.4%
Christian (not-specified)	370	26.8%	31.8%	23.4%	29.6%
Jewish	75	5.4%	4.1%	6.5%	3.9%
Muslim/Islamic	3	0.2%	0.2%	0.3%	0.0%
Hindu	3	0.2%	0.0%	0.4%	0.0%
Atheist/Agnostic	108	7.8%	5.8%	9.5%	5.6%
Buddhist	21	1.5%	1.4%	1.4%	2.2%
Other	35	2.5%	2.8%	2.5%	2.2%
Unaffiliated	234	17.0%	16.4%	17.4%	16.8%

[a] Respondents were administered a multi-check gender identity measure (male, female, transgender, another gender identity not listed). No participants identified as transgender or another gender identity. n this sample, given that no respondents identified as transgender or another gender identity, we identified respondents as either cisgender male or female.

[b] Cisgender refers to individuals whose gender identity aligns with their sex assigned at birth.

Table M.2. Professional and Setting Characteristics (N=1,741)

Characteristic	Full Sample		Counselors	Psychologists	Social Workers
	n	%	%	%	%
Profession					
Counselor	617	35.4%			
Psychologist	905	52.0%			
Social worker	219	12.6%			
Degree					
Bachelors	2	0.1%	0.0%	1.1%	1.1%
Masters	878	62.4%	89.5%	39.2%	94.5%
Doctorate	184	13.2%	4.0%	21.0%	1.6%
Other	342	24.3%	6.5%	39.7%	2.7%
School Level					
Middle/junior high school	539	31.0%	33.1%	30.6%	26.5%
High/senior high school	722	41.5%	45.7%	37.6%	45.7%
Secondary school (e.g., 6-12)	139	8.0%	7.1%	8.4%	8.7%
K-8	158	9.1%	6.6%	13.8%	7.8%
K-12	183	10.5%	7.5%	9.6%	11.4%
Work in More than One School					
No	749	54.4%	84.0%	25.6%	37.9%
Yes	627	45.6%	16.0%	74.4%	62.1%
School Locale					
Urban	404	28.8%	30.6%	26.2%	35.4%
Suburban	534	38.0%	36.0%	39.6%	36.5%
Rural	466	33.2%	33.3%	34.3%	28.2%
School Type					
Public (non-charter school)	1270	90.8%	83.8%	93.7%	95.6%
Public charter school	52	3.7%	4.0%	3.4%	4.4%
Private (not religious)	38	2.7%	4.7%	2.2%	0.0%
Religious	39	2.8%	7.4%	0.8%	0.0%
Region					
Northeast	366	21.0%	21.7%	22.1%	14.7%
Midwest	508	29.2%	27.4%	29.4%	33.6%
South	492	28.3%	29.5%	26.0%	34.6%
West	372	21.4%	21.4%	22.5%	17.1%

Part One: School Mental Health Professionals' Perspectives on School Climate

Overview

School mental health professionals (SMHPs) can play a central role in addressing the academic, emotional, and social issues that affect students' educational success and personal well-being. Given their mental health expertise and their interactions with students, SMHPs may hold important and unique insights into the problems and issues that students face in their schools. GLSEN's previous research has revealed that educators (i.e., principals and teachers) perceived bullying, name-calling, and harassment of students in their schools as a serious problems, and that they believed students commonly felt unsafe in their schools based upon their sexual orientation, gender identity, or gender expression.[16] Part One of this report adds to our efforts to understand educators' perspectives on school climate for students in general and LGBTQ youth in particular by examining SMHPs' views on school safety and the issues that students may face in their schools.

Seriousness of Student Problems

We asked SMHPs about the seriousness of certain issues that students face both in and out of school, including: mental health and behavioral problems (e.g., substance use), family and economic instability, and violence (e.g., bullying, gang activity). As shown in Figure 1.1, SMHPs reported that behavioral, emotional, and mental health problems were most serious (84.4% reporting "somewhat" or "very"), followed by bullying, name calling, and harassment of students (78.1%), and family and economic stability (74.2% and 72.9%, respectively), and academic performance/achievement (70.8%).[17] SMHPs reported that other school violence (e.g., fighting, weapons, or gang activity) was the least serious problem in their schools among the problems; however, a sizable amount, nearly one third (29.6%) still believed it was a serious problem facing students.

Figure 1.1 SMHPs' Perceptions of the Seriousness of Student Problems
(Percentage reporting "somewhat" or "very" serious)
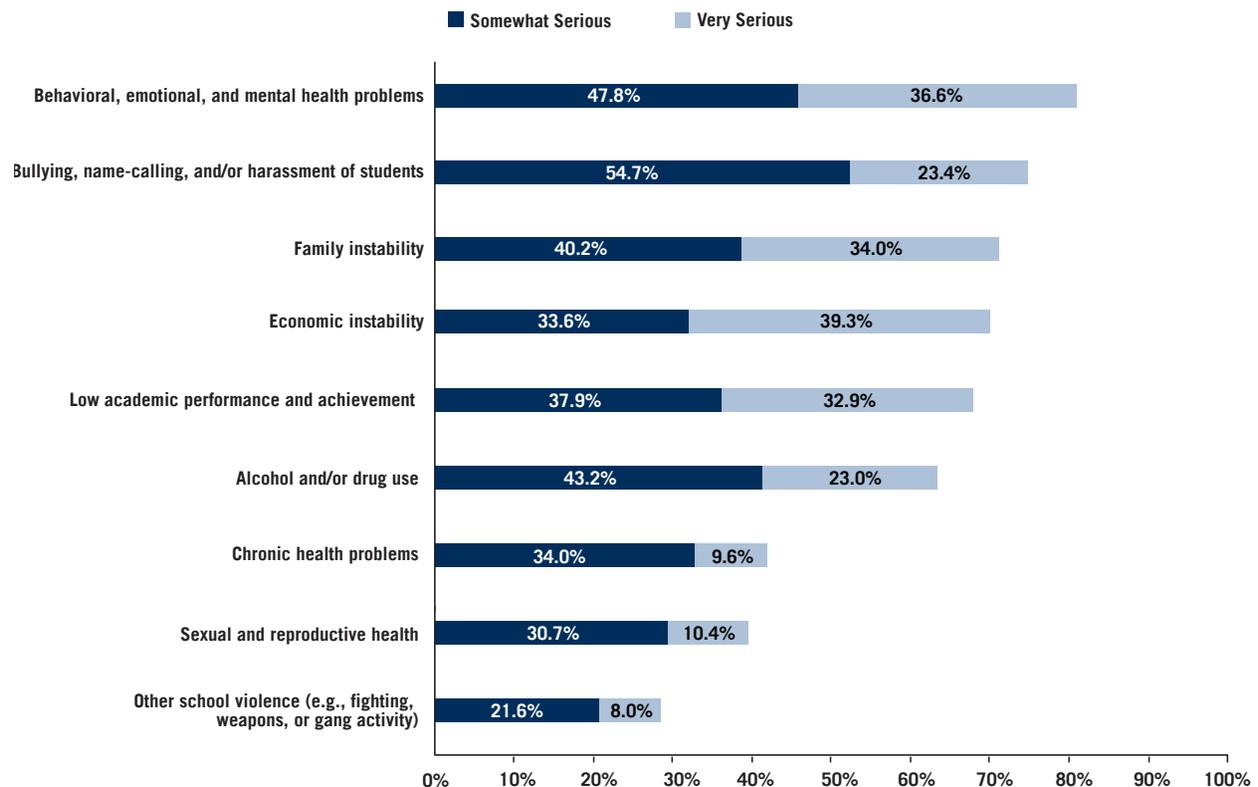
Student Safety

The degree to which students feel safe and welcome in their schools can greatly impact their well-being and ability to thrive academically. GLSEN's *National School Climate Survey* (NSCS) has consistently shown that LGBTQ students frequently feel unsafe in their schools, and this lack of safety is related to several negative outcomes, such as increased school absences.[18] As noted above, school safety, specifically name-calling, bullying, and harassment, was seen by SMHPs as one of the most serious issues facing students in their schools. Therefore, we asked SMHPs to assess how safe students would feel in their schools based on certain personal characteristics, including: sexual orientation, gender identity, gender expression, having LGBTQ parents, race, religion, and disability.

Overall, many SMHPs reported a belief that students would feel unsafe based on characteristics related to sexual orientation, gender identity, or gender expression (see Figure 1.2). Specifically, SMHPs were most likely to report that transgender students and gender nonconforming males (i.e., male students who expressed their gender in a typically "feminine" manner) would feel unsafe in their schools (48.9% and 43.7%, respectively).[19] Nearly a third of SMHPs (32.6%) believed that lesbian, gay, and bisexual students would feel unsafe

in school, followed by gender nonconforming females (22.9%), and students with LGBTQ parents (17.2%).

While just over 2 in 10 SMHPs believed that gender nonconforming females (i.e., female students who expressed their gender in a typically "masculine" manner) would feel unsafe in their schools, this number represents only about half as many who believe that gender nonconforming males would feel unsafe. GLSEN's previous research has similarly shown that gender nonconforming males may experience higher levels of victimization than gender nonconforming females,[20] and that other educators also perceived this discrepancy in the experiences of gender nonconforming students.[21] SMHPs' perspectives on gender nonconforming students may reflect the greater fluidity of gender expression afforded to females as compared to males. For example, it is often considered more acceptable for a girl to dress or behave in ways deemed "masculine" than for a boy to dress or behave in a "feminine" manner.[22]

In comparison to these findings about LGBTQ students, gender nonconforming students, and students with LGBTQ parents, significantly fewer SMHP reported a belief that students who were racial minorities (6.8%), religious minorities (5.4%), or had disabilities (4.3%) would feel unsafe in their schools.

Figure 1.2 Percentage of SMHPs Perceiving that Students Would Feel Unsafe Based Upon Certain Characteristics
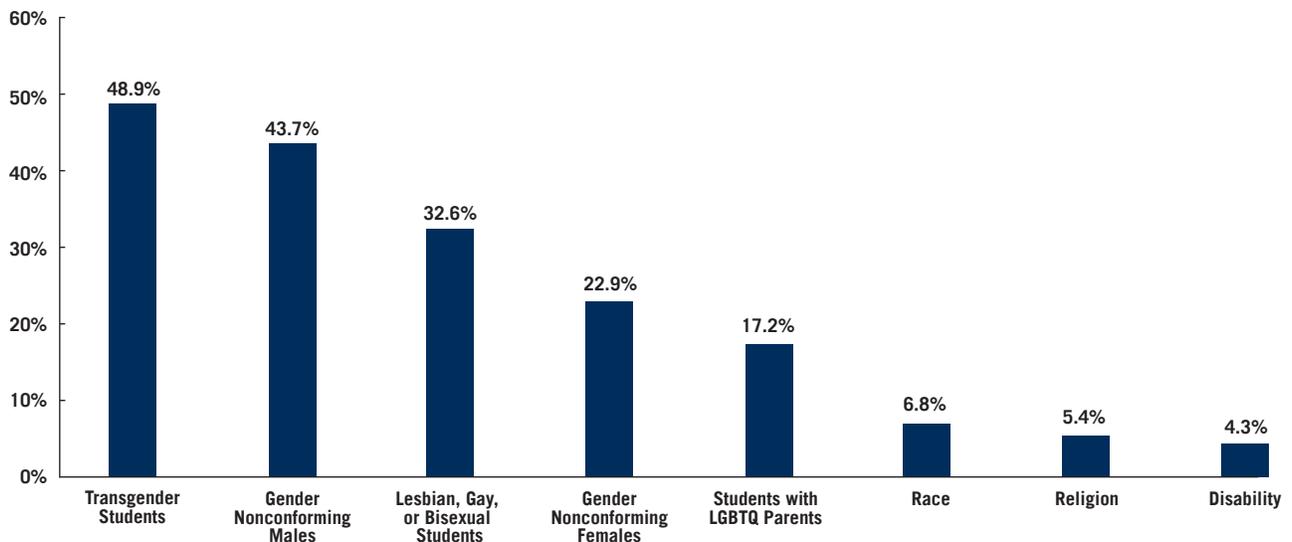
In comparison to these findings about LGBTQ students, gender nonconforming students, and students with LGBTQ parents, significantly fewer SMHP reported a belief that students who were racial minorities (6.8%), religious minorities (5.4%), or had disabilities (4.3%) would feel unsafe in their schools.

Bullying, Harassment, and Biased Language

Bullying and other forms of victimization and bias at school create a hostile climate that can leave students feeling unsafe and restrict students' access to education. It is crucial that educators, including SMHPs, prevent and intervene in biased and aggressive behaviors. SMHPs' level of awareness of these problems could play an important role in their motivation to intervene. Thus, we assessed their perspectives on the bullying, harassment, and biased language among students.

BIASED REMARKS

Biased remarks made by students at school are important indicators of school climate for students in general, and also for LGBTQ students specifically. LGBTQ students participating in GLSEN's *National School Climate Survey* reported commonly hearing biased remarks related to students' sexual orientation, such as "that's so gay" and other homophobic remarks, or negative remarks about the way students express their gender.[23] In addition to asking SMHPs about the frequency with which they hear these types of remarks, we also asked about the frequency of other biased remarks made by students, including those related to students' appearance, sex, race, religion, and abilities.

SMHPs perceived that biased-based language was very common in their schools (see Figure 1.3). SMHPs were most likely to report that students regularly ("sometimes," "often" or "very often") made remarks using "gay" in a negative way (84.4%), followed by negative remarks about students' appearance (79.3%) and homophobic remarks, such as "fag" or "dyke" (67.6%).[24] Remarks related to students' gender or gender expression were also common: nearly two-thirds (63.7%) heard students regularly make sexist remarks, and nearly half (48.9%) reported hearing students regularly make comments about students not acting "masculine" or "feminine" enough. SMHPs reported hearing negative remarks regarding students' religion least frequently.

Figure 1.3 Hearing Biased Remarks Based Upon Student Characteristics
(Percentage of SMHPs reporting hearing biased remarks from students)
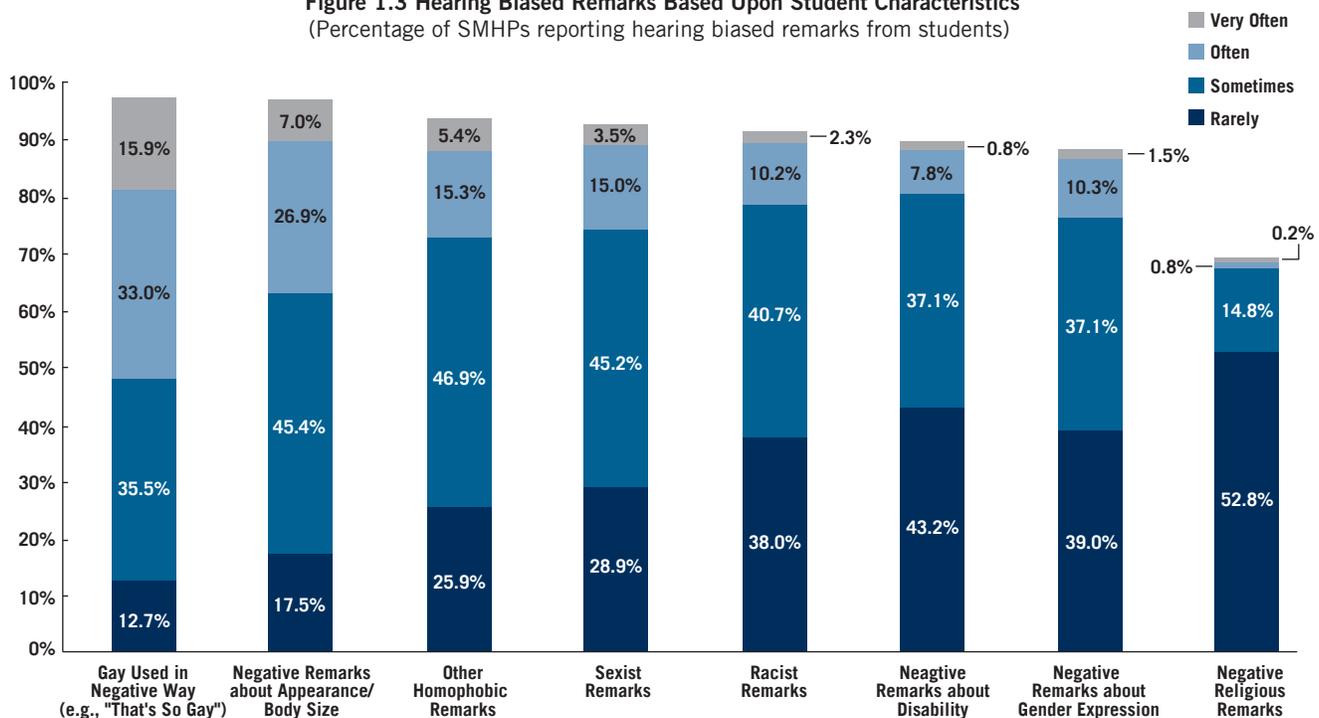
TARGETED CHARACTERISTICS IN BULLYING, HARASSMENT, AND NAME-CALLING

GLSEN's previous research has found that bullying and harassment can often be motivated by bias, and that students are often targeted based upon their personal characteristics – either actual or perceived.[25] Furthermore, other research indicates that the effects of bias-based bullying might be more pronounced than bullying without a component of bias related to student's identity.[26] Therefore, we asked SMHPs about the reasons why students in their schools are targeted for bullying, name-calling, and harassment.

As shown in Figure 1.4, SMHPs reported that students were most commonly victimized based upon their appearance (i.e., the way they look or body size), with nearly 9 in 10 (88.5%) reporting that students were bullied for this reason sometimes, often, or very often.[27]

Bullying, harassment, and name-calling based upon students' sexual orientation and gender expression were the second and third most common reasons -- about 7 in 10 SMHPs perceived that bullying, harassment, and name-calling based upon a student's sexual orientation (73.9%) or gender expression (70.4%) occurred sometimes, often, or very often in their school. Almost two-thirds (63.9%) of SMHPs reported bullying, harassment, and name-calling based on race/ethnicity as occurring sometimes, often, or very often. Bullying, harassment, and name-calling based on students' religion was the least common reason reported (27.0%; see Figure 1.4).

**Figure 1.4 Perceptions of the Targeted Characteristics in
Student Bullying, Harassment, and Name-Calling**
(Percentage of SMHPs reporting students are victimized based on the characteristic)
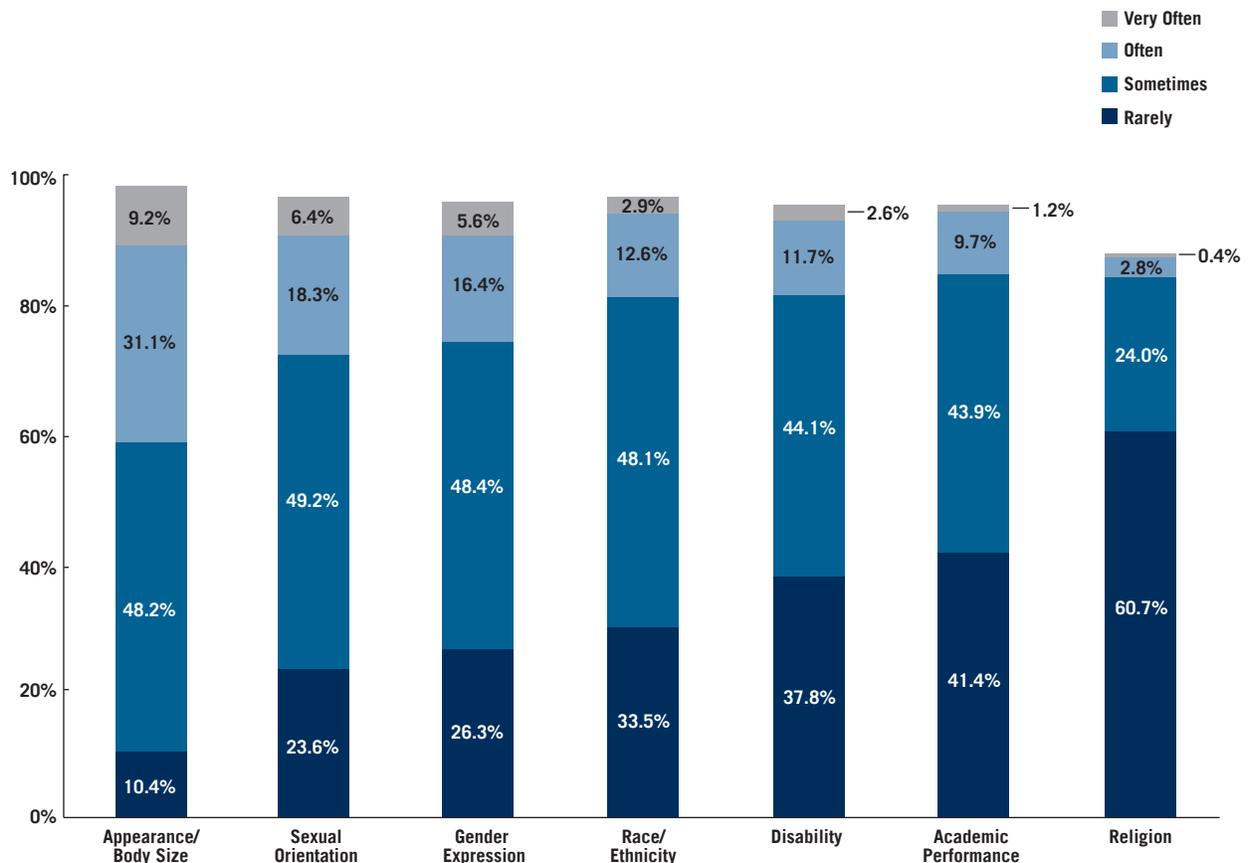
School Community's Supportiveness

GLSEN's research has shown that when LGBTQ students were able to identify staff supportive of LGBTQ students they felt safer and more connected to their schools.[28] Furthermore, the degree to which SMHPs feel that their school community is supportive of LGBTQ students could make a difference in how willing and motivated they are to engage in efforts to support LGBTQ students. Therefore, we asked SMHPs to evaluate the degree to which different members of the school community were supportive of LGBTQ students in their school.

As shown in Figure 1.5, SMHPs were most likely to report a perception that other health and mental health staff were supportive of LGBTQ students, with nearly 9 in 10 (89.4%) reporting that they were somewhat to very supportive.[29] While a majority of SMHPs also reported that teachers (71.3%), administrators (67.2%), and students (59.7%) were somewhat to very supportive of LGBTQ students, considerably fewer reported that students were

"very supportive" compared to teachers and administrators (see Figure 1.5).

Over a third of SMHPs reported the belief that families of other students (38.5%), school board members (35.5%), or community leaders (34.4%) were supportive of LGBTQ students. These findings might suggest that SMHPs' view those within the immediate school environment (e.g., students, staff) as more supportive – and members of the larger community (e.g., parents, community members) as less supportive – of LGBTQ students.

Figure 1.5 SMHPs' Perceptions of the School Community's Supportiveness of LGBTQ Students
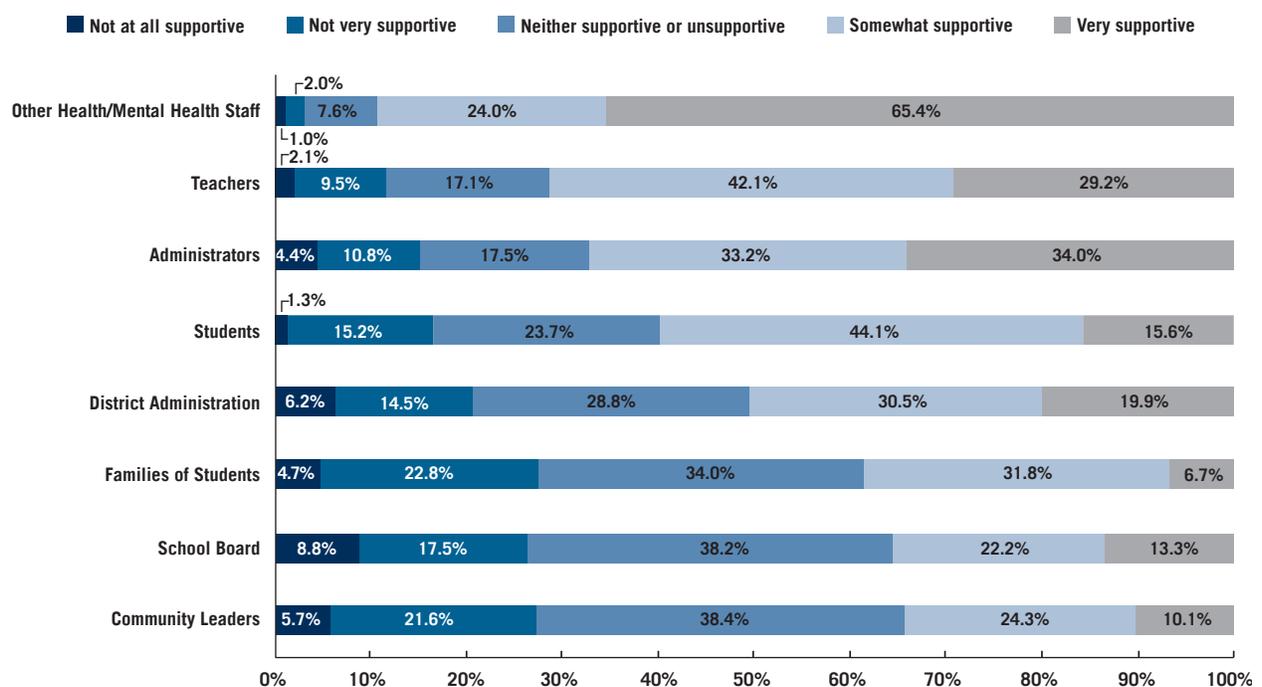
Part Two: School Mental Health Professionals' Preparedness for Working with LGBTQ Students

Overview

School mental health professionals (SMHPs) are a vital resource to students in need of academic and psychological support. In addition to feeling sufficiently prepared to provide general academic and emotional support to all students, it is important that SMHPs be prepared, motivated, and confident in their abilities to address students' diverse needs, including the unique needs of lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth, who commonly report negative in-school experiences which can jeopardize their academic and psychological well-being.[30]

In Part Two of this report we explore factors related to SMHPs' self-reported competencies in working with issues of diversity, with specific emphasis on issues of sexual orientation, gender identity, and gender expression. Among the factors examined were professional development experiences; attitudes and beliefs about their work with LGBTQ youth; and confidence in their professional abilities.

Preparation and Professional Development

Providing competent support to LGBTQ students requires knowledge and skills regarding the specific needs of LGBTQ youth, including their physical health and mental health risks, experiences of bullying and harassment, and their psychosocial development (e.g., coming out). Several studies have shown that the professional development experiences of educators and mental health providers can positively impact their LGBTQ-related competencies and supportive efforts.[31] Thus, it is essential that SMHPs receive sufficient education and training that develop and enhance their efforts related to working with diversity and bias more generally, and LGBTQ students specifically. In this section we report on these experiences, from graduate education to post-graduate training, as they relate to SMHPs' efforts to support student diversity and LGBTQ youth.

Figure 2.1 SMHPs' Exposure to Topics Related to School-Based Practice in Their Graduate Programs

Legend: Not At All · Very Little (in single course session or lecture) · Somewhat (several class sessions) · Extensively (in multiple courses)

Topic	Not At All	Very Little	Somewhat	Extensively
Child and adolescent development	2.4%	0.3%	22.2%	75.2%
Ethical and legal issues in practice (e.g., confidentiality)	4.5%	0.2%	29.2%	66.1%
Practice skills and techniques (e.g., empathy, working alliance, client-centered practice)	8.4%	1.8%	30.7%	59.1%
Individual and cultural diversity in practice	8.5%	1.0%	37.3%	53.1%
Evidence-based practices in schools	8.1%	17.8%	31.2%	42.9%
Risk-assessment and prevention (e.g., sexual behavior, substance use and abuse, suicide)	2.9%	21.6%	46.7%	28.8%
Advocacy and social justice	5.9%	27.3%	40.4%	26.5%
Human sexuality and gender	7.8%	34.1%	41.6%	16.5%
School safety (e.g., bullying, harassment, violence)	9.7%	32.0%	42.0%	16.3%
The role of oppression in health and mental health outcomes	15.3%	39.0%	33.5%	12.2%

GRADUATE EDUCATION AND TRAINING

School mental health professionals' graduate programs (i.e., pre-service) can provide an important foundation for their future practice. Graduate education and training may be the first opportunity for SMHPs to be exposed to certain issues related to school safety, to diverse cultures and experiences, and to issues of sexual orientation, gender identity, and gender expression. Although some research has suggested that SMHPs receive little or insufficient pre-service education on LGBTQ issues,[32] there still remains an important need to understand how well graduate programs prepare SMHPs for LGBTQ-related practice in schools. Therefore, we examined the extent to which SMHPs are receiving graduate education that prepares them to provide effective school-based services to LGBTQ youth.

General Coursework on Working with Youth and Diversity in Schools

We explored the degree to which SMHPs were exposed to coursework designed to: (a) teach general skills and knowledge to provide direct, individual services to students (e.g., child and adolescent development, risk assessment and prevention); (b) foster culturally competent professional practice (by studying topics such as diversity and oppression as related to health outcomes); and (c) help professionals recognize and address bullying, harassment, and other forms of school violence. Figure 2.1 shows the different topic areas that were presented in survey items, and the extent to which SMHPs reported being exposed to these topics in their graduate training: not at all, in a single course or lecture (i.e., very little), several class sessions (i.e., somewhat), or in multiple courses (i.e., extensively).

As shown in Figure 2.1, three-quarters of SMHPs reported receiving extensive exposure (i.e., in multiple courses) to issues of child and adolescent development (75.2%).[33] However, it is important to note that this exposure may or may not include attention to issues specifically related to the experiences and needs of LGBTQ youth, such as gender identity development, adolescent sexuality, and sexual orientation. SMHPs reported the lowest exposure to coursework most relevant to working with LGBTQ youth in schools: less than 2 in 10 reported extensive exposure to issues of human sexuality and gender (16.5%), bullying, harassment, and violence (16.3%), role of oppression in health/mental health (12.2%; see also Figure 2.1).[34]

LGBTQ-Related Competency Development in Graduate School

General coursework on working with youth and diversity in schools may or may not include

Figure 2.2 Percentage of SMHPs Receiving LGBTQ-Related Competency Training in Graduate School

■ Not At All   ■ Very Little (in single course session or lecture)   ■ Somewhat (several class sessions)   ■ Extensively (in multiple courses)

	Not At All	Very Little	Somewhat	Extensively
Competencies with lesbian, gay, and bisexual populations	25.7%	44.1%	24.4%	5.8%
Competencies with transgender populations	37.4%	43.1%	16.6%	3.0%
Competencies specifically with LGBTQ youth	33.4%	42.6%	18.6%	5.4%
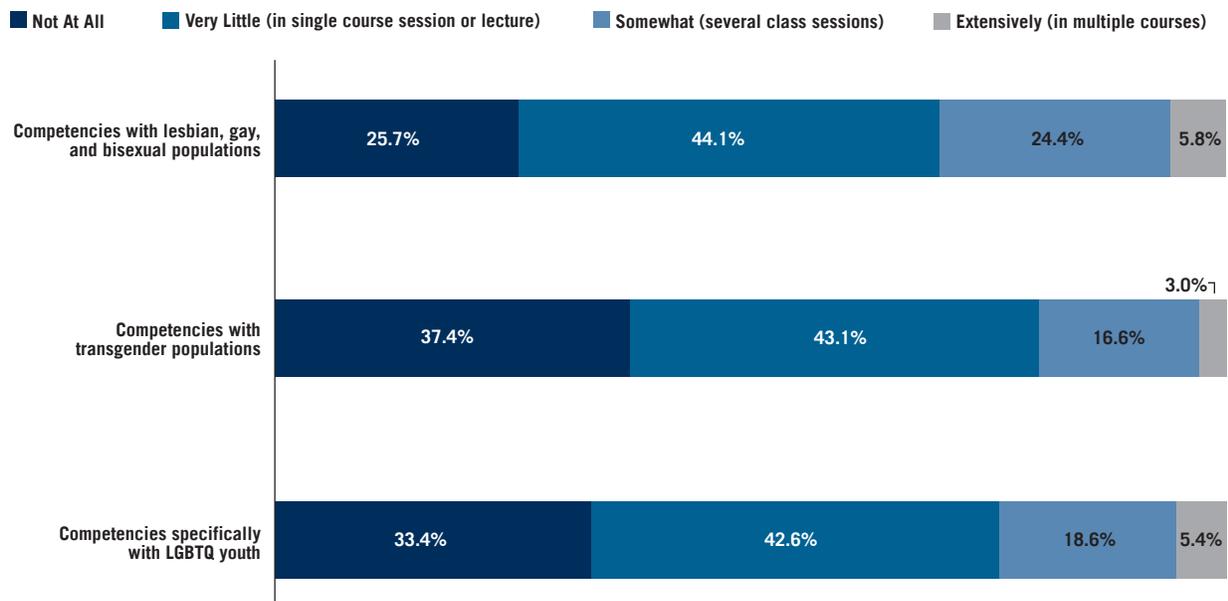
specific attention to the experiences and needs of LGBTQ students. Therefore, we asked SMHPs the degree to which they were exposed to three different categories of LGBTQ-specific training in their graduate programs: 1) competency working with lesbian, gay, and bisexual populations; 2) competency working with transgender populations; and 3) competency working with LGBTQ youth specifically.

As shown in Figure 2.2, SMHPs reported little exposure to competency training with LGBTQ populations in their graduate programs. The vast majority received little or no competency training regarding LGB (69.8%) or transgender (80.5%) populations in general. Three-fourths of SMHPs reported little or no training on LGBTQ youth specifically (76.0%). This last finding is especially concerning as it indicates that the vast majority of SMPHs may receive no training on LGBTQ youth issues at all in graduate school.[35]

Ratings of Graduate Training with LGBTQ Populations

The level of exposure to competency training with LGBTQ populations in their graduate programs may or may not accurately reflect how prepared SMHPs actually are to work with LGBTQ students in schools. Thus, we also asked SMHPs to rate their overall graduate education in preparing them to provide school-based services to LGB and transgender youth.

As shown in Figure 2.3, SMHPs commonly reported that their graduate programs did not adequately prepare them to provide school-based services to LGBTQ youth. Nearly two-thirds (64.3%) rated their graduate programs fair to poor in preparing them to work with LGB youth, and nearly three-quarters (73.7%) rated their graduate programs fair to poor in preparing them to work with transgender youth (see Figure 2.3). The fact that SMHPs were more likely to report that their graduate programs did not adequately prepare them to work with transgender than LGB youth[36] may, in part, be a reflection of a greater lack of coursework in this area.

To our knowledge, no empirical research has examined whether the inclusion of LGBTQ issues in graduate curricula has changed over time. However, due to both growing cultural awareness and acceptance of LGBTQ people[37] and changes in accreditation requirements for graduate programs, it is possible that graduate programs have expanded LGBTQ-related content and training since the time when many of the SMHPs in this study attended graduate school. These shifts could result in more recent graduates of mental health programs reporting more training on LGBTQ issues, and possibly feeling better prepared for LGBTQ-related practice than more senior cohorts. We did, in fact, find that the more recent SMHP graduates reported

Figure 2.3 SMHPs' Ratings of their Graduate Programs in Preparing Them to Provide School-Based Services to Lesbian, Gay, and Bisexual (LGB) and Transgender (Trans) Youth

LGB Youth

Poor 31.5%
Fair 32.8%
Good 20.0%
Very Good 31.5%
Excellent 3.9%

Trans Youth

Poor 43.9%
Fair 29.8%
Good 14.9%
Very Good 8.2%
Excellent 3.2%

■ Poor ■ Fair ■ Good ■ Very Good ■ Excellent
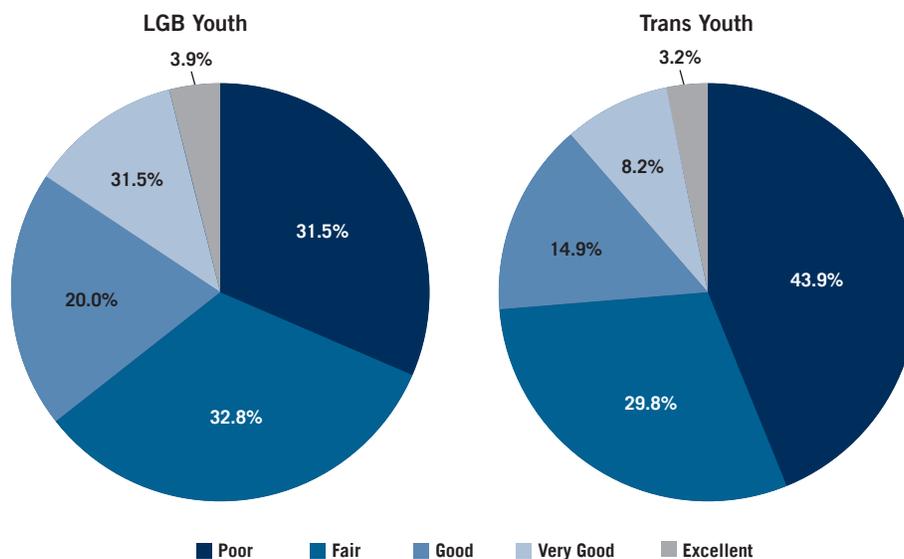
greater competency training on LGBTQ issues, and feeling better prepared by their graduate education to work with LGBTQ youth in schools.[39]

CONTINUING EDUCATIONAL AND TRAINING EXPERIENCES

In addition to receiving adequate pre-service preparation during their graduate education, it is essential that SMHPs receive continuing professional development experiences that enhance their competencies in supporting the well-being of LGBTQ students and all students alike. GLSEN and others' research has demonstrated that LGBTQ-related educator and counselor training can have a meaningful impact on competencies, confidence, and behaviors related to supporting LGBTQ students.[40] Continuing education and training experiences can take multiple forms, such as on-the-job trainings for educators sponsored by schools, districts, or other educational organizations (i.e., in-service training), or attending workshops or panels at conferences. SMHPs may also choose to build their knowledge and skills through more self-guided means, such as reading research or literature on LGBTQ issues or seeking consultation from colleagues on their work with LGBTQ issues. Thus, we were interested in knowing how frequently SMHPs engaged in several types of continuing education activities related to supporting LGBTQ youth and fostering safer schools for all students.

Figure 2.4 illustrates SMHPs' reported frequency of engaging in continuing educational activities. Among the different types of professional development experiences that were assessed, SMHPs most commonly reported receiving general training on bullying and school safety:[41] Over 8 in 10 SMHPs reported receiving in-service training (88.1%) or attending a conference workshop or panel (80.4%) on bullying and school safety at least sometimes in their professional careers.

With regard to LGBTQ-specific continuing education and training, as also shown in Figure 2.4, about 6 in 10 SMHPs reported *never* or *rarely* participating in LGBTQ-specific: in-service training (61.9%); conference workshops and panels (59.4%); or other trainings and webinars (61.9%). This is in stark contrast to the over 80 percent of SMHPs who reported participating in similar type of professional development on bullying. Although it is possible that these bullying activities include reference to anti-LGBTQ bullying, prior research on bullying trainings indicate that is rarely the case.[42] Thus, it is concerning that a considerable number of SMHPs may receive little to no exposure to LGBTQ-specific continuing education or training.

SMHPs in our study were more likely to engage in more informal, self-directed forms of continuing education on LGBTQ issues in schools. For

Figure 2.4 Frequency of SMHPs Engaging in Continuing Education and Training on LGBTQ and Related Issues

	Never	Rarely	Sometimes	Often	Frequently
In-service on bullying and school safety	8.2%		33.4%	36.3%	18.4% (3.7%)
Conference workshop/panel on bullying and school safety	7.8%	11.8%	36.4%	31.1%	12.9%
Read LGBTQ-related research and literature	9.7%	25.3%	36.5%	18.9%	9.5%
Consult with colleagues on work with LGBTQ students	17.0%	26.0%	33.3%	15.9%	7.7%
In-service on LGBTQ issues in schools	37.4%	24.5%	27.1%	8.6%	2.4%
Conference workshop/panel on LGBTQ issues in schools	36.7%	22.7%	26.7%	10.4%	3.5%
Workshops/trainings/webinars on LGBTQ-issues by educational organizations (e.g., GLSEN)	37.7%	24.2%	24.6%	8.9%	4.5%

example, about 6 in 10 SMHPs read LGBTQ-related research and literature (64.9%) or consulted with colleagues on their work with LGBTQ students (56.9%) at least sometimes during their careers, compared to about 4 in 10 (38.1%) who attended some in-service training on LGBTQ issues in schools. Future research should explore the reasons why SMHPs choose to engage in these self-directed activities when they may not attend a training or workshop. Perhaps it is that schools are not providing these types of structured opportunities for educators to increase their competencies related to LGBTQ youth issues, as GLSEN's previous survey of school principals indicated.[43] However, it may be that SMHPs are more interested in gaining information and guidance on LGBTQ youth issues at the time when a specific issue arises for them – making it more likely for them to turn to self-directed methods that may be more time sensitive and topic specific. Regardless, more can be done by schools, districts, and educational organizations to provide and require on-the-job training for SMHPs in order to prepare and motivate SMHPs to effectively support LGBTQ youth. Furthermore, SMHPs must also be provided with the time and opportunity to participate in such training.

LGBTQ-Related Attitudes and Beliefs

School mental health professionals' attitudes about their work with LGBTQ youth and their general beliefs about LGBTQ issues in schools may be important indicators of their willingness to engage in efforts to support LGBTQ youth. Previous research has suggested that certain attitudes among educators and mental health professionals related to LGBTQ youth—such as homophobic or heterosexist attitudes or their sense of obligation to create safer schools for LGBTQ students—influence their willingness to provide support to LGBTQ students.[44] Therefore, we assessed SMHPs' professional and personal beliefs relevant to their work with LGBTQ students.

ATTITUDES TOWARD WORKING WITH LGBTQ-RELATED ISSUES IN SCHOOLS

We asked respondents how much they agreed with statements expressing their willingness to engage in LGBTQ-supportive efforts: 1) It is my professional responsibility to provide LGBTQ-supportive counseling to students; and 2) I would rather avoid topics of sexual orientation and gender identity in my discussions with students.

Figure 2.5 SMHPs' Attitudes Towards Their Work with LGBTQ Students

It is my professional responsibility to provide LGBTQ-supportive counseling to students.

1.1% 2.5%
9.2%
33.2%
54.0%

I would rather avoid topics of sexual orienation and gender identity in discussions with students.

1.7%
5.3%
12.8%
42.8%
37.4%

■ Strongly Disagree   ■ Disagree   ■ Neither   ■ Agree   ■ Strongly Agree
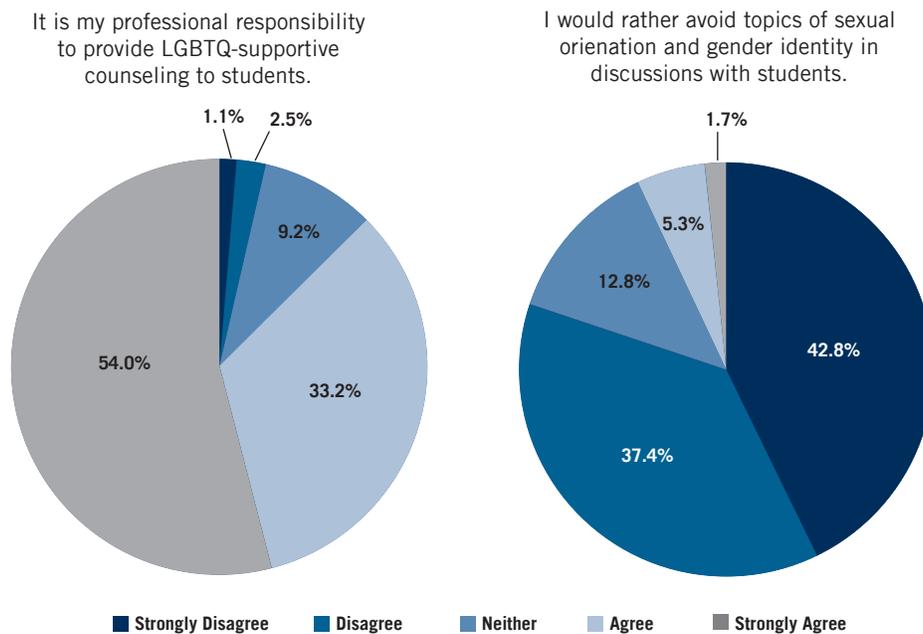
SMHPs largely endorsed positive attitudes toward addressing issues of sexual orientation and gender identity in their work with students. As illustrated in Figure 2.5, the vast majority of SMHPs (87.2%) believed that it was their professional responsibility to provide supportive counseling to LGBTQ students. Furthermore, SMHPs seemed mostly comfortable in discussing topics of sexual orientation and gender identity with all students: 8 in 10 (80.2%) indicated that they would rather not avoid discussing such topics with students.

It is heartening that the vast majority of SMHPs believe that they have a responsibility to provide supportive counseling to LGBTQ students and would not avoid discussing related issues (see Figure 2.5). However, in that it is not 100% of the professionals in the study, it remains a concern that there are LGBTQ students in schools where their SMHP may not be willing to provide them with the same level of service as their non-LGBTQ peers.

BELIEFS ABOUT STUDENTS' GENDER EXPRESSION

In our previous research, we have found that transgender students and students whose gender expression may differ from what is traditionally expected are more likely to feel unsafe and unwelcome in their schools. Findings from Part One of this report indicate that, overall, SMHPs recognize the hostile climate faced by many transgender and gender nonconforming students. Given that these students may express their gender, in dress or behavior, in ways that may not fit with cultural expectations of how individuals should express their masculinity and femininity based upon their legal sex, SMHPs' beliefs about students may influence whether or not they support or advocate for transgender and gender nonconforming students. Thus, we asked SMHPs to what degree they agreed with the statements: "It is probably better for a male/female student to behave or dress in a traditionally 'masculine'/'feminine' manner."

Figure 2.6 SMHPs' Beliefs About LGBTQ Students' Gender Expression

Legend:
- Strongly Agree
- Agree
- Neither
- Disagree
- Strongly Disagre

It is probably better for a male student to behave or dress in a "masculine" manner.
- 1.3%
- 8.6%
- 35.3%
- 33.9%
- 21.6%

It is probably better for a female student to behave or dress in a "feminine" manner.
- 1.3%
- 6.6%
- 35.1%
- 34.8%
- 22.3%
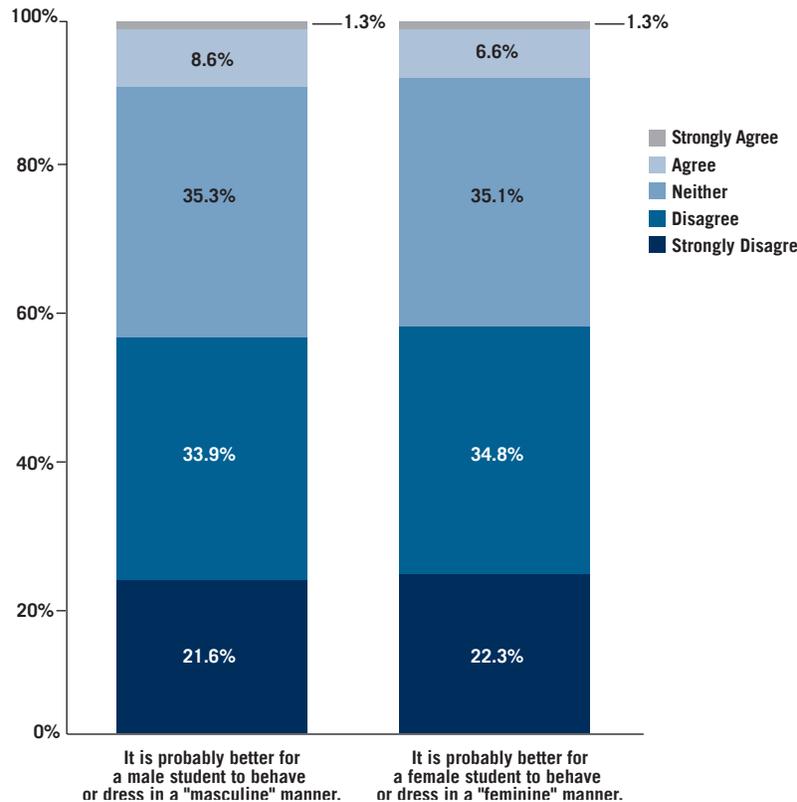
The majority of SMHPs did not believe that it was better for students to dress or behave in gender conforming ways. As shown in Figure 2.6, over half of survey respondents disagreed with a statement endorsing gender conforming behavior for males (55.5%) and females (57.1%). However, it is important to note that over a third of the sample were neutral in their opinions in this matter, and not an insignificant portion indicated that they believed that male (9.3%) and female (7.9%) students should conform to traditional expectations of gender expression (see also Figure 2.6).

BELIEFS ABOUT SCHOOL PRACTICES REGARDING LGBTQ IDENTITIES

We also assessed SMHPs' beliefs about certain LGBTQ-related practices in their schools: 1) students of the same sex/gender attending a prom together; 2) the portrayal of LGBTQ identities in sex education; and 3) whether LGBTQ educators should disclose their identities to students. As shown in Figure 2.7, a large majority believed that students of the same sex/gender should be able to attend the prom together as a couple (87.4%) and that sex education should portray LGBTQ identities as normal and healthy (76.8%). However, a much smaller number (22.1%) of SMHPs agreed with a statement indicating that it was okay for LGBTQ educators to disclose their identity to their students. The finding that most SMHPs did not endorse LGBTQ educators coming out to their students may be an indication of SMHPs' beliefs about disclosure of any personal information on the part of the professional. However, it may also indicate that the issue of educators' sexual and gender identities may be a more controversial topic in schools, and that LGBTQ educators, including SMHPs, may face formidable barriers to being out in their school environments. Given that the presence of LGBTQ school personnel who are out about their sexual orientation or gender identity may provide a visible source of support for LGBTQ students, it is particularly noteworthy that many SMHPs do not recognize the value of having out LGBTQ educators.

CONFIDENCE IN WORKING WITH LGBTQ STUDENT ISSUES

SMHPs who feel confident in their abilities to directly support LGBTQ students and create safer school environments for all students may be more likely to engage in such efforts. Often referred to as *self-efficacy*, feeling confident in ones' abilities can be an important determining factor in understanding a person's readiness, motivation, and ability to engage in challenging tasks.[46] Some research has found self-efficacy to be an important predictor of teacher intervention in bullying[47] in general and LGBTQ-specific bullying in particular;[48] however, little is known about the role of self-efficacy in SMHPs' efforts to support LGBTQ students.

In addition to focusing on the individual needs of the LGBTQ student, such as addressing students' psychological and academic well-being, safe school advocates and national organizations representing SMHPs emphasize that they should be agents for systemic changes within their schools.[49] Therefore, we assessed SMHPs'

Figure 2.7 SMHPs' Beliefs Regarding LGBTQ-Related Practices in Schools
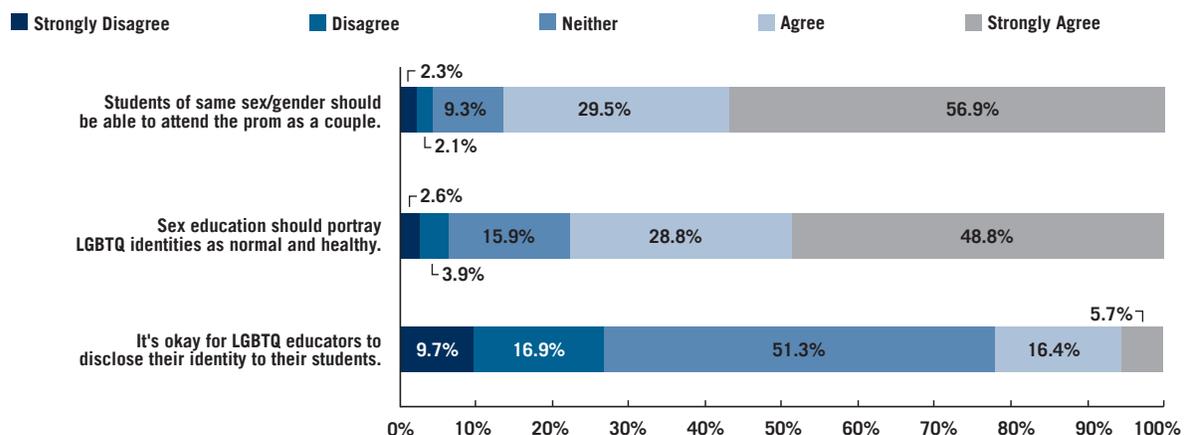
confidence in a number of their abilities related to effecting change on the school-wide level (e.g., intervene in bullying, harassment, and biased language; advocate for inclusive curriculum), in addition to supportive activities for individual students (e.g. coming out support, risk reduction interventions).[50]

Figure 2.8 depicts the confidence SMHPs have in their ability to engage in a variety of individual and school-level practices. Items are listed in order of highest to lowest confidence in both the individual-level category and the school-level categories.[51,52] For example, among the individual-level tasks that we assessed, SMHPs were most confident in their abilities to use culturally sensitive terminology when talking with or about LGB people and least confident in their abilities to address the unique health and mental health needs of transgender students (81.9% and 25.2% reported feeling "somewhat" or

Figure 2.8 SMHPs' Confidence in their Abilities to Support LGBTQ Students at the Individual Level and School Level

Legend: ■ Not at all confident ■ Not very confident ■ Somewhat confident ■ Very confident

Individual Level:

Use culturally sensitive terminology when talking with or about lesbian, gay, and bisexual people: 1.9%, 9.0%, 47.2%, 41.9%

Provide counseling and support to an LGBTQ student: 3.9%, 14.2%, 52.6%, 29.4%

Use culturally sensitive terminology when talking with or about transgender people: 4.3%, 19.8%, 47.4%, 28.5%

Bring up issues of sexual orientation and gender identity in conversations with all students: 5.4%, 20.1%, 43.9%, 30.6%

Help reduce and prevent LGBTQ students' health and mental health risks (e.g., suicide, substance use): 4.3%, 20.8%, 54.8%, 20.1%

Help parents accept their LGBTQ children: 11.0%, 32.8%, 44.7%, 11.6%

Refer a student to an LGBTQ sensitive provider or agency in the community: 11.1%, 27.7%, 37.2%, 24.0%

Assist an LGBTQ student in the coming out process: 13.5%, 33.0%, 39.4%, 14.1%

Help students identify LGBTQ-friendly colleges: 18.5%, 35.5%, 30.2%, 15.7%

Address the unique health and mental health needs of transgender youth (e.g., medical care): 21.8%, 42.9%, 26.8%, 8.4%

School Level:

Intervene in anti-LGBTQ remarks, bullying, and/or harassment from students: 1.4%, 5.4%, 37.5%, 55.6%

Create a safe space for LGBTQ students: 2.9%, 10.2%, 42.7%, 44.2%

Advocate for school and district policies and procedures that improve school climate for LGBTQ youth: 7.8%, 24.7%, 44.1%, 23.5%

Address homophobic and transphobic attitudes and behaviors of school staff and administration: 8.2%, 25.8%, 42.6%, 23.3%

Develop and implement school-wide programs that address school safety for LGBTQ students: 10.1%, 30.5%, 40.6%, 18.7%

Conduct a workshop/class session for students on diversity that includes LGBTQ issues: 11.0%, 31.5%, 37.5%, 20.0%

Conduct a workshop or training for staff on LGBTQ issues: 13.6%, 31.1%, 36.3%, 18.9%

Conduct a support group specifically for LGBTQ students: 16.7%, 35.9%, 32.5%, 14.9%

Serve as a GSA sponsor/advisor at my school: 20.2%, 33.5%, 28.9%, 17.4%

"very" confident, respectively, in their abilities to perform these activities). Regarding school-level efforts, SMHPs reported the greatest confidence in their ability to intervene in anti-LGBTQ remarks, bullying, and harassment from students (see also Figure 2.8).

Factors Related to SMHPs' Self-Efficacy

We examined the relationships between self-efficacy and the other factors explored in this section—professional development and attitudes and beliefs, and found positive relationships between each of these factors and self-efficacy.[53] As displayed in Figure 2.9, higher levels of graduate school LGBTQ competency training was related to higher self-efficacy, as was higher

ratings of graduate school preparedness to work with LGB and transgender youth. Higher levels of exposure to continuing education and training on these issues was also related to greater self-efficacy. Furthermore, higher levels of positive attitudes and beliefs were associated with greater LGBTQ-related self-efficacy.

Figure 2.9 Relationship of SMHPs' LGBTQ-Related Self-Efficacy to Their Preparation, Attitudes, Beliefs, and Familiarity with LGBTQ People

Exposure to competency training with LGBTQ populations in graduate school
- High Levels: 1.89
- Low Levels: 1.66

Ratings of graduate program preparation to work with LGB students
- High Levels: 2.07
- Low Levels: 1.64

Ratings of graduate program preparation to work with transgender students
- High Levels: 2.09
- Low Levels: 1.69

Exposure to continuing education and training activities
- High Levels: 2.09
- Low Levels: 1.55

Attitudes and beliefs about LGBTQ issues in schools
- High Levels: 1.97
- Low Levels: 1.58

Familiarity with LGB people
- High Levels: 1.96
- Low Levels: 1.61

Familiarity with transgender people
- High Levels: 1.96
- Low Levels: 1.67

Legend:
- High Levels (Training, Ratings, Attitudes, or Familiarity)
- Low Levels (Training, Ratings, Attitudes, or Familiarity)

Mean LGBTQ-Related Self-Efficacy Score (Scale Range: 0.0-3.0)

Part Three: School Mental Health Professionals' Efforts to Support LGBTQ Students

Overview

School mental health professionals (SMHPs) play a critical role in providing supportive services to students who experience challenges to their academic and psychological well-being. SMHPs can provide key support to lesbian, gay, bisexual, and transgender, and queer (LGBTQ) students whose stigmatizing and victimization experiences may threaten their safety and success in school.[54] Therefore, we examine the degree to which SMHPs engage in efforts to support LGBTQ students and to improve school climate. In order to determine what further training and support might be beneficial, we also explore the barriers that SMHPs may face in engaging in these efforts, as well as the factors that may better prepare and motivate them to engage in such efforts.

Specifically, this section of our report explores SMHPs' awareness of and contact with LGBTQ students in school; their frequency of engaging in specific efforts at both the individual and school-level to support LGBTQ students; factors that relate to such efforts—such as education and training, supportive attitudes, self-efficacy, and familiarity with LGBTQ people; and the barriers that they may face in engaging in such efforts.

Awareness of LGBTQ Students

In order to better understand the scope of SMHPs interactions with LGBTQ students, we first asked SMHPs to report the approximate number of LGB and transgender students of whom they were aware of in their schools during the previous school year. As shown in Figure 3.1, the majority of SMHPs (66.8%) knew at least one LGB student attending their school in the past year, with nearly a third (31.3%) reporting awareness of more than 10 LGB students in their school. Substantially fewer SMHPs reported awareness of transgender students attending their schools,[55] with 70.5% reporting that they were not aware of any transgender students attending their schools (see also Figure 3.1).

Given the number of students in any given school and the likelihood that at least some of them are not out to school staff, it is not entirely surprising that nearly one-third of SMHPs were unsure of how many LGBTQ students were present in their schools. However, SMHPs' awareness of LGBTQ students' presence in their schools may be a reflection of their involvement with the student body at large. SMHPs who only have direct contact with a small portion of the student body may have little to no awareness of LGBTQ students in their school. It is also possible that low levels of awareness might indicate a resistance or merely a lack of knowledge of or a disinterest in LGBTQ student issues.

Figure 3.1 SMHPs' Awareness of Lesbian, Gay, or Bisexual (LGB) and Transgender (Trans) Students in Their Schools
(Number of students SMHPs report being aware of in their school)

LGB Students

More than 10: 31.3%
Unsure/Don't Know: 28.3%
None: 4.8%
One: 2.6%
2-5: 20.4%
6-10: 12.5%

Trans Students

6-10: 1.7%
More than 10: 1.3%
2-5: 14.4%
Unsure/Don't Know: 29.5%
One: 12.1%
None: 41.0%
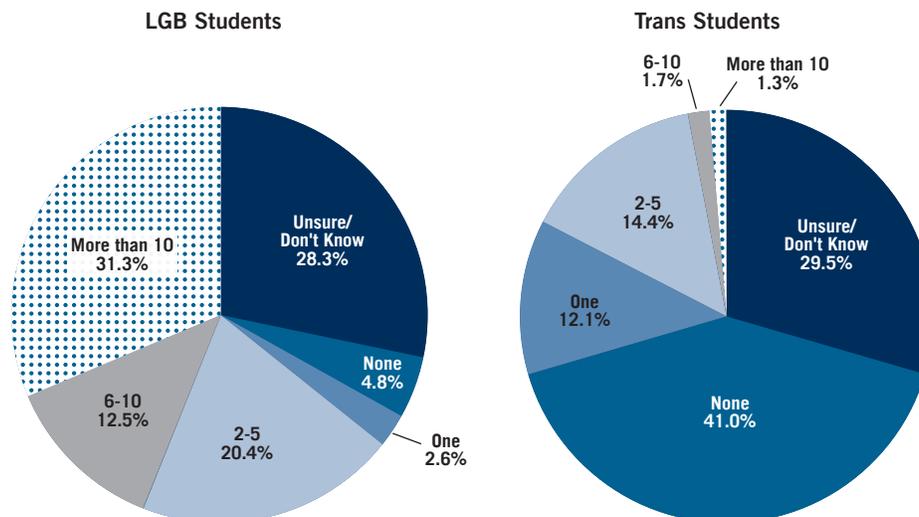
Furthermore, SMHPs' awareness of LGBTQ students in their school may also be an important indicator of school climate for LGBTQ students; a lack of awareness of LGBTQ students may reflect a school climate that discourages students from coming out. We assume that differences in awareness of LGB versus transgender students are largely driven by differences in the number of students who identify as LGB or transgender. Although there are few national comparisons of the cisgender LGB and transgender youth population, existing estimates of each population indicates that the LGB student population is substantially larger than the transgender student population.[56]

AWARENESS BY SCHOOL LEVEL
Certain contextual factors could have an influence on SMHPs' awareness of LGBTQ students in their schools. For instance, many younger LGBTQ students may not yet be out in their schools or may still be questioning or unsure of their identity. Therefore we examined differences in awareness of LGBTQ students based upon school level.

In general, as shown in Table 3.1, SMHPs who worked exclusively at the high school level had the highest awareness of LGB and transgender students.[57,58] For example, half (50.5%) of SMHPs working exclusively at the high school level knew more than 10 LGB students compared to less than two-tenths working at the middle/ secondary school level (19.0%), K-8 (13.2%), or K-12 (15.7%).

Meetings with LGBTQ Students

Even if SMHPs are aware of LGBTQ students in their school, this does not necessarily guarantee that they are providing them supportive services. Therefore, we examined SMHPs' reports of the number of LGB and transgender students with whom they met during the previous school year (in either individual or group settings).

As shown in Figure 3.2, nearly three-quarters (73.6%) of SMHPs reported meeting with at least one LGB student in an individual or group setting in the past school year, with nearly 1 in 10 (8.4%) meeting with more than 10 students. However, only about one quarter (26.1%) of SMHPs reported having ever met with a

Table 3.1 Differences in Awareness of Lesbian, Gay, or Bisexual (LGB) and Transgender Students by School Level

	LGB				
	Middle School	High school	Secondary school	K-8	K-12
None	5.9%	1.0%	5.2%	11.8%	11.0%
One	2.9%	1.2%	1.7%	3.3%	8.7%[a]
2-5	29.4%	10.0%	31.0%	23.7%	25.2%
6-10	12.2%	13.0%	17.2%	11.8%	7.1%
More than 10	19.0%	50.5%	19.0%	13.2%	15.7%
Unsure/Don't know	30.5%	24.3%	25.9%	36.2%	32.3%

	Transgender				
	Middle School	High school	Secondary school	K-8	K-12
None	50.9%	29.1%	45.2%	46.7%	53.5%
One	11.6%	12.5%	15.7%	11.2%	9.4%
2-5	9.8%	22.5%	8.7%	5.3%	7.9%
6-10	0.7%	2.0%	2.6%	2.6%	2.4%
More than 10	1.1%	1.3%	1.7%	0.1%	3.1%
Unsure/Don't know	25.9%	32.7%	26.1%	34.2%	23.6%

transgender student.[59] As mentioned earlier, the fact that more youth identify as cisgender LGB than transgender may largely drive these findings.

A considerable number of SMHPs in the study reported no interactions with an LGBTQ student in the previous school year (see also Figure 3.2) – with over a quarter (26.4%) never having met with an LGB student and nearly three-quarters (73.9%) never having met with a transgender student. There may be certain barriers to engagement, such as student discomfort in talking with an SMHP about LGBTQ-related issues or a lack of confidence or comfort on the part of SMHPs about working with LGBTQ students. Of course, SMHPs' other job responsibilities could limit their ability to engage with students. School Psychologists, for example, may not have the opportunity to meet with students beyond administering specific psychological or intelligence tests. Given that approximately nine percent of students in secondary school identify as LGBTQ,[60] it is unlikely that the SMHPs in our study have never had any LGBTQ students in their schools. Thus, this finding is concerning, given the evidence that LGBTQ students commonly face hostile school climates that negatively affect their academic success and psychological well-being, and would

most likely benefit from the support of SMHPs.

Our survey did not ask about the content or purpose of the meetings with LGBTQ students, and thus, we cannot know whether these meetings with LGBTQ students were at all related to the students' sexual orientation or gender identity, or any potential resulting issues (e.g. hostile school climate). It may be that SMHPs' meetings with LGBTQ students were similar in nature to meetings with other students, whether it be about course schedules, disciplinary issues, or learning challenges. Nevertheless, it is critical that SMHPs have both the competence and knowledge to address LGBTQ student issues.

It is important to note that a student identifying as LGBTQ does not necessarily mean that they need specific help or interventions from an SMHP. Our findings may indicate that some LGBTQ students in SMHPs' schools do not need specific support or services, and thus are not meeting with mental health personnel. It is also possible that LGBTQ students may feel that they should only interact with an SMHP when serious problems arise. However, professional organizations representing SMHPs are increasingly encouraging SMHPs to play supportive, preventive, and early intervention roles with students in general, recognizing that students may face negative experiences that

Figure 3.2 Number of Lesbian, Gay, or Bisexual (LGB) and Transgender (Trans) Students SMHPs Met With in Individual or Group Settings in the Past School Year

LGB Students

More than 10 8.4%
6-10 10.6%
None 26.4%
One 11.0%
2-5 43.6%

Trans Students

6-10 0.8%
More than 10 0.6%
2-5 9.9%
One 14.8%
None 73.9%
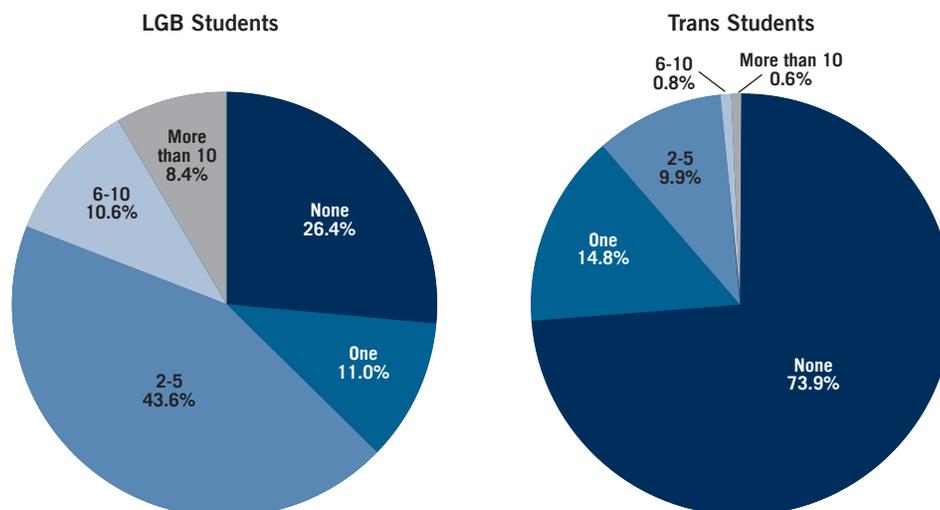
could increase their vulnerability to academic, psychological, and behavioral problems. These organizations specifically recommend that SMHPs reach out proactively, as opposed to simply responding to students needs when problems arise.[61] This trend demonstrates that greater efforts should be paid to messaging the non-pathologizing and supportive role that SMHPs can play in LGBTQ students' lives.

Specific Efforts to Support LGBTQ Students

There are a number of ways that SMHPs can provide support to LGBTQ students. In addition to SMHPs engaging in competent, direct support to LGBTQ students in need, they can also influence the whole school climate through school-wide interventions and practices. These school-wide activities can include developing anti-bullying intervention and awareness programs, advising Gay-Straight Alliances (GSAs), training staff and students on LGBTQ issues and diversity, and influencing school policies and curricula to be more inclusive of LGBTQ students and issues.[62] Therefore, we asked SMHPs how frequently they engaged in various activities to support LGBTQ students on both the individual and broader school levels.

INDIVIDUAL-LEVEL EFFORTS

In order to better understand the content of SMPHs' individual interactions with the LGBTQ students, we asked SMHPs how frequently they engaged in seven types of supportive efforts that are intended to help LGBTQ students on an individual basis: 1) supportive counseling related to students' sexual orientation and to students' gender identity (assessed through separate items about LGB students and transgender students); 2) assisting LGBTQ students in the coming out process; 3) providing health education to individual LGBTQ students; 4) providing guidance regarding higher education or careers; 5) referring LGBTQ students to LGBTQ sensitive

Figure 3.3 Frequency of Individual-Level Efforts with LGBTQ Students
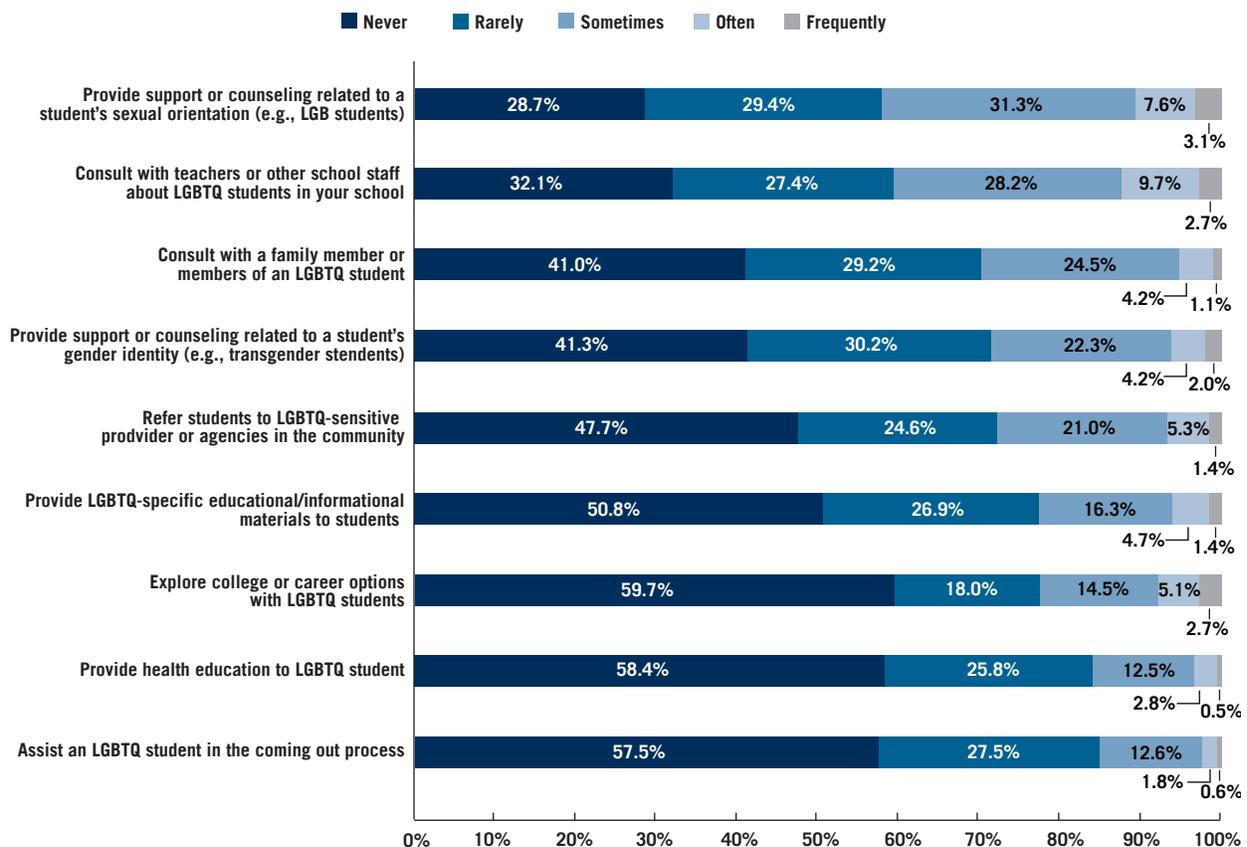
providers; 6) consulting with LGBTQ students' family members or 7) consulting with school staff about individual LGBTQ students in their school. Figure 3.3 illustrates the frequency of reported SMHP engagement in these types of individual activities.

At the individual level, SMHPs most frequently engaged in providing support or counseling related to students' sexual orientation, or consulting with staff about LGBTQ students in their school: about 4 in 10 reported engaging in these activities at least sometimes (42.0% and 40.6%, respectively; see Figure 3.3).[63] SMHPs provided health education to individual LGBTQ students or assisted an LGBTQ student in the coming out process least frequently among the items assessed (see also Figure 3.3), with nearly 6 in 10 reporting never engaging in these activities (58.4% and 57.5%, respectively).

Overall, SMHPs report infrequent engagement in any type of individual support for LGBTQ

students. As shown in Figure 3.3, the majority of SMHPs reported "never" or "rarely" engaging in each of these types of activities (ranging from a low of 58.1% to a high of 85.0%), with nearly 2 in 10 (18.2%) never engaging in *any* of the individual-level efforts assessed here.

SCHOOL-LEVEL EFFORTS

We also asked SMHPs about their frequency of engaging in seven different types of activities that could positively influence school climate for LGBTQ students: 1) intervening in LGBTQ-related bullying; 2) consulting with administration about LGBTQ safety; 3) developing school-wide safety programs; 4) advocating for LGBTQ-inclusive curricula or anti-bullying policies; 5) conducting workshops for students or staff on LGBTQ issues; 6) conducting workshops for students or staff on LGBTQ issues, or 7) leading an LGBTQ student support group. As shown in Figure 3.4, among the school-level efforts we assessed, SMHPs most frequently reported intervening in LGBTQ-related bullying, harassment, or use of biased language:

Figure 3.4 Frequency of LGBTQ-Related School-Level Efforts

Legend: ■ Never ■ Rarely ■ Sometimes □ Often ■ Frequently

Activity	Never	Rarely	Sometimes	Often	Frequently
Intervene in LGBTQ-related bullying, harassment, or biased language	27.6%	24.5%	31.8%	12.1%	4.0%
Consult with school or district administration about policies related to LGBTQ safety and well-being	55.4%	23.9%	14.0%	5.0%	1.7%
Develop, implement, and/or collaborate in school-wide awareness or prevention programs addressing LGBTQ student safety	62.8%	19.7%	11.8%	4.5%	1.3%
Advocate for the inclusion of LGBTQ-related topics in the school curriculum (e.g., textbooks, lesson plans)	69.2%	18.4%	7.3%	3.7%	1.3%
Conduct a class or workshop for students that includes LGBTQ issues	74.4%	14.8%	7.7%	2.2%	0.9%
Lead or co-lead a support group for LGBTQ students	78.3%	13.0%	4.6%	1.6%	2.5%
Conduct a workshop or training for staff on LGBTQ issues	78.0%	14.1%	5.9%	1.4%	0.6%

nearly half (47.9%) reported intervening in these student behaviors at least sometimes.[64] SMHPs infrequently reported engaging in the other types of school-wide efforts, with the majority reporting having never engaged in any of the other school-wide efforts that the survey assessed.

Safe Space or Other Visual Signs of LGBTQ Support

One way that educators can signal to LGBTQ youth that they are supportive allies is through visual signs or symbols of support, such as a sticker or poster in their office or classroom (e.g., GLSEN's Safe Space Kit[65]). LGBTQ students participating in GLSEN's *National School Climate Survey* were more likely to report having a positive or helpful conversation with an SMHP if they had identified a Safe Space sticker or poster in their school.[66] Therefore, we asked SMHPs in our survey whether or not they had a visual sign of support for LGBTQ students in their offices or other areas where they meet with students, and examined the relationship between having such signs of support and the number of LGBTQ students met with during the past school year.

Nearly half (45.1%) of SMHPs in our study reported identifying themselves as being supportive of LGBTQ students by displaying an LGBTQ-related sticker or poster. As shown in Figure 3.5, we found that SMHPs who had a visual sign of support in an area where they met with students reported meeting with greater numbers of LGBTQ students in the past school year.[67] For example, nearly 9 in 10 (88.9%) SMHPs who displayed signs of support for LGBTQ students saw at least one LGB students in the past year, compared to about 6 in 10 (65.2%) who indicated that they did not display signs of support.

It is encouraging that nearly half of SMHPs had a visual sign of support for LGBTQ students in areas where they meet with students. However, given the potential impact of having such a sign of support and the limited time and resources that it takes to do so, it is important that more SMHPs post such visible signs of support. In some cases, educators who do not display a visual sign of support, such as a Safe Space poster, are restricted by their school

Figure 3.5 Percentage of SMHPs Meeting with Different Numbers of LGB and Transgender Students by the Presence of a Visual Sign of Support for LGBTQ Students
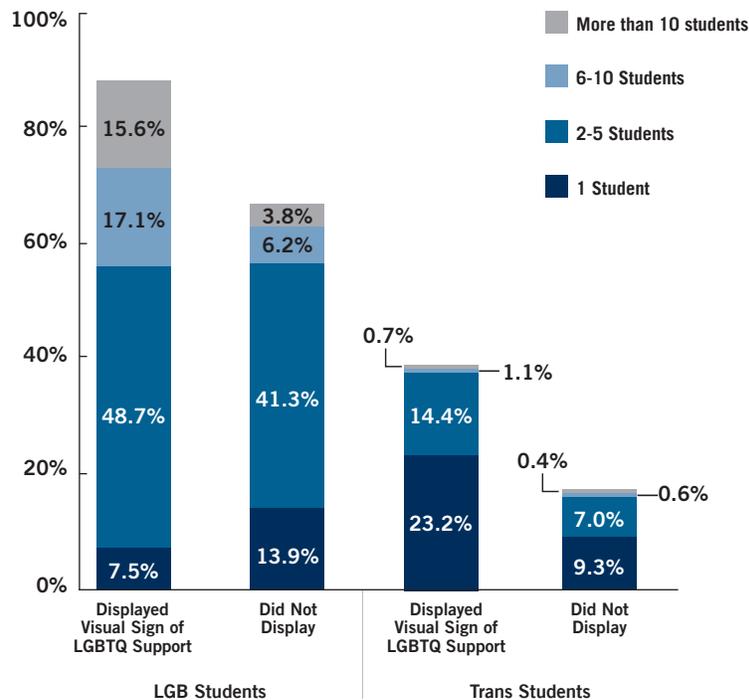
administration.[68] Although we do not know whether that is the case for the SMHPs in our study, further research is needed. It is also worth noting that we did not ask about the potential other ways that SMHPs may display visual signs of support, such as displaying Safe Space stickers on their school ID lanyard or clipboard. Therefore, it may be that a greater portion of SMHPs do display visual signs of support, but in ways that we did not assess in this survey.

Factors Related to SMHPs' Efforts

In Part Two, we discussed our findings on a number of factors related to SMHPs' preparedness to work with LGBTQ students, including perceptions of LGBTQ student experiences, their LGBTQ-related education and training, LGBTQ-related attitudes and self-efficacy, and SMHPs' familiarity with LGBTQ people. In order to examine how these preparedness factors may relate to SMHPs' efforts to support LGBTQ students, we examined the relationship of each with an indicator of overall engagement, using a scale that took into account the frequency of engagement in all of the LGBTQ-related efforts – higher mean (average) scores indicate more frequent engagement.[69]

PERCEPTIONS OF SCHOOL CLIMATE AND EFFORTS

SMHPs who are more aware of the problems that LGBTQ students face in school may be more likely to see the need to take action on behalf of these youth. Therefore, we examined the relationships between SMHPs' perceptions of school climate and their efforts to support LGBTQ students. As discussed in Part One, the majority of SMHPs responding to this survey believed that name-calling, bullying, and harassment based on students' sexual orientation or gender expression were common occurrences in their schools. We found that SMHPs' perceptions of the frequency of student victimization based upon sexual orientation and gender expression related to their efforts to support LGBTQ students. SMHPs who perceived that students were regularly (sometimes, often, or frequently) victimized because of their sexual orientation or gender expression engaged in more frequent efforts to support LGBTQ students than those SMHPs

who perceived that students were bullied less often (rarely or never) for these reasons (mean score on efforts: .90 for regularly bullying based on sexual orientation vs. .54 for less frequent bullying; .86 for regularly bullying based gender expression vs. .70 for less frequent bullying).[70]

In Part Two, we also discussed SMHPs' perceptions of student safety, and found that respondents often believed that LGBTQ and gender nonconforming students would feel unsafe in their school. We examined whether SMHPs' perceptions of these students' safety related to their efforts to support LGBTQ students. Overall, we did not find that SMHPs engaged more frequently in LGBTQ-related efforts when they perceived that LGB, transgender, or gender nonconforming students would feel unsafe in their schools.[71] Given our expectation that SMHPs would be more likely to engage in efforts with students they perceived to be particularly vulnerable, further research is needed to better understand these findings.

GRADUATE EDUCATION AND EFFORTS

In Part Two of this report, we examined the degree of SMHPs' exposure to topics in their graduate education that could enhance their general knowledge and skills in addressing both individual student challenges and school safety for all students, and specifically in working with LGB and transgender populations. Here we examine whether SMHPs' degree of exposure to these important topics in graduate school related to their reports of efforts to support LGBTQ students.

As shown in Figure 3.6, among the general coursework that SMHPs completed, more exposure to certain topics was related to more frequent efforts to support LGBTQ students. Specifically, SMHPs were more likely to engage in efforts to support LGBTQ students when they had greater exposure to graduate courses on human sexuality and gender, practice skills and techniques, risk assessment and prevention, advocacy and social justice, and the role of oppression in health and mental health outcomes.[72] We found an even stronger relationship between exposure to competency training with LGBTQ populations and frequency of efforts to support LGBTQ students. As also

shown in Figure 3.6, competency training in working with LGB and transgender populations in general, as well as competency training in working with LGBTQ youth specifically, all related to reports of more frequent LGBTQ-related efforts (1.01 vs. .72 for LGBTQ youth; 1.02 vs. .69 for transgender populations; 1.01 vs. .67 for LGB populations).[73] Surprisingly, neither coursework on school safety nor cultural diversity was related to SMHPs' efforts to support LGBTQ youth (see also Figure 3.6). It may be that LGBTQ topics are not regularly included when these topics are covered, even though relevant to both. Coursework on child/adolescent development, evidence-based practices, and ethical/legal issues were also not related to SMHPs' efforts.

In Part Two of this report, we reported on SMHPs' ratings of their graduate programs in preparing them to work with LGB and transgender students and found that the majority of SMHPs felt that their graduate education did not sufficiently prepare them. Here we examine whether SMHPs' ratings of their graduate programs related to their engagement in LGBTQ-related supportive efforts in schools.

SMHPs who felt that their graduate schools better prepared them to work with LGB and transgender students were more likely to report high engagement in LGBTQ-related supportive efforts with students.[74] Four in ten (39.9%) SMHPs reported high engagement in LGBTQ-related efforts when they felt their programs were "poor" or "fair" in preparing them to work with transgender students, compared to nearly six in ten (56.2%) SMHPs who rated their graduate programs as "good," "very good," or "excellent" in preparing them to work with transgender students.

Figure 3.6 General and LGBTQ-Specific Graduate Coursework and SMHPS' Efforts to Support LGBTQ Students

Mean Score on LGBTQ-Related Efforts (Scale Range 0.0-4.0)
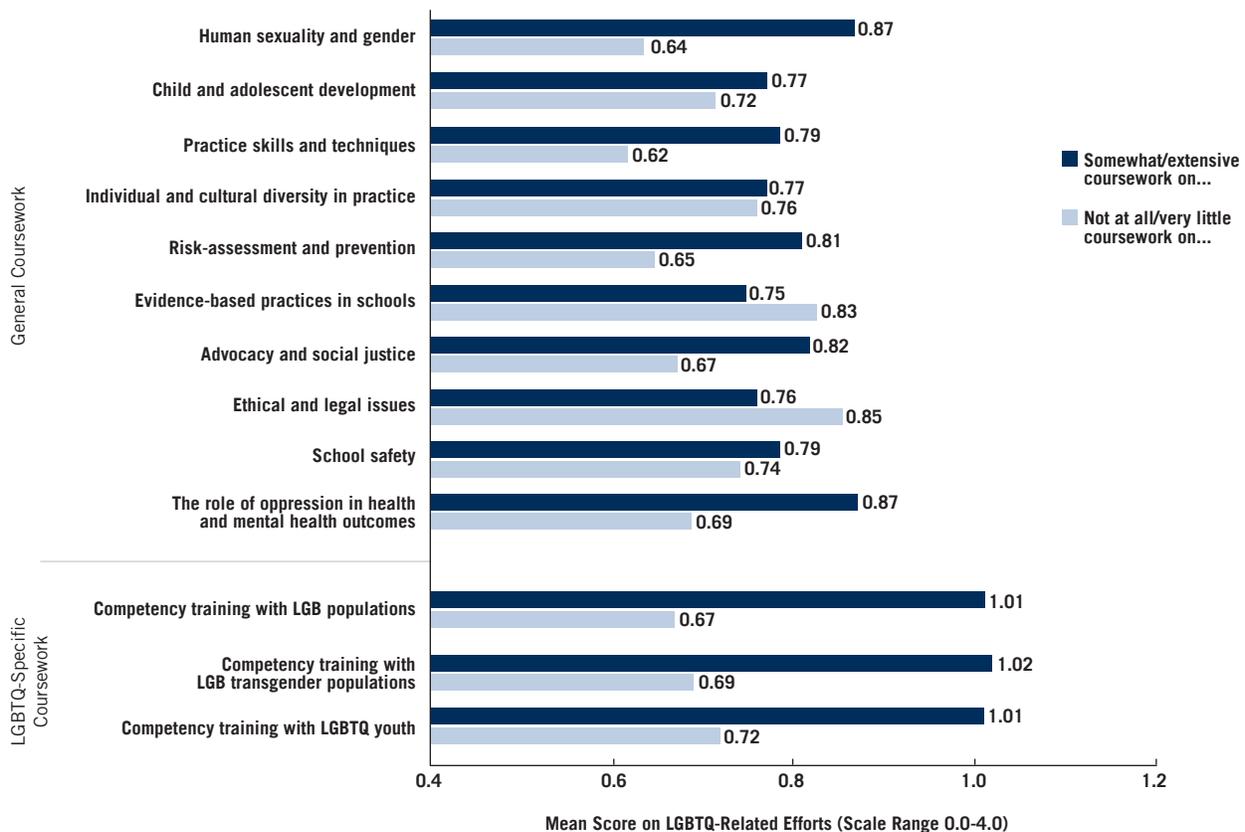
CONTINUING EDUCATION AND EFFORTS

Previously in this report we discussed SMHPs' frequency of engaging in a number of continuing education and training activities (e.g., in-service training, reading professional literature) that could potentially play a role in their ability and motivation to engage in LGBTQ-supportive efforts. We examined whether the degree of SMHPs' engagement in continuing education activities related to their frequency of engaging in supportive efforts for LGBTQ students.

Figure 3.7 illustrates how SMHPs' engagement in LGBTQ-supportive efforts differed based upon their degree of exposure to continuing education activities (never or rarely vs. sometimes, often, or frequently). Our findings suggest that SMHPs who had more exposure to all types of continuing education and training activities engaged in more frequent efforts to support LGBTQ students.[75] For example, as shown in Figure 3.7, SMHPs who received in-service training on LGBTQ

issues in schools, consulted with colleagues on their work with LGBTQ students, read LGBTQ-related research and literature, or attended workshops/trainings/webinars on LGBTQ-issues were more likely than those who did not have similar experiences to more frequently engage in efforts to support LGBTQ students. It is worth noting that although we did not find a relationship between graduate coursework on school safety and engagement in LGBTQ efforts, we did find that SMHPs who received in-service on bullying and school safety engaged in these efforts more frequently (see also Figure 3.7). Perhaps in-service trainings on these topics are more likely to include LGBTQ specific content than is pre-service courses, or perhaps the effects of the less recent coursework have diminished in their effect. Further research should examine the relative impact and content of pre-service and in-service training on bullying, in relation to LGBTQ student issues.

Figure 3.7 SMHPs' Continuing Education Experiences and Efforts to Support LGBTQ Students

Mean Score on LGBTQ -Related Efforts (Scale Range 0.0-4.0)
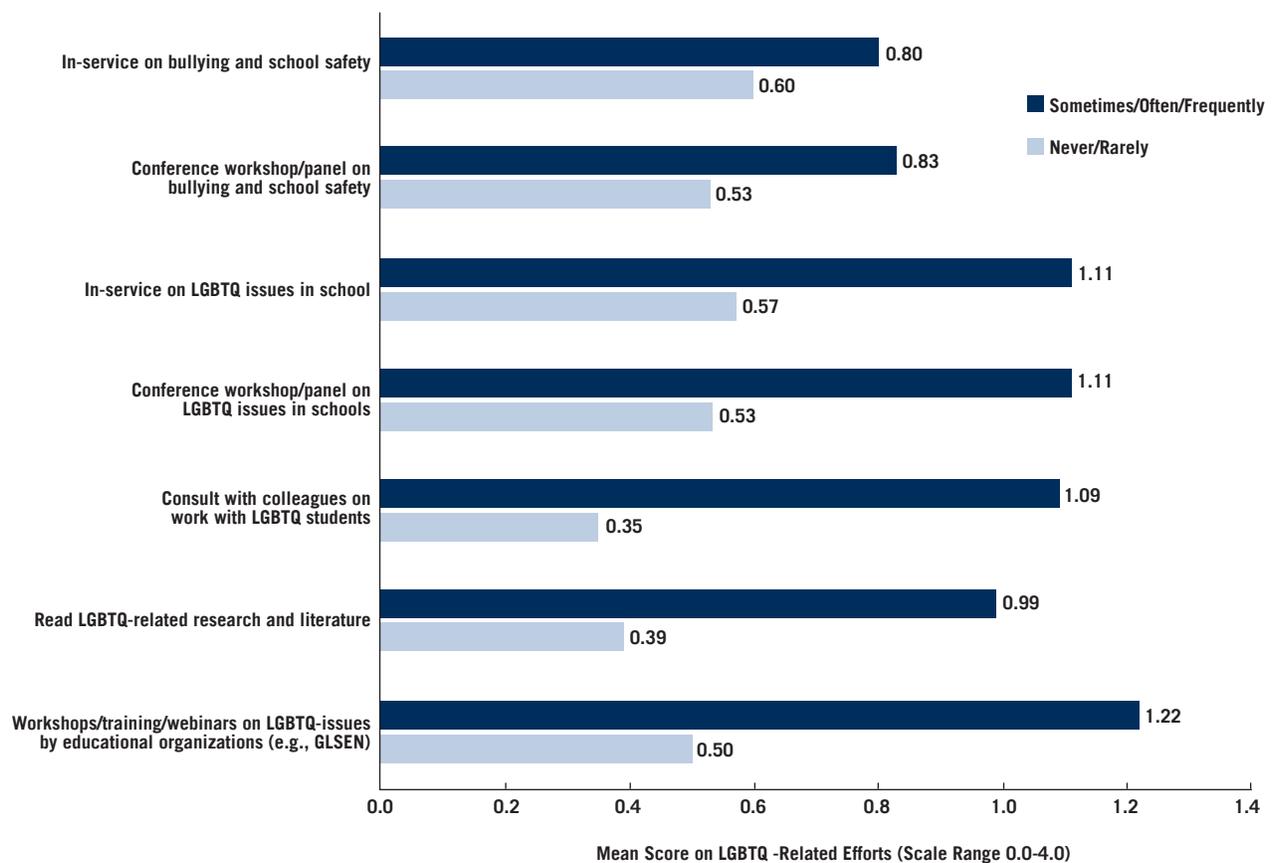
**Table 3.2 Percentage of SMHPs Familiar with Lesbian, Gay, and Bisexual (LGB) and
Transgender People in their Personal and Professional Lives**

	LGB	Transgender
Personal Familiarity with…		
Brother/sister	4.7%	0.2%
Own parent	1.2%	0.1%
Other family member	31.1%	1.6%
Own or partner's child	3.7%	0.2%
Close, personal friend	45.3%	1.8%
Acquaintance (not co-worker)	59.2%	10.8%
Professional Familiarity with…		
Student	56.5%	18.9%
Parent of studentv	35.8%	2.8%
Co-worker	47.7%	1.6%
Another Person	22.7%	11.9%
No Familiarity	0.2%	42.4%

Note: Some respondents in our sample identified themselves as lesbian, gay, or bisexual (see sample demographics information in the Methods section). However, the findings in this table do not include respondent's own identity, only their familiarity with other people who are LGBTQ.

KNOWING LGBTQ PEOPLE AND EFFORTS

Previous research has shown that educators and mental health professionals who personally knew LGBTQ people reported less homophobic attitudes and more engagement with LGBTQ-supportive practices.[76] Therefore, we assessed SMHPs' familiarity with LGB or transgender people in their personal (e.g., family members or close friends) and professional (e.g., co-workers and students) lives. We then examined whether SMHPs' familiarity with LGBTQ people in their personal and professional lives related to their efforts to support LGBTQ students. As shown in Table 3.2, the vast majority (99.8%) of SMHPs reported familiarity with LGB people in some aspect of their personal or professional life; however, only about half (57.6%) were familiar with any transgender people.

We found that familiarity with LGB and transgender people was related to SMHPs' efforts to support LGBTQ students. As shown in Figure 3.8, SMHPs who were more familiar with more types of LGB and transgender people (e.g. sibling, friends, students) in their personal and professional lives engaged in more frequent efforts to support LGBTQ students.[77] For example, as shown in Figure 3.8, SMHPs who were familiar with more types of LGB people engaged in more frequent LGBTQ-related practice than those who knew fewer types of LGB people (.89 vs. .62 for personal life; .98 vs. .50 for professional life). Knowing LGBTQ people in their professional life (e.g., students, co-workers) was more strongly related to engagement in LGBTQ-supportive efforts in their work than knowing LGBTQ people in their personal life. This is not surprising that some of these efforts may be on behalf of specific LGBTQ students that SMHPs know. However, it is also possible that context matters regardless of whether or not an SMHP is providing support directly on behalf of an LGBTQ student. Further research should more closely examine the specific influence of knowing LGBTQ people at school versus in personal lives.

Figure 3.8 Familiarity with LGBTQ People in Personal or Professional Lives and SMHPs' LGBTQ-Related Efforts
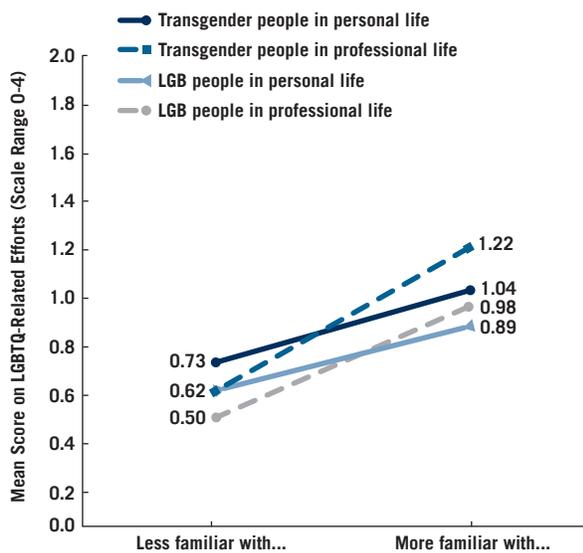
Figure 3.9 Self-Efficacy and SMHPs' LGBTQ-Related Efforts
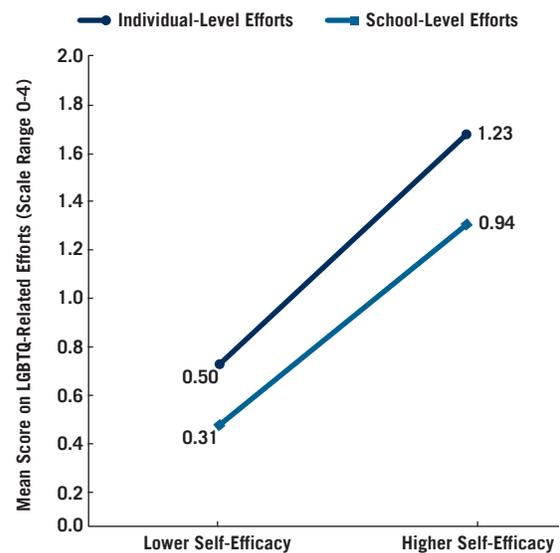
SELF-EFFICACY AND EFFORTS

As discussed in Part Two, SMHPs reported higher LGBTQ-related self-efficacy (i.e., confidence in their abilities) when they received LGBTQ-specific training, or had better LGBTQ-related attitudes. Previous research has identified self-efficacy as an important role in educators' behaviors towards bullying in general[78] and LGBTQ-specific bullying specifically.[79] Hence, we explored whether SMHPs with higher LGBTQ-related self-efficacy engaged in more supportive efforts. Specifically we examined whether SMHPs' self-efficacy in working with LGBTQ students on the individual level (i.e., those who expressed more confidence in engaging in direct practice activities, such as individual support and counseling) was related to more individual-level efforts, and whether SMHPs' self-efficacy in working on the school level (i.e., those who expressed more confidence in engaging in systems-level activities, such as providing training to students or staff) was related to more school-level efforts.[80]

As shown in Figure 3.9, SMHPs who reported higher self-efficacy in working with individual students were more likely to report high engagement with LGBTQ students on the individual level (1.23 vs. .50).[81] We also observed a similar relationship with school-level efforts: SMHPs with higher self-efficacy in working at the

school level were more likely to report frequent engagement in LGBTQ-related supportive efforts on the school level (.94 vs. .31; see Figure 3.9). Of course, it may also be that greater engagement in LGBTQ-related efforts leads to higher self-efficacy. Further research would be helpful in further understanding the causal direction of this relationship.

LGBTQ-RELATED ATTITUDES AND BELIEFS AND EFFORTS

As discussed in Part Two, SMHPs reported relatively positive attitudes and beliefs regarding LGBTQ students. However, there were sizable numbers of SMHPs who expressed neutral and even negative attitudes and beliefs. Given that previous research has identified LGBTQ-related attitudes and beliefs as potential predictors of educators' supportive practices,[82] we explored this potential relationship. Specifically we examined whether more positive LGBTQ-related attitudes and beliefs were associated with more supportive efforts at both the individual-level and the school-level.[83]

With regard to their attitudes toward addressing these issues in their own work, SMHPs who expressed more willingness to engage in these issues were more likely to report engaging in both individual-level and school-level efforts. As indicated by Tables 3.3 and 3.4, those who

believed it was their professional responsibility to provide LGBTQ-affirmative counseling or support to LGBTQ students (i.e., less agreement with the statement "I would rather avoid topics of sexual orientation and gender identity in my work with students") engaged in more LGBTQ-supportive efforts at both the individual and the school level.[84]

A similar pattern was found in relation to SMHPs' beliefs about non-traditional gender expression. As shown in Tables 3.3 and 3.4, SMPHs who believed it was "probably better for a male/female student to behave or dress in a traditionally 'masculine'/'feminine' manner" engaged in fewer supportive efforts, both at the individual and the school level.[85]

Lastly, we examined the relationships between SMHPs' LGBTQ-related beliefs about school practices and found that each of these beliefs were positively related to higher levels of engagement in LGBTQ-support efforts, for both the individual and the school level efforts. As shown in Tables 3.3 and 3.4, those who reported more positive beliefs about school practices, such as LGBTQ inclusion in sex and health education, were more likely to engage in supportive efforts.[86]

It is worth noting that, although all the attitudes and beliefs assessed in this study were significantly related to LGBTQ-supportive efforts, these relationships were relatively weak. In contrast, the relationships between efforts and self-efficacy were moderate. This may be related to a greater variability in self-efficacy than in attitudes and beliefs among SMHPs, allowing for greater statistically significant findings. However, it might also suggest that self-efficacy is a stronger predictor of LGBTQ-supportive efforts than SMPHs' attitudes and beliefs about LGBTQ students. Further research is warranted.

Table 3.3 LGBTQ-Related Attitudes/Beliefs and Engagement in LGBTQ Individual-Level Efforts

LGBTQ-Related Attitudes/Beliefs	Individual-Level Efforts: Mean Score on Scale (Scale Range 0-4)	
	Less Positive Attitudes/Beliefs (below the mean on the attitude/beliefs scale)	More Positive Attitudes/Beliefs (above the mean on the attitude/beliefs scale)
It is my professional responsibility to provide LGBTQ-affirmative counseling or support to LGBTQ students.	0.58	1.08
I would rather avoid topics of sexual orientation and gender identity in my work with students. (reverse coded)	0.67	0.90
LGBTQ educators should not disclose their sexual orientation or gender identity to their students. (reverse coded)	0.76	0.92
It is probably better for a male student to behave or dress in a traditionally "masculine" manner. (reverse coded)	0.75	0.92
It is probably better for a female student to behave or dress in a traditionally "feminine" manner. (reverse coded)	0.73	0.97
Sex and health education should portray LGBTQ identities as normal and healthy.	0.68	0.98
Youth of the same sex or gender should be able to attend a school dance or prom together as a couple.	0.66	v1.11

Table 3.4 LGBTQ-Related Attitudes/Beliefs and Engagement in LGBTQ School-Level Efforts

LGBTQ-Related Attitudes/Beliefs	School-Level Efforts: Mean Score on Scale (Scale Range 0-4)	
	Less Positive Attitudes/Beliefs (below the mean on the attitude/beliefs scale)	More Positive Attitudes/Beliefs (above the mean on the attitude/beliefs scale)
It is my professional responsibility to provide LGBTQ-affirmative counseling or support to LGBTQ students.	0.45	0.90
I would rather avoid topics of sexual orientation and gender identity in my work with students. (reverse coded)	0.52	0.94
LGBTQ educators should not disclose their sexual orientation or gender identity to their students. (reverse coded)	0.55	0.74
It is probably better for a male student to behave or dress in a traditionally "masculine" manner. (reverse coded)	0.61	0.77
It is probably better for a female student to behave or dress in a traditionally "feminine" manner. (reverse coded)	0.60	0.77
Sex and health education should portray LGBTQ identities as normal and healthy.	0.51	0.85
Youth of the same sex or gender should be able to attend a school dance or prom together as a couple.	0.51	0.84

Barriers to Engagement in LGBTQ-Supportive Efforts

Previous research has found that SMHPs commonly face a number of barriers to doing work with students that they believe is important, including high caseloads, limited resources, and multiple job responsibilities.[87] It is likely that SMHPs face similar barriers as well as additional barriers unique to their responsibilities in school or their specific efforts with LGBTQ students. For example, some research suggests that SMHPs face resistance to their work with LGBTQ students from the school and larger community,[88] which may decrease their motivation or willingness to engage with LGBTQ students. Therefore, we examined how often SMHPs reported certain barriers. These barriers fell into two main types (see Table 3.5): 1) professional barriers, such as lack of time or resources, and 2) environmental barriers, such as the culture of the school or objections by people in the community.

SMHPs more commonly reported professional than environmental barriers to LGBTQ-supportive engagement.[89] As shown in Table 3.5, all four professional barriers were more commonly reported than all the environmental barriers. SMHPs most commonly cited a lack of time (56.0%) and other job responsibilities (53.0%) as barriers to their efforts to support LGBTQ students. Among the environmental barriers (see Table 3.5), institutional culture (i.e., a homophobic/heterosexist school environment) was most commonly reported, with nearly one-fourth (24.5%) of SMHPs reporting this. It is interesting to note that student objection (5.3%) was least commonly reported.

We examined the relationship between the barriers reported by SMHPs and their engagement in efforts to support LGBTQ youth. Figure 3.10 illustrates how, perhaps counterintuitively, most professional and environmental barriers encountered by SMHPs were related to reports of *higher* engagement

Table 3.5 Percentage of SMHPs Experiencing Barriers to their LGBTQ-Related Efforts

	Percentage of SMHPs Reporting Barriers
Professional Barriers	
Lack of Time	56.0%
Other Job Responsibilities	53.0%
Lack of Training	40.7%
Lack of Material Resources (e.g., funding)	31.9%
Environmental Barriers	
Institutional Culture	24.5%
Parents	16.1%
Administration	14.2%
School Staff	11.8%
Community Members	10.7%
School Board	8.3%
Students	5.3%

in LGBTQ-supportive activities.[90] For example, 5 in 10 (55.8%) of SMHPs who viewed their institutional culture as a barrier reported high engagement in LGBTQ-related efforts, compared to 4 in 10 (40.1%) of SMHPs who did not view institutional culture as a barrier (see Figure 3.10).

The only barrier among those examined that appeared to be related to lower rates of engagement was lack of training. As shown in Figure 3.10, only about 3 in 10 SMHPs (35.8%) who cited lack of training as a barrier had high levels of engagement compared to nearly 5 in 10 (49.8%) of SMHPs who did not perceive a lack of training as a barrier. There was no relationship between reporting the school board as a barrier and engagement in LGBTQ-supportive activities.

These findings suggest that, with the exception of training, the barriers we examined are not preventing SMHPs from engaging in practice. On the contrary, it could be that it is not until SMHPs begin to engage in such efforts that they become aware of these barriers. Of course, without those barriers, it is possible that those SMHPs who are attempting to engage in efforts could be doing so even more thoroughly. It is also important to note that these findings highlight the importance of providing adequate LGBTQ-related training to SMHPs, as the only barrier examined that actually related to less frequent efforts was their lack of training.

Figure 3.10 Barriers that SMHPs Experience in their Work with LGBTQ Students and Frequency of Efforts
(Percentage of SMHPs reporting higher engagement in LGBTQ-related efforts)
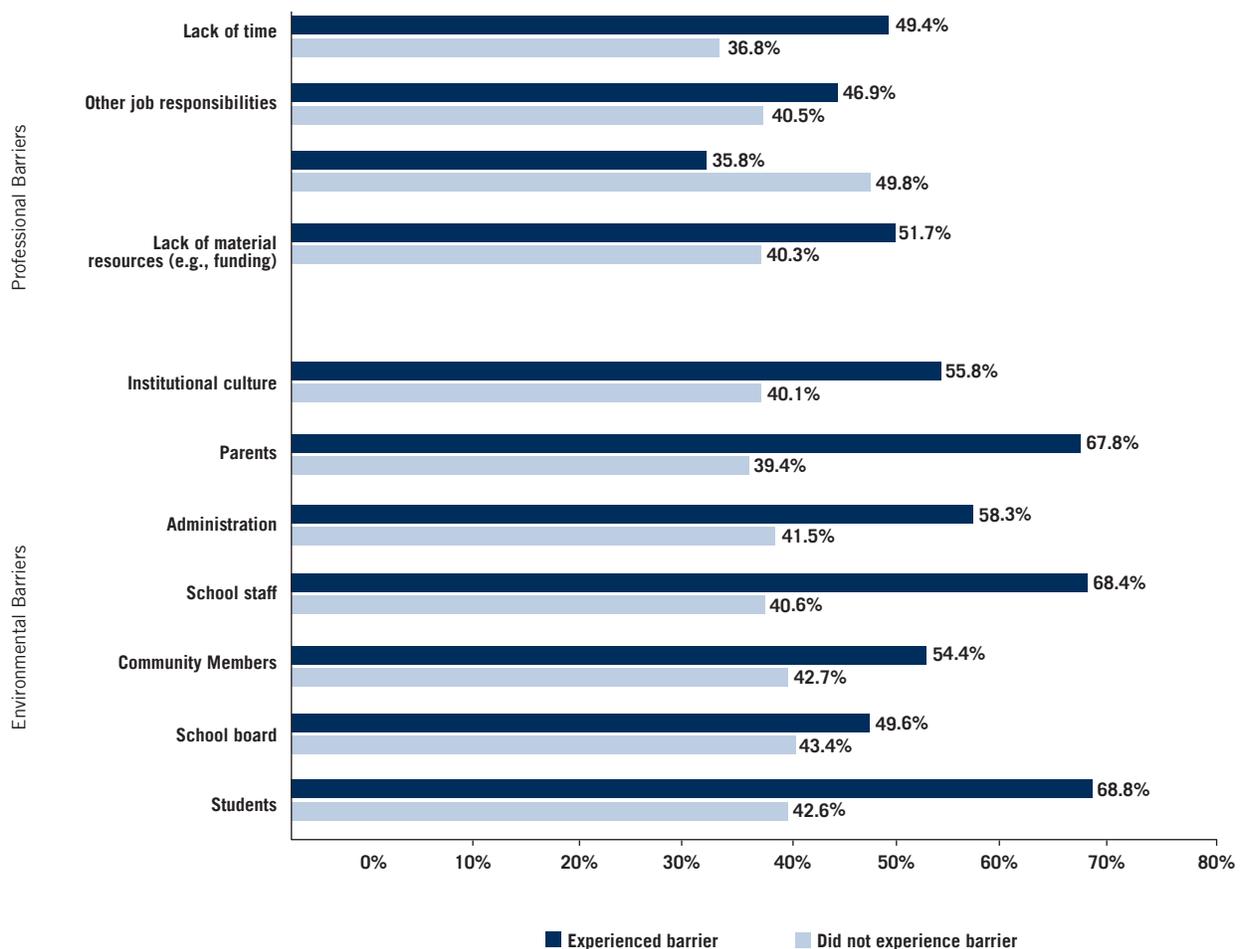
Note: Engagement in LGBTQ-related efforts was determined by calculating a mean split in the LGBTQ-related practice scale; those above the mean LGBTQ-related practice score were in the "higher engagement" category.

Part Four: Examination by Profession

Overview

Findings from this study have important implications for school mental health professionals (SMHPs) overall. However, an examination of certain trends and patterns within each profession (i.e., school psychologists, counselors, and social workers) can draw attention to aspects of LGBTQ-related professional preparation and practices that may be specifically relevant for each of the three professions surveyed. A closer examination of certain patterns within each profession can also help identify areas to target resources (e.g., training, enhanced visibility) that are not only the most important for a given profession, but also the most likely to yield worthwhile results.

In Part Four, we provide a more detailed examination of particular professional patterns and trends on some of the variables we examined in this report. Specifically, we discuss LGBTQ-related graduate education, continuing education, and LGBTQ-related efforts as they relate to each particular profession (school counselors, psychologists, and social workers).

School Counselors

School counselors represent the largest number of SMHPs in our nation's schools. Over 110,000 school counselors work in U.S. K-12 schools, with an approximate ratio of 370:1 school counselor to student ratio.[91] The majority of secondary schools in the country have at least one full-time school counselor on staff. School counselors typically hold a master's degree and are generally required to be licensed as a school counselor in their state. While there is no official census data on the demographic characteristics of the nation's school counselors, research suggests that they are primarily female and White (approximately 80% each),[92] which is similar to our current sample (see Table M.1 in the Methods and Sample section). School counselors are typically tasked with addressing the academic, developmental, and vocational needs of all students through the coordination and provision of a variety of services and activities. Their activities can range from direct and indirect services to students—such as student planning, individual counseling, crisis intervention, and

Figure 4.1 Frequency of School Counselors' Exposure to Graduate Education on Practice, Diversity, and LGBTQ-Related Competencies

Legend: ■ Not at all   ■ Very Little   ■ Somewhat   ■ Extensively

Education on Practice and Diversity

Category	Not at all	Very Little	Somewhat	Extensively
Child and adolescent development	0.3%	3.0%	27.9%	68.8%
Ethical and legal issues in practice (e.g., confidentiality)	0.3%	5.7%	33.7%	60.2%
Practice skills and techniques (e.g., empathy, working alliance, client-centered practice)	0.7%	4.6%	22.4%	72.4%
Individual and cultural diversity in practice	0.7%	8.2%	35.2%	56.0%
Evidence-based practices in schools	11.0%	26.4%	37.4%	25.2%
Risk-assessment and prevention (e.g., sexual behavior, substance use and abuse, suicide)	0.7%	21.5%	44.0%	32.5%
Advocacy and social justice	4.9%	26.8%	41.6%	26.8%
Human sexuality and gender	6.2%	27.7%	44.6%	36.7%
School safety (e.g., bullying, harassment, violence)	9.5%	34.6%	39.1%	16.8%
The role of oppression in health and mental health outcomes	14.4%	40.9%	32.1%	12.6%

LGBTQ-Specific Education

Category	Not at all	Very Little	Somewhat	Extensively
Competence with lesbian, gay and bisexual populations	19.3%	42.9%	29.6%	8.1%
Competencies with transgender populations	30.7%	43.8%	20.9%	4.6%
Competencies specifically with LGBTQ youth	27.0%	43.0%	22.9%	7.2%

referrals, and consultation —to management and assessment of data related to the functioning of the school counseling program in order to help students achieve academic success.

In regard to LGBTQ student issues, the American School Counselor Association (ASCA) has adopted a position statement on the school counselor's role in supporting LGBTQ youth.[93] ASCA specifically promotes activities and practices supportive to LGBTQ students, including those similar to what we examined in the current study: providing LGBTQ-affirmative counseling and support; addressing the negative effects of hostile school climates on LGBTQ students' academic performance and well-being; creating safe spaces for LGBTQ students; intervening in bullying, harassment, and biased language; training staff on LGBTQ issues in schools; promoting an inclusive curriculum; and advocating for school-wide policies and practices to facilitate safe and welcoming schools.

SCHOOL COUNSELORS' LGBTQ-RELATED EDUCATION AND TRAINING

Figures 4.1-4.3 illustrate our findings regarding school counselors' LGBTQ-related education and training. In general, we found that the majority of school counselors received little education or training regarding competencies working with LGBTQ students, and as a result may not be well prepared to respond to their needs.

With regard to graduate education on practice and diversity, the vast majority of school counselors, over 9 in 10, reported somewhat to extensive exposure on: child and adolescent development, ethical and legal issues in practice, practice skills and techniques, and individual and cultural diversity in practice (see Figure 4.1). However, slightly less than half of counselors reported this level of exposure to the role of oppression in health/mental health outcomes (see also Figure 4.1). Considerably fewer school counselors received exposure to graduate education on competent practice with LGBTQ populations, with 7 in 10 (70.0%) reporting little to no exposure on competent practice with LGBTQ youth (see Figure 4.1).

Figure 4.2 School Counselors' Ratings of their Graduate Programs in Preparing Them to Provide School-Based Services to Lesbian, Gay, and Bisexual (LGB) and Transgender (Trans) Youth

LGB Youth: 5.5% Excellent, 17.0% Very Good, 19.9% Good, 30.0% Fair, 27.6% Poor

Trans Youth: 3.6% Excellent, 13.0% Very Good, 16.4% Good, 30.1% Fair, 36.9% Poor

Legend:
- Excellent
- Very Good
- Good
- Fair
- Poor
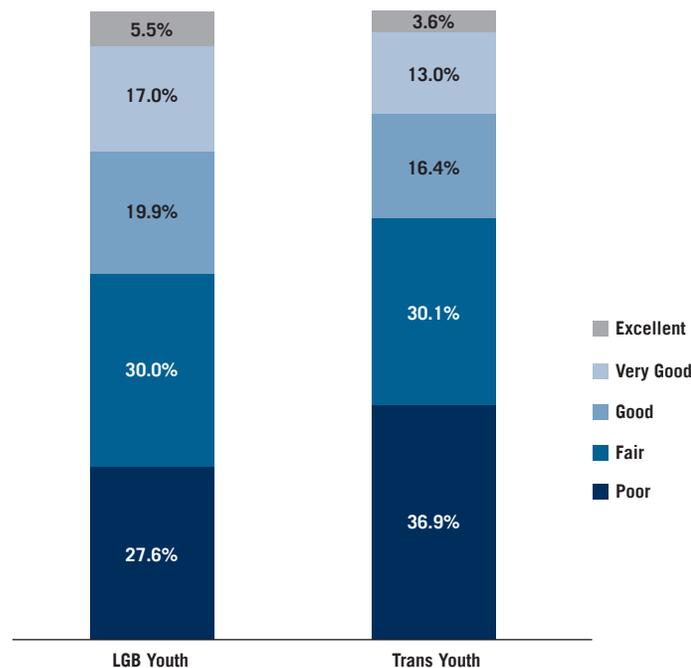
Given the limited graduate training counselors received on this LGBTQ youth issues, it is not surprising that the majority of school counselors seemed to feel unprepared by their graduate programs to work with LGBTQ youth in schools. Nearly 6 in 10 (57.6%) and 7 in 10 (67.9%) school counselors rated their graduate programs fair to poor in preparing them to work with LGB and transgender students, respectively (see Figure 4.2).

Similar to the reports on graduate education, few school counselors in our survey reported receiving continuing (as opposed to graduate) education on LGBTQ-related topics on a regular basis (see Figure 4.3). In fact, approximately one-third of school counselors indicated having never attended an in-service training, conference workshop/presentation, or training/webinar from outside organization on LGBTQ student issues (38.6%, 33.1%, and 32.7%, respectively). Although a greater portion of counselors reported having read about LGBTQ topics or consulted with colleagues on these issues, slightly less than a third indicating doing so often or frequently (31.3% and 27.1%, respectively). In contrast, the vast majority of school counselors reported receiving some continuing education and training on general school safety topics, such as bullying, with approximately half having attended an in-service training or conference panel/workshop on such topics sometimes, often, or frequently (53.1% and 47.0%, respectively). However, we do not know whether these trainings had any content on the LGBTQ student experience, and there is some evidence that many common bullying programs do not include material on anti-LGBTQ victimization or any type of bias-based bullying.[94]

SCHOOL COUNSELORS' LGBTQ-RELATED EFFORTS

Figures 4.4-4.6 illustrate our findings regarding school counselors' LGBTQ-related efforts and barriers to their efforts. In general, we found that the majority of school counselors reported that they had engaged in at least some efforts related to LGBTQ students (see Figure 4.4). With regard to efforts with individual students, the percentage of school counselors engaging in such efforts ranged from approximately half (52.0%) providing health education to an LGBTQ student to nearly 9 in 10 (86.5%) who reported providing support or counseling related to student's sexual orientation.

Figure 4.3 Frequency of School Counselors' Engagement in Continuing Education and Training on LGBTQ and Related Issues

Legend: Never | Rarely | Sometimes | Often | Frequently

Category	Never	Rarely	Sometimes	Often	Frequently
In-service bullying and school safety	5.9%	9.0%	32.0%	.5%	19.6%
Conference workshops/panel on bullying and school safety	7.4%	11.5%	34.0%	33.0%	14.0%
Read LGBTQ-related research and literature	9.4%	23.7%	35.6%	19.4%	11.9%
Consult with colleagues on work with LGBTQ students	12.8%	27.5%	32.5%	18.0%	9.1%
In-service on LGBTQ issues in schools	38.6%	25.3%	23.3%	9.1%	3.7%
Conference workshop/panel on LGBTQ issues in schools	33.1%	21.7%	27.8%	11.7%	5.8%
Workshops/trainings/webinars on LGBTQ issues by educational organizations (e.g., GLSEN)	32.7%	25.6%	25.9%	9.9%	5.9%

As displayed in Figure 4.4, most school counselors also reported engaging in some type of school-level efforts, with nearly 9 in 10 (85.0%), reporting intervening in LGBTQ-related bullying and harassment, and approximately half reporting having displayed visual sign of support, consulted with administration about policies, and worked on school-wide programs regarding LGBTQ students (53.0%, 52.4%, and 46.4%, respectively). In contrast, as also shown in Figure 4.4, only a quarter of school counselors reported conducting a workshop for staff, leading a support group for LGBTQ students, or advising a GSA (Gay-Straight Alliance or Gender-Sexuality Alliance) or similar student club (27.2% and 26.5%, and 11.4%, respectively).

Regardless of whether or not counselors actually engaged in specific efforts to support LGBTQ students, we asked them if they faced any barriers in doing so. About half of counselors reported that a lack of time (54.4%) or other

job responsibilities (46.0%) were barriers to them engaging in supportive efforts for LGBTQ students (see Figure 4.6). Over a third of counselors reported a lack of training and a lack of resources as barriers (see also Figure 4.6).

School Psychologists

An estimated 31,000-32,000 school psychologists work in U.S. public schools, with a ratio of approximately 1500 students to every school psychologist.[95] School psychologists typically hold a specialist, master's, or doctorate degree in school psychology and are required to be licensed to practice in their state. A survey of members of a national organization of school psychologists found that over 8 in 10 of its members were female (83.7%) and White (88.3%). Research suggests that the demographics of this organization's members are relatively similar to the national population of school psychologists.[96]

Figure 4.4 Percentage of School Counselors Reporting Ever Engaging in LGBTQ-Related Efforts

Individual-Level Efforts

Effort	%
Provide support or counseling related to a student's sexual orientation (e.g., LGB students)	86.5%
Consult with teachers or other school staff about LGBTQ students in your school	76.4%
Provide support or counseling related to a student's gender identity (e.g., transgender students)	72.6%
Consult with a family member or members of an LGBTQ student	69.5%
Provide LGBTQ-specific educational/informational materials to students	62.0%
Explore college or career options with an LGBTQ student	61.2%
Refer an LGBTQ student to an LGBTQ-sensitive provider	60.3%
Assist an LGBTQ student in coming out process	55.2%
Provide health education to an LGBTQ student	52.0%

School-Level Efforts

Effort	%
Intervene in LGBTQ-related bullying, harassment, or biased language	85.0%
Consult with school or district administration about policies related to LGBTQ safety and well-being	52.4%
Develop, implement, and/or collaborate in school-wide awareness or prevention programs addressing LGBTQ student safety and well-being	46.4%
Conduct a class or workshop for students that includes LGBTQ issues	37.4%
Advocate for the inclusion of LGBTQ-related topics in the school curriculum (e.g., textbooks, lesson plans)	37.4%
Conduct a workshop or training for staff on LGBTQ issues	27.2%
Lead or co-lead a support group for LGBTQ students	26.5%

School psychologists' specific job responsibilities can differ from those of school counselors in some key ways. For one, school psychologists are typically tasked with psychological and academic assessment and evaluation of individual students to address and improve academic achievement. Additionally, school psychologists typically serve two or three school buildings on an itinerant basis, and the majority of students they serve have been referred for assessment of academic and behavior problems. School counselors, on the other hand, are much more likely to be assigned to one school, and therefore may have more frequent interactions and familiarity with the student body as a whole. As a result, school psychologists most likely have less frequent contact with individual LGBTQ students or with the student body as a whole, and therefore different expectations and recommendations for school psychologists' efforts with LGBTQ students may be warranted.

The largest national organizations of school psychologists, the National Association of School Psychologists (NASP), has adopted a position statement on the school psychologist's role in supporting LGBTQ youth.[97] NASP specifically promotes activities to support LGBTQ youth on both the individual and school-wide levels, including: provide counseling and support to LGBTQ students who experience victimization; intervene in the bullying, harassment, and discrimination of LGBTQ students; provide education to students and staff on LGBTQ issues in schools; promote awareness and acceptance of LGBTQ students in the school community; and advocate for LGBTQ-inclusive nondiscrimination and anti-bullying policies.

SCHOOL PSYCHOLOGISTS' LGBTQ-RELATED EDUCATION AND TRAINING

Figures 4.7-4.9 illustrate our findings regarding psychologists' LGBTQ-related education and training. In general, we found the vast majority received little to no graduate training related to practice with LGBTQ students, and most rarely, if ever, received formal continuing education on the topic.

Figure 4.5 Percentage of School Counselors Reporting Starting/Advising a GSA or Displaying a Visual Sign of Support for LGBTQ Students
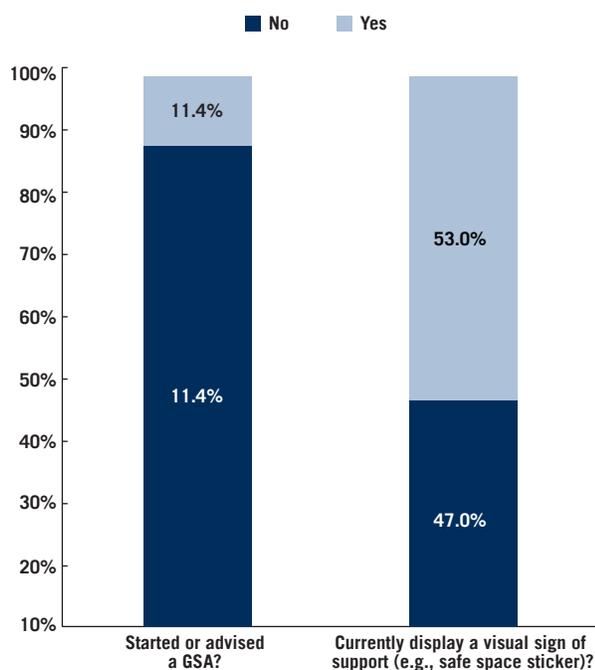
Figure 4.6 Percentage of School Counselors Reporting Barriers to Efforts to Supporting LGBTQ Students
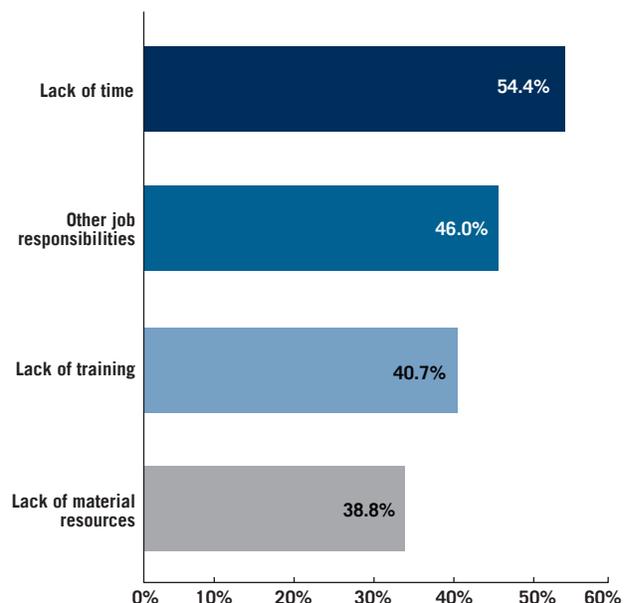
The majority of school psychologists received extensive exposure during their graduate education in several content areas: (a) child and adolescent development; (b) ethical and legal issues in practice; (c) practice skills and techniques; (d) evidence-based practices (see Figure 4.7). Slightly less than half reported extensive exposure to both the individual and cultural diversity content area (47.7%) and the risk assessment and prevention content area (45.6%).

Fewer than 1 in 5 school psychologists reported extensive graduate exposure on advocacy and social justice (17.8%) and on school safety (16.3%). Approximately 10 percent reported this level of exposure to the role of human sexuality and gender (11.0%) and to oppression in health/mental health outcomes (8.3%, see also Figure 4.7).

Considerably fewer school psychologists reported that their exposure to LGBTQ-related competencies was extensive, with only 3 in 100 reporting extensive education related to

LGBTQ youth competencies (see Figure 4.7). Given the limited graduate training psychologists received on LGBTQ youth issues, it is not surprising that the majority of school counselors seemed to feel unprepared by their graduate programs to work with LGBTQ youth in schools. As indicated in Figure 4.8, over 7 in 10 school psychologists rated their graduate programs fair to poor in preparing them to work with LGB and transgender students (70.7% and 79.3%, respectively).

Similar to the reports on graduate education, few school psychologists in our survey reported receiving continuing education on LGBTQ-related topics on a regular basis (see Figure 4.9). In fact, approximately 4 in 10 school psychologists indicated having never attended an in-service training, conference workshop/presentation, or training/webinar from outside organization on LGBTQ student issues (40.1%, 42.3%, 44.5%, respectively). A greater portion of psychologists reported having read about LGBTQ topics or consulted with colleagues on

Figure 4.7 Frequency of School Psychologists' Exposure to Graduate Education on Practice, Diversity, and LGBTQ-Related Competencies
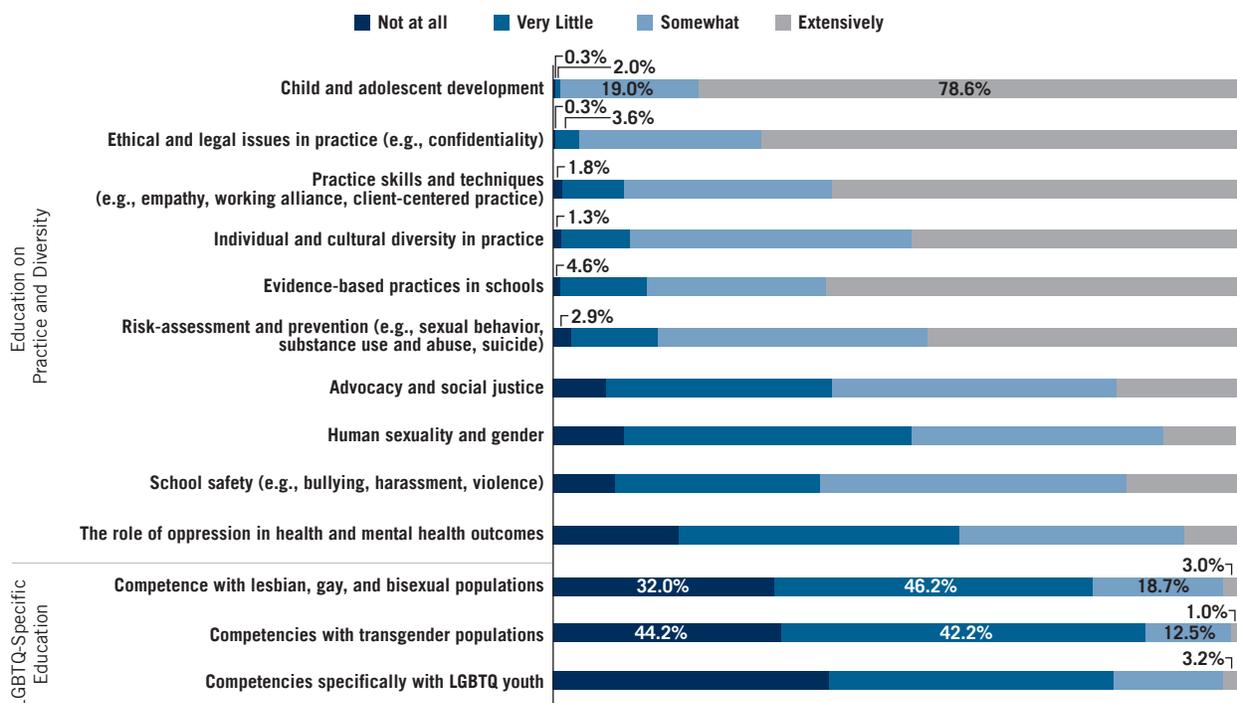
Figure 4.8 School Psychologists' Ratings of their Graduate Programs in Preparing Them to Provide School-Based Services to Lesbian, Gay, and Bisexual (LGB) and Transgender (Trans) Youth

Legend:
- Excellent
- Very Good
- Good
- Fair
- Poor

LGB Youth:
- 2.8% Excellent
- 7.8% Very Good
- 18.7% Good
- 34.7% Fair
- 36.7% Poor

Trans Youth:
- 2.7% Excellent
- 5.3% Very Good
- 12.7% Good
- 29.6% Fair
- 49.7% Poor
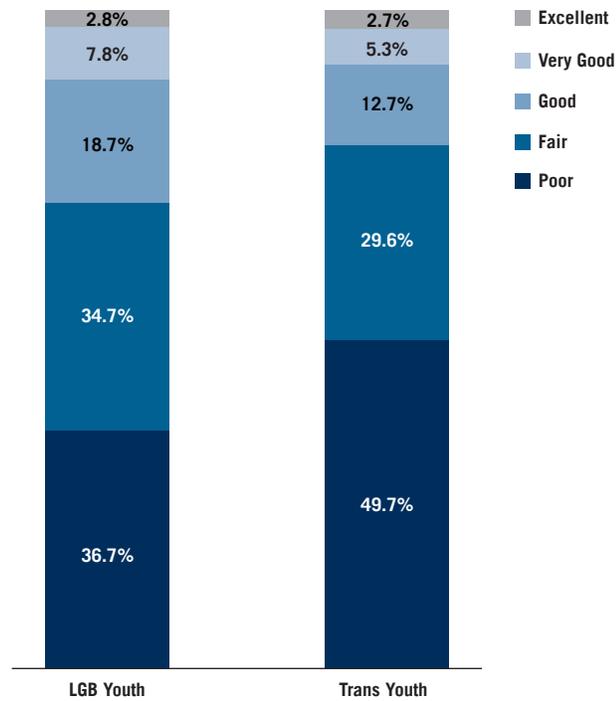
Figure 4.9 Frequency of School Psychologists' Engagement in Continuing Education and Training on LGBTQ and Related Issues

Legend: Never | Rarely | Sometimes | Often | Frequently

Activity	Never	Rarely	Sometimes	Often	Frequently
In-service bullying and school safety	2.4%	8.2%	36.3%	37.5%	15.6%
Conference workshop/panel on bullying and school safety	8.7%	12.9%	39.5%	29.0%	10.0%
Read LGBTQ-related research and literature	10.4%	26.8%	36.6%	18.2%	7.9%
Consult colleagues on work with LGBTQ students	22.1%	26.7%	31.9%	13.5%	5.7%
In-service on LGBTQ issues in schools	40.1%	24.5%	27.7%	6.6%	1.1%
Conference workshop/panel on LGBTQ issues in schools	42.3%	23.2%	24.7%	8.1%	1.7%
Workshops/trainings/webinars on LGBTQ issues by educational organizations (e.g., GLSEN)	44.5%	24.3%	20.9%	7.4%	2.8%

these issues, however, still many had never done either (10.4% and 22.1%, respectively). In contrast, the vast majority of school psychologists reported receiving some continuing education and training on bullying and school safety, with almost all having attended an in-service training or conference panel/workshop on such topics at some point (97.6% and 91.3%, respectively).

However, we do not know whether education about bullying had any content on the experience of LGBTQ youth, and there is some evidence that professional development programs about bullying or safe schools do not include material on bias-based bullying.[98]

Figure 4.10 Percentage of School Psychologists Reporting Ever Engaging in LGBTQ-Related Efforts

Individual-Level Efforts

Effort	Percentage
Consult with teachers or other school staff about LGBTQ students in your school	61.7%
Provide support or counseling related to a student's sexual orientation (e.g., LGB students)	58.7%
Consult with a family member or members of an LGBTQ student	49.4%
Provide support or counseling related to a student's gender identity (e.g,, transgender students)	46.1%
Refer an LGBTQ student to an LGBTQ-sensitive provider	42.6%
Provide LGBTQ-specific educational/informational materials to students	37.6%
Assist an LGBTQ student in the coming out process	30.9%
Provide health education to an LGBTQ student	29.9%
Explore college or career options with an LGBTQ student	26.1%

School-Level Efforts

Effort	Percentage
Intervene in LGBTQ-related bullying, harassment, or biased language	63.3%
Consult with school or district administration about policies related to LGBTQ safety and well-being	37.9%
Develop, implement, and/or collaborate in school-wide awareness or prevention programs addressing LGBTQ student safety and well-being	29.7%
Advocate for the inclusion of LGBTQ-related topics in the school curriculum (e.g., textbooks, lesson plans)	24.7%
Conduct a workshop or training for staff on LGBTQ issues	16.9%
Lead or co-lead a support group for LGBTQ students	16.8%
Conduct a class or workshop for students that includes LGBTQ issues	16.7%

Figure 4.11 Percentage of School Psychologists Reporting Starting/Advising a GSA or Displaying a Visual Sign of Support for LGBTQ Students

Legend: ■ No ■ Yes

- Started or advised on a GSA?: No 92.5%, Yes 7.5%
- Currently display a visual sign of support (e.g., safe space sticker)?: No 62.9%, Yes 37.1%
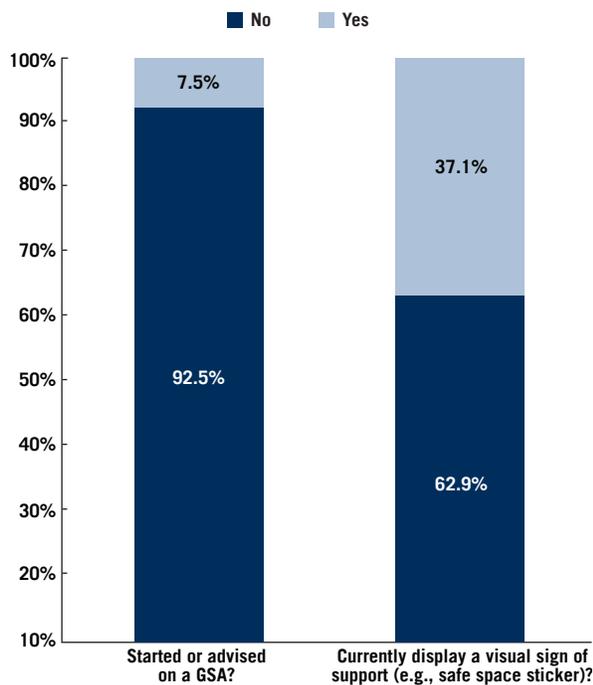
Figure 4.12 Percentage of School Psychologists Reporting Barriers to Efforts to Supporting LGBTQ Students

- Other job responsibilities: 58.5%
- Lack of time: 58.1%
- Lack of training: 42.3%
- Lack of material resources: 30.4%
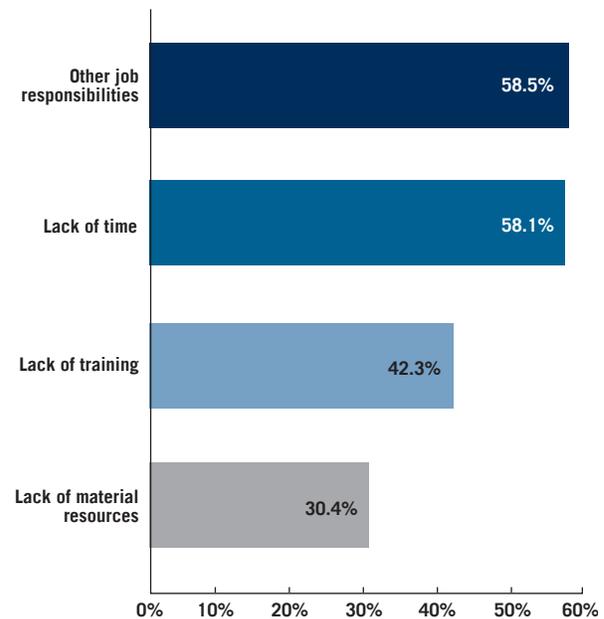
SCHOOL PSYCHOLOGISTS' LGBTQ-RELATED EFFORTS

As displayed in Figure 4.10, we found that the majority of school psychologists reported that they had engaged in at least some efforts related to LGBTQ students, most commonly: consulting with other school staff about LGBTQ students (61.7%); intervening in LGBTQ-related bullying and harassment (63.3%), and providing support or counseling related to student's sexual orientation (58.7%).

A minority of the school psychologists surveyed reported engaging in any of the other individual or school-wide efforts. Slightly less than half reported consulting with LGBTQ student's family (49.4%), providing support or counseling related to student's gender identity (46.1%), or referring LGBTQ student to LGBTQ-friendly provider (42.6%). Just over a third reported consulting with administration about related policies (37.9%), providing LGBTQ-specific materials/information to students (37.6%), or displaying a visual sign of support for LGBTQ students (37.1%). Less than a third reported engaging in any of the other LGBTQ-supportive efforts (see also Figures 4.10 and 4.11).

Regardless of whether or not school psychologists were actually engaged in specific efforts to support LGBTQ students, we asked them if they faced any barriers in doing so. As shown in Figure 4.12, lack of time and having other job responsibilities were the reasons more commonly cited for not engaging in these efforts (58.1% and 58.5%, respectively).

School Social Workers

According to the Bureau of Labor Statistics, there are approximately 40,000 social workers employed in elementary or secondary schools.[99] In terms of qualifications, school social workers typically hold a master's degree in social work, and requirements for licensure in school social work practice vary by state. The most recent national survey of school social workers suggests

that they are similar demographically to school psychologists and counselors, with about 8 in 10 being female and White.[100]

School social workers may provide individual-level services—such as crisis intervention, individual and group counseling, and family interventions—and school-level services—including advocacy, staff consultation and training, and school improvement planning. School social workers generally have specific training in case management, and therefore often serve as an important liaison between students, parents, teachers, and the community. As such, they play a critical role in coordinating with community and agency resources to support students' academic and psychological needs. Similar to school psychologists, school social workers are commonly assigned to work in more than one school; however, school social workers'

tasks and activities are more similar to those of school counselors, and therefore may have more contact with the student body than school psychologists do typically.

The School Social Work Association of America (SSWAA) has adopted a position statement on the school social worker's role in supporting LGBTQ youth.[101] SSWAA encourages school districts to promote safer schools for LGBTQ students through the provision of school social work services and programs. This statement acknowledges that school social workers play a critical role in LGBTQ student well-being by providing support and advocacy individually, in the classroom, across the school and school district, and in the school community. Furthermore, SSWAA recognizes the role that school social workers can play in educating students and staff on LGBTQ issues in schools,

Figure 4.13 Frequency of School Social Workers' Exposure to Graduate Education on Practice, Diversity, and LGBTQ-Related Competencies

| Not at all | Very Little | Somewhat | Extensively |

Education on Practice and Diversity

Child and adolescent development: 1.8%, 19.3%, 78.9%

Ethical and legal issues in practice (e.g., confidentiality): 4.6%, 26.9%, 68.5%

Practice skills and techniques (e.g., empathy, working alliance, client-centered practice): 1.8%, 8.4%, 30.7%, 59.1%

Individual and cultural diversity in practice: 0.9%, 27.8%, 67.6%, 3.7%

Evidence-based practices in schools: 14.4%, 29.3%, 34.9%, 21.4%

Risk-assessment and prevention (e.g., sexual behavior, substance use and abuse, suicide): 0.5%, 20.1%, 77.6%, 1.8%

Advocacy and social justice: 0.5%, 31.2%, 61.5%, 6.9%

Human sexuality and gender: 2.3%, 18.8%, 53.7%, 25.2%

School safety (e.g., bullying, harassment, violence): 12.3%, 34.2%, 38.4%, 15.1%

The role of oppression in health and mental health outcomes: 4.6%, 26.0%, 42.5%, 26.9%

LGBTQ-Specific Education

Competence with lesbian, gay, and bisexual populations: 17.8%, 38.8%, 32.9%, 10.5%

Competencies with transgender populations: 27.9%, 44.3%, 44.3%, 6.4%

Competencies specifically with LGBTQ youth: 25.5%, 46.8%, 18.1%, 9.7%

addressing the discrimination and victimization of LGBTQ students, and creating an environment that respects diversity.

SCHOOL SOCIAL WORKERS' LGBTQ-RELATED EDUCATION AND TRAINING

Figures 4.13-4.15 illustrate our findings regarding social workers' LGBTQ-related education and training. In general, we found that the majority of school social workers received little education or training regarding competencies working with LGBTQ students, and as a result may not be well prepared to respond to their needs.

The majority of school social workers reported extensive exposure to graduate education on many of the topics assessed in this survey, including: (a) child and adolescent development, (b) ethical and legal issues in practice, (c) practice skills and techniques, (d) individual and

cultural diversity in practice, (e) advocacy and social justice, and (f) risk assessment/prevention (see Figure 4.13). Having extensive graduate exposure on school safety topics in their graduate education was less commonly reported (see also Figure 4.13).

Findings suggest that social workers have less graduate education on topics related to competent practice with LGBTQ populations, with more than 7 in 10 (72.3%) reporting little to no exposure on competent practice with LGBTQ youth (see also Figure 4.13). Given the limited graduate training they received on these subjects, it is not surprising that the majority of school social workers seemed to feel unprepared by their graduate programs to work with LGBTQ youth in schools. Nearly 6 in 10 (57.1%) and 7 in 10 (69.1%) school social workers rated their

Figure 4.14 School Social Workers' Ratings of their Graduate Programs in Preparing Them to Provide School-Based Services to Lesbian, Gay, and Bisexual (LGB) and Transgender (Trans) Youth
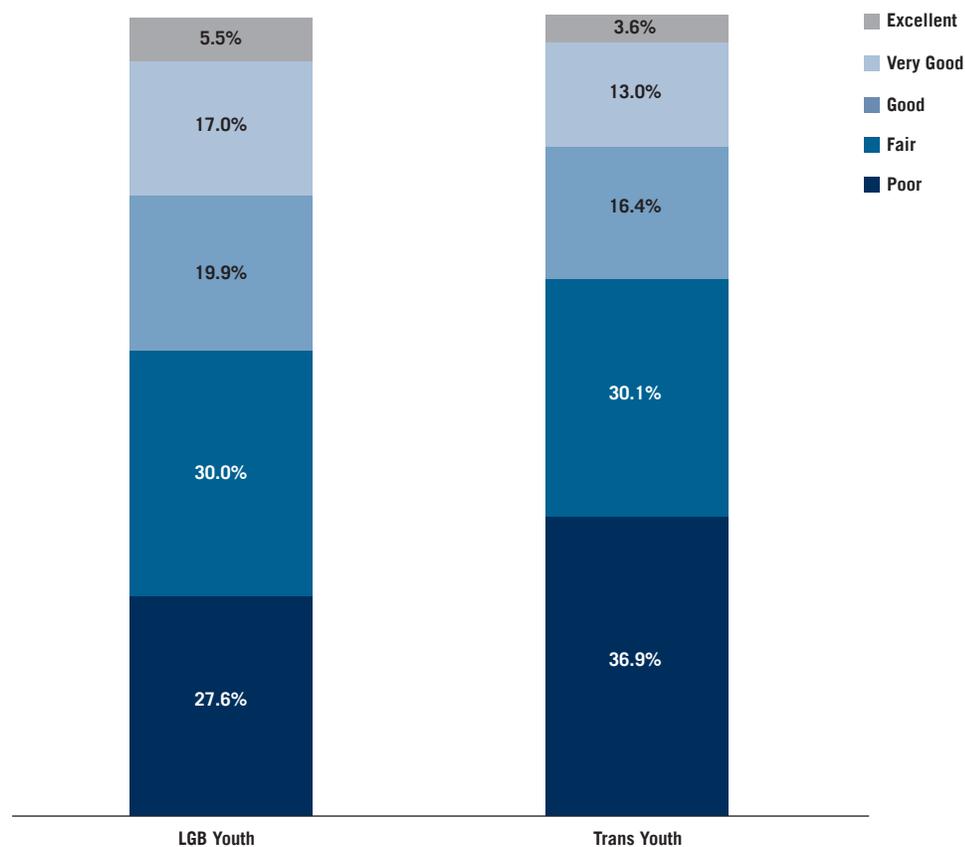
graduate programs fair to poor in preparing them to work with LGB and transgender students, respectively (see Figure 4.14).

Similar to the reports on graduate education, few school social workers in our survey reported receiving continuing (as opposed to graduate) education on LGBTQ-related topics on a regular basis (see Figure 4.15). In fact, nearly one quarter of school social workers indicated that they had never attended an in-service training, conference workshop/presentation, or training/ webinar from outside organization on LGBTQ student issues (23.3%, 23.1%, and 23.6%, respectively). School social workers more commonly reported having received some continuing education and training on bullying and school safety (see also Figure 4.15).

SCHOOL SOCIAL WORKERS' LGBTQ-RELATED EFFORTS

Figures 4.16-4.18 illustrate our findings regarding school social workers' LGBTQ-related efforts and barriers to their efforts. In general, we found that the majority of school social workers reported that they had engaged in at least some efforts related to LGBTQ students (see Figure 4.16). With regard to efforts with individual students, the portion of school social workers engaging in such efforts ranged from half (49.5%) reporting having explored college or career options with an LGBTQ student to nearly 9 in 10 (87.6%) who reported providing support or counseling related to a student's sexual orientation.

As displayed in Figure 4.17, school social workers also reported engaging in school-level efforts, with 8 in 10 (80.2%) reporting having intervened in LGBTQ-related bullying and harassment, and approximately half reporting having displayed visual sign of support and consulted with administration about policies

Figure 4.15 Frequency of School Social Workers Engaging in Continuing Education and Training on LGBTQ and Related Issues

	Never	Rarely	Sometimes	Often	Frequently
In-service on bullying and school safety	2.8%	6.1%	25.4%	39.0%	26.8%
Conference workshop/panel on bullying and school safety	5.1%	7.9%	30.4%	34.?%	22.0%
Read LGBTQ-related research and literature	8.0%	23.5%	39.0%	20.2%	9.4%
Consult with colleagues on work with LGBTQ students	7.9%	19.0%	41.2%	19.9%	12.0%
In-service on LGBTQ issues in schools	23.3%	22.3%	34.9%	15.8%	3.7%
Conference workshop/panel on LGBTQ issues in schools	23.1%	23.6%	32.1%	16.5%	4.7%
Workshops/trainings/webinars on LGBTQ-issues by educational organizations (e.g., GLSEN)	23.6%	20.4%	36.1%	12.5%	7.4%

(56.3% and 53.8%, respectively). A smaller percentage of social workers reported engaging in other types of school-level efforts, with 46.2% indicating that they worked on a school-wide awareness program addressing LGBTQ student safety and 41.0% indicating that they advocated for LGBTQ curricular inclusion. Conducting a student class/workshop or a staff training/workshop on LGBTQ issues, leading a support group for LGBTQ students, or advising a GSA or similar student club were reported by the smallest percentage of social workers (see also Figure 4.17).

Regardless of whether or not school social workers actually engaged in specific efforts to support LGBTQ students, we asked them if they faced any barriers in doing so. About half of social workers reported that a lack of time (51.0%) or other job responsibilities (48.0%) were barriers to them engaging in supportive efforts for LGBTQ students (see Figure 4.18). A third of counselor reported a lack of training and a lack of resources as barriers (see also Figure 4.18).

Figure 4.16 Percentage of School Social Workers Reporting Ever Engaging in LGBTQ-Related Efforts

Individual-Level Efforts

Provide support or counseling related to a student's sexual orientation (e.g., LGB students): 87.6%
Provide support or counseling related to a student's gender identity (e.g., transgender students): 73.7%
Consult with a family member or members of an LGBTQ student: 73.7%
Consult with teachers or other school staff about LGBTQ students in your school: 73.7%
Refer an LGBTQ student to an LGBTQ-sensitive provider: 73.7%
Provide LGBTQ-specific educational/informational materials to students: 67.9%
Provide health education to an LGBTQ student: 66.3%
Assist an LGBTQ student in the coming out process: 60.2%
Explore college or career options with an LGBTQ student: 49.5%

School-Level Efforts

Intervene in LGBTQ-related bullying, harassment, or biased language: 80.2%
Consult with school or district administration about policies related to LGBTQ safety and well-being: 53.8%
Develop, implement, and/or collaborate in school-wide awareness or prevention programs addressing LGBTQ student safety and well-being: 46.2%
Advocate for the inclusion of LGBTQ-related topics in the school curriculum (e.g., textbooks, lesson plans): 41.0%
Conduct a class or workshop for students that includes LGBTQ issues: 34.8%
Lead or co-lead a support group for LGBTQ students: 30.8%
Conduct a workshop or training for staff on LGBTQ issues: 30.5%

Conclusions

The findings discussed in this section highlight some potential similarities and differences across the three professions regarding SMHPs' professional preparation and practice with LGBTQ students. In terms of LGBTQ-related professional preparation, it seems that graduate programs and school districts can be doing more to support SMHPs' LGBTQ-related professional development, regardless of that provider's specific profession. Regardless of profession, the majority of respondents reported that their graduate programs insufficiently prepared them to work with LGBTQ youth in schools. Furthermore, although the majority of SMHPs across professions received some type of in-service training on school safety in general, it appeared that considerably fewer received LGBTQ-specific in-service training during their careers. About 4 in 10 professionals across professions reported *never* receiving LGBTQ-

specific training during their professional careers.

Certain patterns seemed to emerge regarding LGBTQ-related efforts by profession that seem related to the differences in the typical job responsibilities by profession. For example, among those who responded to the survey, over 8 in 10 school counselors (85.0%) and social workers (87.6%) reported providing support or counseling related to a student's sexual orientation at some point in their careers, while just under 6 in 10 (58.7%) school psychologists reported ever having done so. This trend appeared to remain consistent across the different types of individual and school-level efforts that we assessed in this study. The apparent differences in respondents' counseling activities by their profession could speak to school counselors' and social workers' greater visibility in the school, ease of student access to them, and the greater likelihood of routine contact with the student population. In contrast, school psychologists typically serve

Figure 4.17 Percentage of School Social Workers Reporting Starting/Advising a GSA or Displaying a Visual Sign of Support for LGBTQ Students
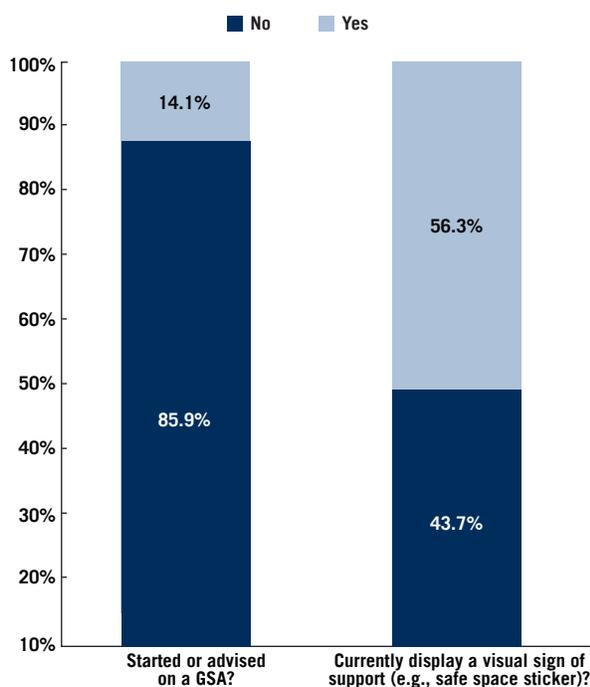
Figure 4.18 Percentage of School Social Workers Reporting Barriers to Efforts to Supporting LGBTQ Students
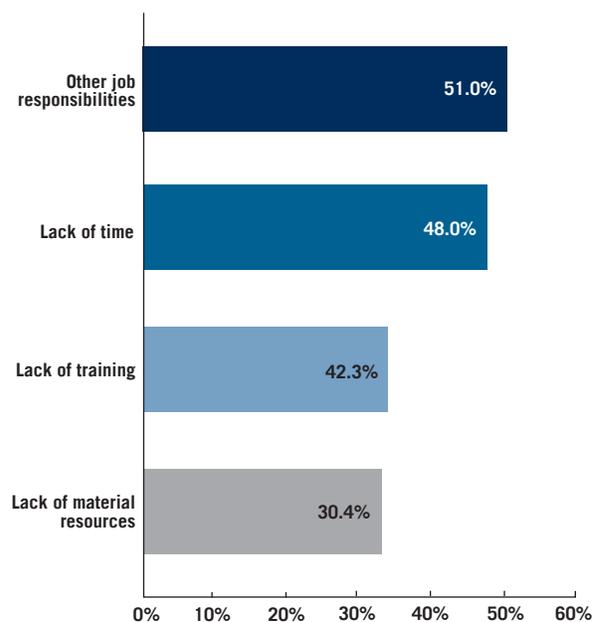
multiple schools and students they serve are often referred for assessment of academic and behavior problems. Thus, while increased engagement in student counseling may be an unrealistic expectation for school psychologists, they might help meet the needs of LGBTQ youth by providing faculty and staff training on LGBTQ-related issues (an activity currently reported by only 16.9% of school psychologists, but one that is consistent with their role). Similarly, because school counselors and social workers (in contrast to school psychologists) are likely to have more routine contact with students, displaying visual signs of support for LGBTQ students is an easily implemented yet important form of support; yet, doing so is currently reported by only 53.0% of counselors and 56.3% of social workers, indicating that there is room for growth.

Although school mental health professionals may share some common gaps and areas for growth in relation to the work regarding LGBTQ student issues, findings from this study indicate that one-size-fits-all trainings or interventions for SMHPs in general would not be optimal. Whereas pre-service training for all three professionals could certainly be improved to be more inclusive of LGBTQ student topics, the focus of practical application may vary somewhat. For example, for school psychologists, the need to not make assumptions about students' gender based on school records or legal documents when they provide assessments may be key. Whereas, for school counselors, they may need greater assistance with providing support during a student's coming out process. Learning how to identify and provide LGBTQ-specific and LGBTQ-friendly referrals may be of greater salience for school social workers. Therefore, both school-based mental health professional organizations, as well as LGBTQ youth organizations should consider the specific needs of each type of profession when providing professional development, providing resources, or advocating for greater LGBTQ-supportive efforts.

Discussion

Limitations

The *Supporting Safe and Healthy Schools* (SSHS) study is the most comprehensive national examination to date of the perspectives and efforts of school mental health professionals (SMHPs) as they relate to school-based support of lesbian, gay, bisexual, transgender, and queer (LGBTQ) students. However, it is important to note the limitations of the study, as they influence interpretation of the study's findings.

A main limitation of the study lies in the nature and representativeness of the sample of survey respondents, as well as the low overall maximum response rate (4.9%). Study respondents were invited to participate through national professional organizations of school psychologists, counselors, and social workers—American School Counselor Association (ASCA), American Council for School Social Work (ACSSW), School Social Work Association of America (SSWAA), and a national organization of school psychologists— and their state affiliates. However, there are tens of thousands of SMHPs in schools across the country, and not all of them are members of professional associations; therefore, the sample may not be representative of the entire national SMHP population. Moreover, the professional subsamples were not evenly distributed (52% school psychologists, 35% school counselors, and 13% school social workers). One likely reason for the imbalance in each profession's representation in the sample is the reach of each of the professional organizations. The percentage of all school psychologists who are members of the national organization of school psychologists is estimated to be considerably higher than the percentage of all school counselors who are members of ASCA, and the size of the school social worker population and their rates of professional association membership are unknown. Consequently, the invitation to participate in the survey may have reached a higher percentage of school psychologists in the United States than counselors or social workers; in addition, survey invitees and participants might differ in some systematic way from those who were not invited (or declined) to participate.

Despite the challenges in obtaining a representative sample, efforts were made to reduce potential selection bias (i.e., potential respondents' feelings about LGBTQ issues in schools influencing their decision to participate in the survey). One strategy was to invite potential participants directly through their professional organization and not directly from GLSEN. However, it is possible that potential participants would have learned of GLSEN's involvement or the nature of the study prior to taking the survey (either through explicit wording in the professional organization's invitation or through some other awareness of the study itself); this may have influenced a respondent's decision to participate based upon their own feelings, positive or negative, about LGBTQ issues in schools. Even if a participant was not fully aware of the nature of the study when beginning it, it is possible that participants who held negative attitudes towards LGBTQ issues in schools decided not to complete the survey after beginning it. Taken together, these methodological limitations warrant caution in interpreting or generalizing results to all SMHPs, or to any of the professions represented in the study sample. Nevertheless, this remains the most comprehensive study on LGBTQ issues with this population, with both the in-depth examination and the largest national sample of any similar study.

The SSHS study also relied on self-reported behaviors and experiences, which may be subject to respondent bias. For example, our assessment of SMHPs' graduate education experiences relied on retrospective accounts of exposure to competency training; it is possible that respondents did not accurately remember their graduate education experiences. When possible, future studies should explore less subjective measures of training experiences, competence, and practice behaviors. It is also possible that respondents may have responded in ways that would reflect more positively on their own competencies or behaviors (i.e., social desirability). For example, SMHPs participating in our study may have over-reported their level of confidence or frequency of engaging in practice. Despite our inability to know how accurately these responses reflect reality, a considerable portion of the sample reported receiving no LGBTQ-related education and training and/

or having never engaged in LGBTQ-supportive efforts whatsoever.

Our study identified a number of relationships among the topics examined, but we cannot make assumptions about causality. For example, even though we observed a significant relationship between self-efficacy and engagement in LGBTQ-related supportive efforts, we cannot know for certain whether self-efficacy resulted in increased efforts or whether engaging in efforts actually increased self-efficacy. We also do not know if other factors that we did not examine or observe were in fact the explanation for relationships that we found; for example greater knowledge about the LGBTQ population and related issues could possibly explain both greater self-efficacy and greater LGBTQ-supportive efforts. In some cases, we accounted for various factors in order to reduce their influence on the relationships we examined—such as the possible impact of geographic locale on supportive efforts—but it is still possible that other factors that we could not accounted for also influenced these relationships.

A number of survey items examined the frequency of engaging in certain activities—such as education, training, and LGBTQ-supportive efforts—but they did not examine the quality of those experiences and efforts. While we believe that engaging in more efforts to support LGBTQ youth is better than no engagement whatsoever, we cannot know the quality or effectiveness of those efforts, nor can we conclude that more frequent engagement actually leads to better outcomes for LGBTQ students. Ideally, future research should specifically examine the quality and effectiveness of the efforts examined in this study so that we can better understand – from the perspective of LGBTQ students – what contributes to better school experiences and outcomes for them.

Despite these limitations, this study provides useful data on the activities and needs of a large number of SMHPs in our nation's schools and important guidance on steps that can be taken to improve school climate for LGBTQ, and all, students.

Conclusion

LGBTQ students across the U.S. continue to face hostile school climates that threaten their academic and psychological well-being, and it is increasingly important that we turn our attention to the ways that schools, educators, and advocates can promote safer and more welcoming learning environments for LGBTQ youth. The *Supporting Safe and Healthy Schools* study makes an important contribution to GLSEN's efforts to examine school climate from the educator's perspective, and provides the first comprehensive examination, on a national level, of school mental health professionals' (SMHPs) preparation, awareness, and efforts as they relate to supporting LGBTQ students and promoting student safety. It is encouraging that the majority of SMHPs participating in our study were aware of the hostile experiences that LGBTQ students commonly faced in their schools, and had engaged in some type of supportive efforts for these students. However, our findings also suggest that SMHPs could be doing more to support LGBTQ students; in general, respondents reported infrequent engagement in the supportive activities that we assessed, with nearly 2 in 10 reporting that they never have engaged in these efforts.

Our findings point to potential factors that could facilitate or hinder SMHPs' ability and motivation to effectively support LGBTQ students and improve school climate. We would expect that SMHPs who did not think that it was their professional responsibility to support LGBTQ youth or had negative attitudes in general towards LGBTQ issues would be less likely to engage in supportive efforts. However, the vast majority of SMHPs in our study recognized that school safety and school-based harassment and bullying of LGBTQ youth were common issues in their schools, and nearly 9 in 10 felt that it was their professional responsibility to provide support and counseling to LGBTQ youth. Therefore, it does not seem that their sense of obligation or their awareness of lack of safety for LGBTQ youth were important barriers to SMHP's efforts.

Our findings did indicate that SMHPs' LGBTQ-related professional education and training experiences played an important role in their

efforts. The large majority of SMHPs in our study received little to no competency training regarding the LGBTQ population or LGBTQ youth, with 6 in 10 feeling fairly to poorly prepared in their graduate education to provide school-based services to LGB youth, and 7 in 10 feeling fairly to poorly prepared to provide school-based services to transgender youth. Our findings are consistent with previous research that suggested that mental health professionals in general[102] and SMHPs specifically[103] do not receive sufficient training in graduate programs on LGBTQ-related issues in general, and even less training on issues related to LGBTQ youth. This is concerning, as we found that SMHPs who reported insufficient preparation by their graduate programs and perceived a lack of training as a barrier were less likely to engage in LGBTQ-related supportive efforts for students.

It is encouraging that many SMHPs reported engagement in continuing education activities that addressed school safety and support for LGBTQ youth, and that such engagement was related to greater efforts to support LGBTQ students. However, SMHPs in our study were significantly less likely to engage in more structured training activities—such as those conducted by schools, school districts, or educational and professional organizations— and more typically reported being engaged in activities that were less structured—such as consulting with colleagues or reading LGBTQ-related research or literature. It may be that these less structured LGBTQ-related training experiences are undertaken to compensate for a lack of training and support from institutions, such as graduate schools and school districts. Given the potential for on-the-job training to compensate for SMHPs' insufficient training in their graduate programs, and the apparent effectiveness of ongoing training in SMHPs' efforts, it is crucial that school districts and professional/educational organizations do more to meet the LGBTQ-related education and training needs of SMHPs.

One potential benefit of education and training (and therefore a potential mechanism for how education and training may affect SMHPs' efforts related to LGBTQ students) is an increase in SMHPs' confidence in their ability to engage in specific efforts to support LGBTQ students. This form of self-efficacy appeared to be an important factor in SMHPs' professional behaviors related to LGBTQ students. Our findings suggest that SMHPs with greater LGBTQ-related self-efficacy engaged in more efforts to support LGBTQ students. This study also highlights a number of additional factors that may enhance SMHPs' self-efficacy, such as having professional development on LGBTQ topics and greater familiarity with LGBTQ people. A greater focus on LGBTQ topics in both graduate training and ongoing professional development is clearly warranted. Furthermore, there are efforts schools can take to increase SMHPs' familiarity with LGBTQ people, such as creating an environment where LGBTQ school staff can feel comfortable being open about their identities. For example, district leaders should ensure that sexual orientation and gender identity are included in their non-discrimination statement and employment protections. Graduate programs could partner with on- or off-campus LGBTQ centers or student groups in order to increase SMHP students' interactions with LGBTQ populations.

Our study also highlights the particular gaps in SMHPs' preparation for and experience in working with transgender students. SMHPs in our study were considerably less aware of transgender student presence in their schools, with only a quarter reporting having met with a transgender student during the previous school year. Furthermore, SMHPs in this study rarely provided counseling or support related to a student's gender identity. While this may be a reflection of fewer transgender youth in the population (as compared to LGB youth), it could also reflect SMHPs' lower knowledge about and preparation to work with transgender students. Our findings showing that SMHPs received significantly less training on working with transgender students are consistent with previous research suggesting that mental health professionals in general are poorly prepared to work with transgender populations.[104] Considerably more SMHPs reported a lack of confidence in their abilities to address issues that transgender students face as compared to issues that LGB students face, and nearly half had no familiarity with transgender people

in their personal and professional lives. Given that transgender youth experience higher levels of student victimization and institutional discrimination than their cisgender LGB peers,[105] and thus may need even greater support, it is critical that SMHPs are prepared to support transgender and LGB students alike. Graduate programs and continuing education efforts that are already addressing sexual orientation topics should be more attentive to transgender issues. Professional associations supporting SMHPs have professional development resources available to provide further education on transgender youth issues. For example, the American School Counselor Association provides recommendations and guidance for practice specifically about transgender youth.[106]

Recommendations

GLSEN and its research partners at ASCA, ASSWA, and SSWAA are committed to supporting the healthy development and academic success of LGBTQ students, and to creating safer and more welcoming school climates for all students. We recognize that SMHPs are a critical resource for achieving these goals. Findings from the *Supporting Safe and Healthy Schools* study provide educational organizations and safe school advocates with a useful roadmap to help them better support SMHPs' efforts to achieve these goals. Based on the study's findings, we make the following recommendations:

- Take steps to improve SMHPs' graduate education curricula by including more LGBTQ-related content, evaluating outcomes in student competencies, and holding schools accountable to accreditation standards requiring the inclusion of LGBTQ issues in curricula.

- Develop and implement trainings for SMHPs that are inclusive of LGBTQ student experiences. Ensure these programs have been evaluated for their effectiveness, and have specifically demonstrated an increase in SMHPs self-efficacy and engagement in LGBTQ-supportive efforts.

- Increase SMHPs' awareness of and familiarity with LGBTQ people and issues, especially among those who may have less

personal and professional familiarity with LGBTQ populations and communities.

- Increase funding to school districts for professional development activities for SMHPs, and ensure that sufficient funding is allocated to LGBTQ-specific training.

- Educate and inform SMHPs about their professional membership organizations' position statements on LGBTQ issues in schools, as well as their ethical standards and practice guidelines requiring SMHP competencies in working with LGBTQ students.

- Provide SMHPs with more knowledge about activities that they can engage in to support LGBTQ students, and provide them with the resources to facilitate this engagement. For example, SMHPs should be informed about interventions that require less time, training, and resources, such as GLSEN's *Safe Space Kit*.[107]

- Ensure that education and training efforts related to LGBTQ students for SMHPs include specific content related to transgender students. Specifically, ensure that SMHPs are prepared to work with transgender students and understand the issues of gender identity and expression. Not only will this support their work with transgender students, but also can provide a stronger foundation for addressing issues of gender identity and expression among all students.

- Recognize the importance of the context in which SMHPs work, and continue to engage in targeted efforts to improve school contexts that are particularly hostile towards LGBTQ youth and discourage SMHPs' efforts.

- Encourage school districts to hire sufficient numbers of SMHPs to address the needs of LGBTQ students and their families, to assist in ensuring appropriate access to education in a safe and supportive climate, and to support the well-being of their personnel

- Advocate for adequate funding for school mental health services at both the state and

the federal levels in order for school to have needed funds to hire, train, and support SMHPs to provide LGBTQ student services.

By implementing these recommendations, we can help ensure that SMHPs can provide the needed support to LGBTQ youth and create school environments where LGBTQ youth, and all youth, can thrive and succeed. GLSEN, along with ACSSW, ASCA, and SSWAA, are committed to continuing and increasing our efforts to provide all SMHPs with the training, resources, and support necessary to serve as critical supports for LGBTQ students and advocates for change in their schools.

Appendix:
SSHS Survey Instrument

Note: question numbers are included for the ease of the reader of this report. The actual survey was administered online and no numbering was utilized.

Supporting Safe and Healthy Schools: A National Survey of School Counselors, Psychologists, and Social Workers

Our first few questions are general questions about your work. Your responses will help us determine if you are eligible to take the survey, so it is important that you provide an answer to each of these questions.

1) Which of the following best describes your current occupation?

○ School counselor

○ School psychologist

○ School social worker

○ I do not currently work with students

○ Other

2) Do you work with students from more than one school?

○ Yes

○ No

3) You indicated that you work with students from more than one school. Do at least one of these schools include middle and/or high school students?

For purposes of this survey, a middle school may include grades 5-8, and a high school may include grades 9-12.

○ Yes

○ No

4) You indicated that you work with students from more than one school. Do at least one of these schools include middle and/or high school students?

For purposes of this survey, a middle school may include grades 5-8, and a high school may include grades 9-12.

○ Yes

○ No

5) This survey contains questions about your work with students from a single school setting.

When answering questions in the survey, please think about the school where you spend most of your time, and includes students in the middle and/or high school level.

If you spend an equal amount of time working with students from different schools, please choose the school name that comes first alphabetically and focus on your experiences in that school when answering questions in this survey.

Now that you have selected a school to focus on for this survey, which of the following best describes the school where you work?

- ○ Middle or junior high school
- ○ High or senior high school
- ○ Secondary school (combined middle and high schools)
- ○ K-8 school
- ○ K-12 school

6) For purposes of this survey, an elementary school may include grades K-5, a middle or junior high school may include grades 5-8, and a high or senior high school may include grades 9-12.

Which of the following best describes the school where you work with students?

- ○ Elementary school
- ○ Middle or junior high school
- ○ High or senior high school
- ○ Secondary school (combined middle and high schools)
- ○ K-8 school
- ○ K-12 school

7) In what state is your school located?

- ○ Alabama
- ○ Alaska
- ○ Arizona
- ○ Arkansas
- ○ California
- ○ Colorado
- ○ Connecticut
- ○ Delaware
- ○ District of Columbia (D.C.)
- ○ Florida
- ○ Georgia
- ○ Hawaii
- ○ Idaho
- ○ Illinois
- ○ Indiana
- ○ Iowa
- ○ Kansas
- ○ Kentucky
- ○ Louisiana
- ○ Maine
- ○ Maryland
- ○ Massachusetts
- ○ Michigan
- ○ Minnesota
- ○ Mississippi
- ○ Missouri
- ○ Montana
- ○ Nebraska
- ○ Nevada
- ○ New Hampshire
- ○ New Jersey
- ○ New Mexico
- ○ New York
- ○ North Carolina
- ○ North Dakota
- ○ Ohio
- ○ Oklahoma
- ○ Oregon
- ○ Pennsylvania
- ○ Rhode Island
- ○ South Carolina
- ○ South Dakota
- ○ Tennessee
- ○ Texas
- ○ Utah
- ○ Vermont
- ○ Virginia
- ○ Washington
- ○ West Virginia
- ○ Wisconsin
- ○ Wyoming
- ○ Outside the U.S.

SECTION A: SCHOOL CLIMATE

Please choose the answers that best describe the school climate for students at the school where you work.

8) How serious of a problem are the following issues for students at your school?

	Not serious at all	Not very serious	Somewhat serious	Very serious	Unsure/ Don't Know
Bullying, name calling, and/or harassment of students	○	○	○	○	○
Other school violence (e.g., fighting, weapons, gang activity)	○	○	○	○	○
Alcohol and/or drug use	○	○	○	○	○
Low academic performance and achievement	○	○	○	○	○
Behavioral, emotional, and mental health problems	○	○	○	○	○
Sexual and reproductive health (e.g., STIs, unintended pregnancy, unsafe sex)	○	○	○	○	○
Chronic health problems (e.g., obesity, asthma, diabetes)	○	○	○	○	○
Economic instability (e.g., poverty, housing)	○	○	○	○	○
Family instability (e.g., neglect/abuse, lack of support)	○	○	○	○	○

9) At your school, how often are students bullied, called names, or harassed for the following reasons?

	Never	Rarely	Sometimes	Very often	Unsure/ Don't Know
Because of their race/ethnicity or because people think they are of a certain race/ ethnicity	○	○	○	○	○
Because of a disability or because people think they have a disability	○	○	○	○	○
Because of their religion or because people think they are of a certain religion	○	○	○	○	○
Because they are or people think they are lesbian, gay, or bisexual	○	○	○	○	○
Because of the way they look or their body size	○	○	○	○	○
Because of their academic performance (either not doing well or doing very well)	○	○	○	○	○
Because of how traditionally masculine or feminine they are (e.g., boys that act "too much like a girl" or girls that act "too much like a boy")	○	○	○	○	○

10) Why are students bullied, called names, or harassed most often at your school? (Select one)

○ Because of their race/ethnicity or because people think they are of a certain race/ethnicity

○ Because of a disability or because people think they have a disability

○ Because of their religion or because peope think they are of a certain religion

○ Because of the way they look or their body size

○ Because of their academic performance

○ Because they are or people think they are lesbian, gay, or bisexual

○ Because of how traditionally masculine or feminine they are

○ Not sure

○ None of these

11) Some students may feel unsafe in school because they experience harassing, bullying, or other aggressive behaviors based upon some actual or perceived characteristics. How safe do you think the following students would feel at your school?

	Not at all safe	Not very safe	Somewhat safe	Very Safe
A student of a racial/ethnic group that is a minority at your school	○	○	○	○
A student with a disability (e.g., learning, physical, etc.)	○	○	○	○
A student who is of a religious group that is a minority in your school	○	○	○	○
A transgender student (e.g., someone who was born female but identifies as male; or someone who was born male but identifies as female)	○	○	○	○
A lesbian, gay, or bisexual student	○	○	○	○
A male student who acts traditionally feminine	○	○	○	○
A female student who acts traditionally masculine	○	○	○	○
A student with an LGBT parent or parents	○	○	○	○

12) Now we would like to know how often you hear biased language at your school.

At your school, how often do you hear students make the following types of remarks?

	Never	Rarely	Sometimes	Often	Very often
Racist remarks, or negative remarks about a person's race or ethnicity	○	○	○	○	○
Sexist remarks, or negative remarks about a person's sex or gender	○	○	○	○	○
Homophobic remarks, or negative remarks about a person's sexual orientation	○	○	○	○	○
The word "gay" used in a negative way (such as "That's so gay" or "You're so gay")	○	○	○	○	○
Negative remarks about a person's disability or ability	○	○	○	○	○
Comments about a male acting too "feminine" or a female acting too "masculine"	○	○	○	○	○
Negative remarks about a person's appearance or body size	○	○	○	○	○
Negative remarks about a person's religion	○	○	○	○	○

13) At your school, how often do you hear _school staff_ make the following types of remarks?

	Never	Rarely	Sometimes	Often	Very often
Racist remarks, or negative remarks about a person's race or ethnicity	○	○	○	○	○
Sexist remarks, or negative remarks about a person's sex or gender	○	○	○	○	○
Homophobic remarks, or negative remarks about a person's sexual orientation	○	○	○	○	○
The word "gay" used in a negative way (such as "That's so gay" or "You're so gay")	○	○	○	○	○
Negative remarks about a person's disability or ability	○	○	○	○	○
Comments about a male acting too "feminine" or a female acting too "masculine"	○	○	○	○	○
Negative remarks about a person's appearance or body size	○	○	○	○	○
Negative remarks about a person's religion	○	○	○	○	○

SECTION B: PROFESSIONAL DEVELOPMENT

We would like to know about your professional development experiences, such as your professional education and on-going training, related to your work with students in general and specifically with LGBT youth. Please choose the answers that best describe your professional development experiences in your career.

14) Overall, to what extent did your professional education (i.e., graduate coursework and practicum) cover the following topics?

	Not at all	Very little (e.g., a single lecture or class session)	Somewhat (e.g., several class sessions)	Extensively (e.g., in multiple courses)
Human sexuality and gender	○	○	○	○
Child and adolescent development	○	○	○	○
Individual and cultural diversity in practice	○	○	○	○
Ethical and legal issues in practice (e.g., confidentiality)	○	○	○	○
Advocacy and social justice	○	○	○	○
Risk-assessment and prevention (e.g., sexual behavior, substance use and abuse, suicide)	○	○	○	○
Practice skills and techniques (e.g., empathy, working alliance, client-centered practice)	○	○	○	○
School safety (e.g., bullying, harassment, violence)	○	○	○	○
The role of oppression in health and mental health outcome (e.g., minority stress)	○	○	○	○
Competencies with transgender populations	○	○	○	○
Competencies with lesbian, gay and bisexual populations	○	○	○	○
Competencies specifically with LGBT youth	○	○	○	○
Evidence-based practices in schools	○	○	○	○

15) How would you rate your professional education (i.e., graduate coursework and practicum) in preparing you to provide school-based services to transgender youth?

○ Poor

○ Fair

○ Good

○ Very Good

○ Excellent

16) How would you rate your professional education (i.e., graduate coursework and practicum) in preparing you to provide school-based services to _lesbian, gay and bisexual youth_?

◯ Poor

◯ Fair

◯ Good

◯ Very Good

◯ Excellent

17) Below are some examples of professional development activities that school counselors, psychologists, and social workers might engage in during their careers.

In your career as a school professional, how often have you engaged in any of the following professional development activities?

	Never	Rarely	Sometimes	Often	Frequently
In-service professional development on issues related to LGBT youth	◯	◯	◯	◯	◯
In-service professional development on bullying and school safety	◯	◯	◯	◯	◯
Attended a panel or workshop at a professional conference on LGBT issues in schools	◯	◯	◯	◯	◯
Attended a panel or workshop at a professional conference on bullying and school safety	◯	◯	◯	◯	◯
Consulted with colleagues or peers (e.g., supervision) about your work with LGBT students	◯	◯	◯	◯	◯
Read LGBT-related research or professional literature	◯	◯	◯	◯	◯
Attended workshops, training, or webinars on LGBT-issues conducted by educational organizations (e.g., ASCA, GLSEN, NASP, SSWAA)	◯	◯	◯	◯	◯

18) In addition to any professional development you that have already received, how helpful would the following be in your efforts to improve the safety and well-being of LGBT students?

	Not at all helpful	Not very helpful	Somewhat helpful	Very Helpful
Professional development opportunities that specifically address working with transgender youth	○	○	○	○
Professional development opportunities that specifically address working with lesbian, gay, and bisexual youth	○	○	○	○
Professional development on anti-LGBT bullying/ harassment prevention and intervention	○	○	○	○
School and district policies and procedures supporting LGBT students	○	○	○	○
Support and resources from the administration for my efforts to address the needs of LGBT students	○	○	○	○
Support from community leaders and organizations for my efforts to address the needs of LGBT students	○	○	○	○
Support from other school staff for my efforts to address the needs and safety of LGBT students	○	○	○	○
LGBT-related resources and support from national educational organizations (e.g., ASCA, GLSEN, NASP, SSWAA)	○	○	○	○

19) Is there anything else that you would like to tell us about your professional development experiences related to your work with LGBT students?

_____

_____

_____

_____

_____

_____

SECTION C: YOUR BELIEFS AND PERCEPTIONS ABOUT LGBT ISSUES IN YOUR WORK

The next questions ask about your attitudes and beliefs about a variety of issues related to your work with LGBT students.

20) How much do you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
It is my professional responsibility to provide LGBT-affirmative counseling or support to LGBT students	○	○	○	○	○
LGBT educators should not disclose their sexual orientation or gender identity to their students	○	○	○	○	○
It is probably better for a male student to behave or dress in a traditionally "masculine" manner	○	○	○	○	○
It is probably better for a female student to behave or dress in a traditionally "feminine" manner	○	○	○	○	○
Sex and health education should portray LGBT identities as normal and healthy	○	○	○	○	○
Youth of the same sex or gender should be able to attend a school dance or prom together as a couple	○	○	○	○	○
I would rather avoid topics of sexual orientation and gender identity in my work with students	○	○	○	○	○

21) Please indicate how much you agree with the following statement:

I am confident in my ability to…

	Not at all confident	Not very confident	Somewhat confident	Very confident
Provide counseling and support to an LGBT student	○	○	○	○
Bring up issues of sexual orientation and gender identity in conversations with all students	○	○	○	○
Use culturally sensitive terminology when talking with or about lesbian, gay, and bisexual people	○	○	○	○
Use culturally sensitive terminology when talking with or about transgender people	○	○	○	○
Assist an LGBT student in the coming out process	○	○	○	○
Address the unique health and mental health needs of transgender youth (e.g., medical care)	○	○	○	○
Help students identify LGBT-friendly colleges	○	○	○	○
Refer a student to an LGBT sensitive provider or agency in the community	○	○	○	○
Help reduce and prevent LGBT students' health and mental health risks (e.g., suicide, substance use)	○	○	○	○
Help parents accept their LGBT children	○	○	○	○
Conduct a support group specifically for LGBT students	○	○	○	○
Serve as a GSA sponsor/advisor at my school	○	○	○	○
Serve as a GSA sponsor/advisor at my school	○	○	○	○
Intervene in anti-LGBT remarks, bullying, and/or harassment from students	○	○	○	○
Conduct a workshop/class session for students on diversity that includes LGBT issues	○	○	○	○
Conduct a workshop or training for staff on LGBT issues	○	○	○	○
Address homophobic and transphobic attitudes and behaviors of school staff and administration	○	○	○	○
Develop and implement school-wide programs that address school safety for LGBT students (e.g., anti-bullying prevention, diversity awareness days)	○	○	○	○
Advocate for school and district policies and procedures that improve school climate for LGBT youth	○	○	○	○

SECTION D: YOUR WORK WITH LGBT STUDENTS

The next part of the survey asks about your work with LGBT students. We are interested in your views regardless of whether or not you have worked with LGBT students or students perceived to be LGBT at your school.

22) In your current job, have you engaged in efforts specifically designed to promote the safety or well-being of LGBT students in your school?

○ Yes

○ No

23) How effective do you feel your efforts have been to promote the safety or well-being of LGBT students in your school?

○ Not at all effective

○ Not very effective

○ Neither effective or ineffective

○ Somewhat effective

○ Very effective

24) What barriers have you faced in your efforts to support the safety or well-being of LGBT students? Please select all that apply.

□ Lack of time (e.g., caseload)

□ Lack of training

□ Lack of material resources (e.g., funding, physical space)

□ Other job responsibilities

□ Objections by school administration

□ Objections by school board

□ Objections by other school staff

□ Objections by parents

□ Objections by students

□ Objections by other community members (e.g., clergy, leaders)

□ Institutional culture (e.g., heterosexist/homophobic attitudes, restrictive policies or procedures)

□ Other (please specify)

If you selected other, please specify

_____

_____

25) What are the reasons why you have not engaged in efforts to support the safety or well-being of LGBT students? Please select all that apply.

- ☐ Lack of time (e.g., caseload)
- ☐ Lack of training
- ☐ Lack of material resources (e.g., funding, physical space)
- ☐ Other job responsibilities
- ☐ Objections by school administration
- ☐ Objections by school board
- ☐ Objections by other school staff
- ☐ Objections by parents
- ☐ Objections by students
- ☐ Objections by other community members (e.g., clergy, leaders)
- ☐ Institutional culture (e.g., heterosexist/homophobic attitudes, restrictive policies or procedures)
- ☐ Other (please specify)

If you selected other, please specify

_____

_____

26) Based upon your experiences as a school counselor, psychologist, or social worker, how supportive would the following members of the school community be of LGBT students and efforts to improve the school climate for LGBT students?

	Not at all supportive	Not very supportive	Neutral	Somewhat supportive	Very supportive	Not applicable
Teachers in my school	○	○	○	○	○	○
Administrators in my school	○	○	○	○	○	○
Other school health/mental health staff	○	○	○	○	○	○
Students in my school	○	○	○	○	○	○
District administration	○	○	○	○	○	○
School board	○	○	○	○	○	○
Families of students	○	○	○	○	○	○
Community leaders	○	○	○	○	○	○

27) Please tell us anything else that you would like us to know about your challenges and successes in addressing the school experiences of LGBT students.

_____

_____

28) Listed below are some activities that school counselors, psychologists, and social workers commonly engage in with LGBT students.

In your <u>current job</u> at your school, please indicate how often you generally engage in any of the following activities with or on behalf of LGBT students.

	Never	Rarely	Sometimes	Often	Frequently
Provide support or counseling related to a student's gender identity (e.g,, transgender students)	○	○	○	○	○
Provide support or counseling related to a student's sexual orientation (e.g., LGB students)	○	○	○	○	○
Assist an LGBT student in the coming out process	○	○	○	○	○
Provide health education to an LGBT student	○	○	○	○	○
Provide LGBT-specific educational/informational materials to students	○	○	○	○	○
Refer students to LGBT sensitive providers or agencies in the community	○	○	○	○	○
Explore college or career options with an LGBT student	○	○	○	○	○
Consult with a family member or members of an LGBT student	○	○	○	○	○
Lead or co-lead a support group for LGBT students	○	○	○	○	○
Intervene in LGBT-related bullying, harassment, or biased language	○	○	○	○	○
Conduct a class or workshop <u>for students</u> that includes LGBT issues	○	○	○	○	○
Conduct a workshop or training <u>for staff</u> on LGBT issues	○	○	○	○	○
Develop, implement, and/or collaborate in school-wide awareness or prevention programs addressing LGBT student safety and well-being	○	○	○	○	○
Advocate for the inclusion of LGBT-related topics in the school curriculum (e.g., textbooks, lesson plans)	○	○	○	○	○
Consult with teachers or other school staff about LGBT students in your school	○	○	○	○	○
Consult with school or district administration about policies related to LGBT safety and well-being	○	○	○	○	○

29) Have you ever started or advised a GSA (Gay-Straight Alliance) or similar group for LGBT students in your school?

○ Yes

○ No

30) Do you currently display any type of visual sign of support for lesbian, gay, bisexual and transgender students in your office or area where you meet with students? (e.g. Safe Space poster, gay pride sticker)

○ Yes

○ No

○ Not Applicable

31) Approximately how many different transgender students did you meet with in an individual or group setting in the past school year (2012-2013)?

_____

32) Approximately how many different lesbian, gay, or bisexual students did you meet with in an individual or group setting in the past school year (2012-2013)?

_____

33) To the best of your knowledge, approximately how many transgender students attended your school during the past year (2012-2013)?

○ None

○ One

○ 2-5

○ 6-10

○ More than 10

○ Unsure/Don't Know

34) To the best of your knowledge, approximately how many lesbian, gay, or bisexual students attended your school during the past year (2012-2013)?

○ None

○ One

○ 2-5

○ 6-10

○ More than 10

○ Unsure/Don't Know

SECTION E: PROFESSIONAL AND JOB CHARACTERISTICS

35) What is the highest degree you have obtained?

○ High school diploma

○ Associate's

○ Bachelor's (e.g., BS, BA, BSW)

○ Master's (e.g., MS, MA, MSW, M.Ed.)

○ Doctorate (e.g., PhD, EdD, PsyD)

○ Other (please specify)

If you selected other, please specify

_____

_____

36) In what year did you receive your highest degree?

_____

37) Are you a member of any of the following professional organizations? Please check all that apply.

☐ American Council for School Social Work (ACSSW)

☐ American Counseling Association (ACA)

☐ American Psychological Association (APA)

☐ American School Counselor Association (ASCA)

☐ National Association of School Psychologists (NASP)

☐ National Association of Social Workers (NASW)

☐ School Social Work Association of America (SSWAA)

☐ State-level school counseling, psychology, or social work organization

☐ None of these

☐ Other (please specify)

If you selected other, please specify

_____

_____

38) Are you licensed or certified in your state to practice as a school counselor, psychologist, or social worker?

○ Yes

○ No

○ Doesn't apply/My state does not have requirements for licensure or certification

39) Approximately how many years have you been employed by a school or district (in current and previous jobs) as a school counselor, psychologist, or social worker?

_____

40) Is your school located...

○ In an urban or city area

○ In a suburban area near a city

○ In a small town or rural area

41) Is your school...

○ A private school, not religiously affiliated

○ A private, religiously affiliated school

○ A public school

○ A charter school

42) What is the name of your school's district? (Optional)

_____

43) In total, how many students attend your school? Your best estimate is fine.

_____

SECTION F: PERSONAL CHARACTERISTICS

44) What is your race or ethnicity? Check all that apply.

☐ African American or Black

☐ Asian

☐ South Asian (Asian Indian, Bangladeshi, Sri Lankan)

☐ Native Hawaiian or Other Pacific Islander

☐ Native American, American Indian or Alaska Native

☐ White or Caucasian

☐ Hispanic or Latino/Latina

☐ Middle Eastern or Arab American

☐ Other (please specify)

If you selected other, please specify

_____

_____

45) In what year were you born? Please enter a four digit number (e.g., 1967).

_____

46) What is your gender? Check all that apply.

☐ Male

☐ Female

☐ Transgender

☐ Other (please specify)

If you selected other, please specify

_____

_____

47) How out are you to school staff and students about your transgender identity?

○ I am "out" to everybody at school

○ I am "out" to most people at school

○ I am "out" only to a few people at school

○ I am not "out" to anyone at school

48) What is your sexual orientation? Check all that apply.

☐ Gay

☐ Lesbian

☐ Bisexual

☐ Straight/Heterosexual

☐ Other (please specify)

If you selected other, please specify

_____

_____

49) How out are you to school staff and students about your sexual orientation?

○ I am "out" to everybody at school

○ I am "out" to most people at school

○ I am "out" only to a few people at school

○ I am not "out" to anyone at school

50) Which of the following best describes your religious preference?

○ Atheist/agnostic

○ Buddhist

○ Catholic

○ Christian (Unspecified)

○ Greek/Eastern Orthodox

○ Hindu

○ Jewish

○ Muslim/Islamic

○ Protestant

○ Another religion not listed

○ I do not identify with a religion

51) Do you know anyone who is gay, lesbian, or bisexual? Please check all that apply.

☐ Yes, a student at my school

☐ Yes, a brother or a sister

☐ Yes, a parent of mine

☐ Yes, another family member

☐ Yes, a close personal friend

☐ Yes, a parent of a student

☐ Yes, a co-worker at school

☐ Yes, a friend or acquaintance (not a co-worker)

☐ Yes, a child of mine or my parent

☐ Yes, another person not mentioned

☐ No

52) Do you know anyone who is transgender? Please check all that apply.

☐ Yes, a student at my school

☐ Yes, a brother or a sister

☐ Yes, a parent of mine

☐ Yes, another family member

☐ Yes, a close personal friend

☐ Yes, a parent of a student

☐ Yes, a co-worker at school

☐ Yes, a friend or acquaintance (not a co-worker)

☐ Yes, a child of mine or my parent

☐ Yes, another person not mentioned

☐ No

Endnotes

1   Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools.* New York: GLSEN.

2   Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools.* New York: GLSEN.

    Kosciw, J. G., Palmer, N. A., Kull, R. M., & Greytak, E. A. (2013). The effect of negative school climate on academic outcomes for LGBT youth and the role of in-school supports. *Journal of School Violence*, *12*, 45-63.

3   Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools.* New York: GLSEN.

    Kosciw, J. G., Palmer, N. A., Kull, R. M., & Greytak, E. A. (2013). The effect of negative school climate on academic outcomes for LGBT youth and the role of in-school supports. *Journal of School Violence*, *12*, 45-63.

4   In this report, "educators" refers to all school personnel – including teachers, school mental health providers, support staff, and administrators.

    Birkett, M., Espelage, D., & Koenig, B. (2009). LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. *Journal of Youth and Adolescence*, *38*(7), 989-1000.

5   Goodenow, C., Szalacha, L., & Westheimer, K. (2006). School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools*, *43*(5), 573-589.

6   GLSEN & Harris Interactive. (2008). *The principal's perspective: School safety, bullying, and harassment, a survey of public school principals.* New York: Gay, Lesbian & Straight Education Network.

    GLSEN & Harris Interactive. (2012). *Playgrounds and prejudice: Elementary school climate in the United States, A survey of students and teachers.* New York: Gay, Lesbian & Straight Education Network.

    Greytak, E. A., Kosciw, J.G., Villenas, C., & Giga, N. M. (2016). From teasing to torment: School climate revisited, a survey of U.S. secondary students and teachers. New York: GLSEN.

7   Singh, A. A. & Burnes, T. R. (2009). Creating developmentally appropriate, safe counseling environments for transgender youth: The critical role of school counselors. *Journal of LGBT Issues in Counseling*, 3(3-4), 215-234.

    Goodrich, K. M., Harper, A. J., Luke, M., & Singh, A. A. (2013). Best practices for professional school counselors working with LGBTQ youth. J*ournal of LGBT Issues in Counseling*, *7*(4), 307-322.

    DePaul, J., Walsh, M., & Dam, U. (2009). The role of school counselors in addressing sexual orientation in schools. *Professional School Counseling*, *12*(4), 300-308.

    Fisher, E. S., Komosa-Hawkins, K., Saldaña, E., Thomas, G. M., Hsiao, C., Rauld, M., & Miller, D. (2008). Promoting school success for lesbian, gay, bisexual, transgendered, and questioning students: Primary, secondary, and tertiary prevention and intervention strategies. *The California School Psychologist, 13*, 79-91.

8   Demissie, Z., Brener, N. D., McManus, T., Shanklin, S. L., Hawkins, J., & Kann, L. (2013). *School Health Profiles 2012: characteristics of health programs among secondary schools.* Atlanta, GA: Centers for Disease Control and Prevention.

    Brener, N. D., Weist, M., Adelman, H., Talyor, L., & Vernon-Smiley, M. (2007). Mental health and social services: Results from the School Health Policies and Programs Study 2006. *Journal of School Health*, *77*(8), 486-499.

    Sawyer, R., Porter, J., Lehman, T., Anderson, C., & Anderson, K. (2006). Education and training needs of school staff relevant to preventing risk behaviors and promoting health behaviors among gay, lesbian, bisexual, and questioning youth. *Journal of HIV/AIDS Prevention in Children & Youth*, *7*(1), 37-53.

9   Fontaine, J. H. (1998). Evidencing a need: School counselors' experiences with gay and lesbian students. *Professional School Counseling*, *1*(3), 8-14.

    McCabe, P. C. & Rubinson, F. (2008). Committing to social justice: The behavioral intention of school psychology and education trainees to advocate for lesbian, gay, bisexual, and transgendered youth. *School Psychology Review, 37*(4), 469-486.

    McCabe, P. C., Rubinson, F., Dragowski, E. A., & Elizalde-Utnick, G. (2013). Behavioral intention of teachers, school psychologists, and counselors to intervene and prevent harassment of LGBTQ youth. *Psychology in the Schools, 50*(7), 672-688.

10 Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools.* New York: GLSEN.

11 Savage, T. A., Prout, H. T., & Chard, K. M. (2004). School psychology and issues of sexual orientation: Attitudes, beliefs, and knowledge. *Psychology in the Schools, 41*(2), 201 - 210.

    Sawyer, R., Porter, J., Lehman, T., Anderson, C., & Anderson, K. (2006). Education and training needs of school staff relevant to preventing risk behaviors and promoting health behaviors among gay, lesbian, bisexual, and questioning youth. *Journal of HIV/AIDS Prevention in Children & Youth, 7*(1), 37-53.

12 For consistency and simplicity, in this report we use the acronym LGBTQ referring to lesbian, gay, bisexual, transgender, and queer throughout, even though some of survey items used "LGBT" (actual survey items are provided in the appendix). We use "LGB" only in instances we are referring to survey items explicitly referring only to lesbian, gay, and bisexual people or topics related to sexual orientation, as opposed to transgender people or topics.

13   GLSEN & Harris Interactive. (2008). *The principal's perspective: School safety, bullying, and harassment, a survey of public school principals*. New York: Gay, Lesbian & Straight Education Network.

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14   Bidell, M. P. (2005). The sexual orientation counselor competency scale: Assessing attitudes, skills, and knowledge of counselors working with lesbian, gay, and bisexual clients. *Counselor Education and Supervision, 44*(4), 267-279.

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Dillon, F. R. & Worthington, R. L. (2003). The Lesbian, Gay and Bisexual Affirmative Counseling Self-Efficacy Inventory (LGB-CSI): Development, validation, and training implications. *Journal of Counseling Psychology, 50*(2), 235.

15   Three respondents identified themselves as coming from the U.S. territories.

16   GLSEN & Harris Interactive. (2008). *The principal's perspective: School safety, bullying, and harassment, a survey of public school principals*. New York: Gay, Lesbian & Straight Education Network.

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17   Mean differences in the frequencies across the types of student problems were examined using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .74, F(8, 1428) = 510.70, p<.001. Only bullying/harassment/name-calling, family instability, economic instability, and academic performance were not different from each other; we observed significant differences among the remaining variables. Percentages are shown for illustrative purposes only.

18   Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York: GLSEN.

19   Mean differences in SMHPs' reports of the safety of different types of students were examined using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .64, F(7, 1623) = 408.55, p<.001. We observed significant

differences on all variables, except for safety of students who were racial and religious minorities at school. Percentages are shown for illustrative purposes only.

20   Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York: GLSEN.

21   GLSEN & Harris Interactive. (2012). *Playgrounds and prejudice: Elementary school climate in the United States, A survey of students and teachers*. New York: Gay, Lesbian & Straight Education Network.

Greytak, E. A., Kosciw, J. G., Villenas, C., & Giga, N. M. (2016). *From teasing to torment: School climate revisited, a survey of U.S. secondary students and teachers*. New York: GLSEN.

22   Kimmel, M. (2004). Masculinity as homophobia: Fear, shame, and silence in the construction of gender identity. In P. F. Murphy (Ed.), *Feminism and Masculinities* (pp. 182–199): New York: Oxford University Press.

23   Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York: GLSEN.

24   Mean differences among the frequencies of types of biased remarks were examined using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .75, F(7, 1616) = 687.94, p<.001. Only biased language related to students' gender expression and disability were not different from each other; we observed significant differences among the remaining variables. Percentages are shown for illustrative purposes only.

25   GLSEN, CiPHR, & CCRC (2013). *Out online: The Experiences of lesbian, gay, bisexual and transgender youth on the Internet*. New York: GLSEN.

GLSEN & Harris Interactive. (2012). *Playgrounds and prejudice: Elementary school climate in the United States, A survey of students and teachers*. New York: Gay, Lesbian & Straight Education Network.

26   Russell, S. T., Sinclair, K. O., Poteat, V. P., & Koenig, B. W. (2012). Adolescent health and harassment based on discriminatory bias. *American Journal of Public Health, 102*(3), 493-495.

27   Mean differences in the reasons why SMHPs believed students were bullied were examined using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .65, F(6, 1475) = 454.05, p<.001. Only bullying because of race and disability were not different from each other; we observed significant differences among the remaining variables. Percentages are shown for illustrative purposes only.

28   Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York: GLSEN.

29   Mean differences in SMHPs' reports of the supportiveness of the school community were examined using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .70, $F(7, 1224) = 403.19$, $p<.001$. Only supportiveness of school board members, families of students, and community leaders were not different from each other; we observed significant differences among the remaining variables. Percentages are shown for illustrative purposes only.

30   Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York: GLSEN.

Russell, S. T., Seif, H., & Truong, N. L. (2001). School outcomes of sexual minority youth in the United States: Evidence from a national study. *Journal of Adolescence, 24*(1), 111-127.

31   Bidell, M. P. (2013). Addressing disparities: The impact of a lesbian, gay, bisexual, and transgender graduate counselling course. *Counselling and Psychotherapy Research, 13*(4), 300-307.

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32   Luke, M., Goodrich, K. M., & Scarborough, J. L. (2011). Integration of the K-12 LGBTQI student population in school counselor education curricula: The current state of affairs. *Journal of LGBT Issues in Counseling, 5*(2), 80-101.

McCabe, P. C. & Rubinson, F. (2008). Committing to social justice: The behavioral intention of school psychology and education trainees to advocate for lesbian, gay, bisexual, and transgendered youth. *School Psychology Review, 37*(4), 469-486.

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Sawyer, R., Porter, J., Lehman, T., Anderson, C., & Anderson, K. (2006). Education and training needs of school staff relevant to preventing risk behaviors and promoting health behaviors among gay, lesbian, bisexual, and questioning youth. *Journal of HIV/AIDS Prevention in Children & Youth, 7*(1), 37-53.

33   Mean differences in the extent of SMHPs' graduate coursework were examined using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .77, $F(9, 1598) = 600.32$, $p<.001$. Items are listed in the figure from highest to lowest mean scores. Significant differences were observed among all items, except for human sexuality/gender and school safety, and for risk assessment and evidence-based practice.

34   Mean differences in the frequency of SMHPs receiving all types of graduate training were examined using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .85, $F(12, 1565) = 752.91$, $p<.001$. Items are listed in the figure from highest to lowest mean scores and significant differences were observed among all items.

35   Mean differences in the frequency of SMHPs' competency training with LGBTQ populations were examined using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .22, $F(2, 1706) = 246.07$, $p<.001$.

36   Mean differences in ratings of graduate training in preparing SMHPs to work with LGB and transgender youth were examined using paired sample t-tests. SMHPs rated their graduate programs significantly lower in preparing them to work with transgender youth, $t(1733) = -14.02$, $p<.001$.

37   Smith, T.W. (2011). *Public attitudes toward homosexuality. NORC/University of Chicago*. Retrieved from http://www.norc.org/PDFs/2011%20GSS%20Reports/GSS_Public%20Attitudes%20Toward%20Homosexuality_Sept2011.pdf.

38   APA CoA. (2009). *Guidelines and principles for accreditation of programs in professional psychology*. Washington, D.C.: American Psychological Association Committee on Accreditation.

CACREP. (2009). *Council for accreditation of counseling and related educational programs: 2009 Standards*. Alexandria, VA: Council for Accreditation of Counseling and Related Educational Programs.

CSWE. (2012). *Educational policy and accreditation standards*. Alexandria, VA: Council on Social Work Education.

39   To examine the relationships among receiving LGBTQ-related competency training in graduate school, feeling prepared to work with LGBTQ students, and years since graduation, a bivariate correlation was conducted. Results were significant, indicating that more recent graduation from graduate school was related to receiving more LGBTQ-related competency training in graduate school and feeling better prepared by one's graduate program to provide school-based services to LGBTQ youth: competency training with LGB populations - $r(1387) = -.18$, $p<.001$; competency training with transgender populations - $r(1387) = -.19$, $p<.001$; competency training with LGBTQ youth - $r(1392) = -.17$, $p<.001$; rating of graduate program to work with LGB youth - $r(1402) = -.17$, $p<.001$; rating of graduate program to work with transgender youth - $r(1398) = -.10$, $p<.001$.

40 Greytak, E. A. & Kosciw, J. G. (2010). *Year one evaluation of the New York City Department of Education Respect for All training program.* New York: Gay, Lesbian & Straight Education Network (GLSEN).

Greytak, E. A., Kosciw, J. G., & Boesen, M. J. (2013). Educating the educator: Creating supportive school personnel through professional development. *Journal of School Violence, 12*(1), 80-97.

Bidell, M. P. (2013). Addressing disparities: The impact of a lesbian, gay, bisexual, and transgender graduate counselling course. *Counselling and Psychotherapy Research, 13*(4), 300-307.

Byrd, R. & Hays, D. (2013). Evaluating a Safe Space training for school counselors and trainees using a randomized control group design. *Professional School Counseling, 17*(1), 20-31.

Crisp, C. & McCave, E. L. (2007). Gay affirmative practice: A model for social work practice with gay, lesbian, and bisexual youth. *Child and Adolescent Social Work Journal, 24*(4), 403-421.

41 Mean differences in the frequency of SMHPs' professional development experiences were examined using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .67, F(6, 1607) = 535.93, $p<.001$. There were no differences in the frequency of receiving LGBTQ-related in-service training, LGBTQ-related conference panels/workshops, or LGBTQ-related workshops/trainings/webinars conducted by educational organizations.

42 Birkett, M.A., Epelage, D.L. & Stein, N. (2008). *Have school anti-bullying programs overlooked homophobic bullying?* Poster presented at the American Psychological Association Annual Convention. Boston, MA.

GLSEN & Harris Interactive. (2008). *The principal's perspective: School safety, bullying, and harassment, a survey of public school principals.* New York: Gay, Lesbian & Straight Education Network.

Greytak, E. A., Kosciw, J. G., Villenas, C., & Giga, N. M. (2016). *From teasing to torment: School climate revisited, a survey of U.S. secondary students and teachers.* New York: GLSEN.

43 GLSEN & Harris Interactive. (2008). *The principal's perspective: School safety, bullying, and harassment, a survey of public school principals.* New York: Gay, Lesbian & Straight Education Network.

44 Bieschke, K. J. & Matthews, C. (1996). Career counselor attitudes and behaviors toward gay, lesbian, and bisexual clients. *Journal of Vocational Behavior, 48*(2), 243-255.

Crisp, C. & McCave, E. L. (2007). Gay affirmative practice: A model for social work practice with gay, lesbian, and bisexual youth. *Child and Adolescent Social Work Journal, 24*(4), 403-421.

Greytak, E. A. & Kosciw, J. G. (2014). Predictors of US teachers' intervention in anti-lesbian, gay, bisexual, and transgender bullying and harassment. *Teaching Education, 25*(4), 410-426.

Morrow, R. G. & Gill, D. L. (2003). Perceptions of homophobia and heterosexism in physical education. *Research Quarterly for Exercise and Sport, 74*(2), 205-214.

45 Mean differences in SMHPs' attitudes towards the representation of LGBTQ issues in schools were tested using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .77, F(9, 1598) = 600.32, $p<.001$.

46 Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavior change. *Psychological Review, 84*, 191-215.

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist, 37*(2), 122.

47 Howard, N. M., Horne, A. M., & Jolliff, D. (2001). Self-efficacy in a new training model for the prevention of bullying in schools. *Journal of Emotional Abuse, 2*(2/3), 181-191.

Yoon, J. S. (2004). Predicting teacher interventions in bullying situations. *Education and Treatment of Children, 27*(1), 37-45.

48 Greytak, E. A. & Kosciw, J. G. (2014). Predictors of US teachers' intervention in anti-lesbian, gay, bisexual, and transgender bullying and harassment. *Teaching Education, 25*(4), 410-426.

49 American School Counselor Association. (2016). *The professional school counselor and LGBTQ youth (position statement, revised).* Retrieved from: https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_LGBTQ.pdf

National Association of School Psychologists. (2011). *Lesbian, gay, bisexual, transgender, and questioning youth (position statement).* Retrieved from: https://www.nasponline.org/resources-and-publications/resources/diversity/lgbtq-youth/lesbian-gay-bisexual-transgender-questioning-intersex-and-two-spirit-(lgbtqi2-s)-committee

Fisher, E. S., Komosa-Hawkins, K., Saldaña, E., Thomas, G. M., Hsiao, C., Rauld, M., & Miller, D. (2008). Promoting school success for lesbian, gay, bisexual, transgendered, and questioning students: Primary, secondary, and tertiary prevention and intervention strategies. *The California School Psychologist, 13*, 79-91.

Goodrich, K. M., Harper, A. J., Luke, M., & Singh, A. A. (2013). Best practices for professional school counselors working with LGBTQ youth. *Journal of LGBT Issues in Counseling, 7*(4), 307-322.

School Social Work Association of America. (2010). *Supporting GLBTQ students in a safe school environment (position statement).*

Singh, A., Urbano, A., Haston, M., & McMahan, E. (2010). School counselors' strategies for social justice change: A grounded theory of what works in the real world. *Professional School Counseling, 13*(3), 135-145.

Singh, A. A., & Burnes, T. R. (2009). Creating developmentally appropriate, safe counseling environments for transgender youth: The critical role of school counselors. *Journal of LGBT Issues in Counseling, 3*(3), 215-234.

50 A 19-item scale was created for the SSHS survey that measured SMHPs' LGBTQ-related self-efficacy (i.e., their confidence in engaging in specific LGBTQ-related supportive efforts in their schools). Respondents were asked how much they agree with the statement, "I am

confident in my ability to…" followed by specific practice activities that reflected individual and school-level practices. A total mean score was calculated for each respondent's ratings on a four point scale, ranging from 0 = "Not at all confident" to 3 = "Very confident." The scale demonstrated high internal reliability (19 items; = .945).

A factor analysis was conducted in SPSS (Principal Component Analysis, Varimax rotation with Kaiser Normalization) on the total self-efficacy scale to identify underlying patterns in the items. Exploratory analysis suggested a two factor solution, with ten items loading on Factor 1 (individual-level self-efficacy) and nine items loading on Factor 2 (school-level self-efficacy). Thus, mean scores were calculated on these two subscales to examine the SMHPs' individual and school-level self-efficacy as it relates to practice with LGBTQ students.

Mean differences in individual and school-level self-efficacy scores were examined using paired sample t-tests. SMHPs were more likely to rate their school-level practice abilities higher than their individual-level practice abilities: $t(1410) = -3.27$, $p<.001$.

51 Mean differences in the SMHPs' confidence in their individual-level practice abilities were examined using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .64, $F(9, 1462) = 330.78$, $p<.001$. Items are listed in the figure from highest to lowest mean scores. Significant differences were observed among all items, except for having conversations with all students and using transgender sensitive terminology.

52 Mean differences in the SMHPs' confidence in their school-level practice abilities were examined using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .63, $F(7, 1464) = 355.52$, $p<.001$. Items are listed in the figure from highest to lowest mean scores. Significant differences were observed among all items, with the exception of: starting/advising a GSA and conducting a support group specifically for LGBTQ students, conducting a workshop/class session for students on diversity that includes LGBTQ issues and developing a school-wide program addressing student safety for LGBTQ students, and addressing homophobic and transphobic attitudes and behaviors of school staff and administration and advocating for school and district policies and procedures that improve school climate for LGBTQ youth.

53 To test the relationship between self-efficacy (total scale score) and the competency factors explored in Part Two, bivariate correlations were conducted. New variables were created for graduate education on LGBTQ populations (assessing both exposure and ratings) and exposure to continuing education, and attitudes/beliefs, by calculating a mean score on the items measuring those constructs. Higher mean scores represented greater exposure to LGBTQ issues in graduate school, more frequent engagement in continuing education activities, and more positive attitudes/beliefs. Graduate training with LGBTQ populations - $r(1522) = .32$, $p<.001$; rating of graduate program to work with LGB youth - $r(1551) = .39$, $p<.001$; rating of graduate program to work with transgender youth - $r(1545) = .32$, $p<.001$; continuing education – $r(1550) = .58$, $p<.001$; attitudes – $r(1551) = .39$, $p<.001$. For illustrative purposes only, dichotomous variables measuring

high and low education, ratings of graduate education, continuing education, and LGBTQ-related attitudes/beliefs were created by calculating a mean split for each of those variables. Those scoring above the mean were considered to have "higher levels" and those below the mean were considered to have "lower levels."

54 Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools.* New York: GLSEN.

Russell, S. T., Seif, H., & Truong, N. L. (2001). School outcomes of sexual minority youth in the United States: evidence from a national study. *Journal of Adolescence, 24*(1), 111-127.

55 Mean differences in awareness of the number of LGB and transgender students in their school were examined using paired sample t-tests. SMHPs knew significantly fewer transgender students: $t(1442) = -18.72$, $p<.001$.

56 Kann, L., Olsen, E. O. M., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Queen, B., Lowry, R., Chyen, D., Whittle, L., Thornton, J., Lim, C., Yamakawa, Y., Brener, N., & Zaza, S. (2016). Sexual Identity, sex of sexual contacts, and health-related behaviors among students in grades 9-12--United States and selected sites, 2015. *Morbidity and Mortality Weekly Report. Surveillance Summaries, 65*(9). Atlanta, GA: Centers for Disease Control and Prevention. DOI: http://dx.doi.org/10.15585/mmwr.ss6509a1.

Herman, J.L., Flores, A.R., Brown, T.N.T., Wilson, B.D.M., & Conron, K.J. (2017). *Age of individuals who identify as transgender in the United States.* Los Angeles, CA: The Williams Institute.

57 A chi-square test was conducted to examine differences in SMHPs' awareness of LGB students in school by their school level: $\chi^2 = 47.30$, $df = 10$, $p<.001$, V = .128. Statistical differences illustrated in the table were determined through pairwise comparisons with adjusted p-values (Bonferroni method, $p<.05$).

58 A chi-square test was conducted to examine differences in SMHPs' awareness of transgender students in school by their school level: $\chi^2 = 47.30$, $df = 10$, $p<.001$, V = .128. Statistical differences illustrated in the table were determined through pairwise comparisons with adjusted p-values (Bonferroni method, $p<.05$).

59 Mean differences in the number of LGB and transgender students SMHPs met with in the previous school year were examined using paired sample t-tests. SMHPs met with significantly fewer transgender students: $t(1442) = -23.67$, $p<.001$.

60 We estimated the approximate national percent of LGBTQ secondary school students by combining the estimate for percent of sexual minority youth in U.S. high schools as determined by the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (8.0% identified as gay, lesbian, or bisexual) and the estimate of the percentage of adolescents, 13-18 years of age, who identify as transgender, as determined by The Williams Institute (0.7%). Combining these two estimates provides an estimate of 8.7% for the LGBTQ secondary student population. We note that this may be a slight overestimation

given that there is certainly some overlap between those who identify as lesbian, gay, or bisexual and those who identify as transgender. In addition, given there are no population data for youth who are questioning their sexual or gender identity, the 8.7% estimate does not take into account questioning youth. Therefore, we are estimating the LGBTQ secondary school population rounded up to approximately nine percent.

Herman, J.L., Flores, A.R., Brown, T.N.T., Wilson, B.D.M., & Conron, K.J. (2017). *Age of individuals who identify as transgender in the United States*. Los Angeles, CA: The Williams Institute.

Kann, L., Olsen, E. O. M., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Queen, B., Lowry, R., Chyen, D., Whittle, L., Thornton, J., Lim, C., Yamakawa, Y., Brener, N., & Zaza, S. (2016). Sexual Identity, sex of sexual contacts, and health-related behaviors among students in grades 9-12--United States and selected sites, 2015. *Morbidity and Mortality Weekly Report. Surveillance Summaries, 65*(9). Atlanta, GA: Centers for Disease Control and Prevention. DOI: http://dx.doi.org/10.15585/mmwr.ss6509a1.

61   American School Counselor Association. (2013). *The professional school counselor and LGBTQ youth (position statement)*. Washington, D.C.: ASCA.

National Association of School Psychologists. (2010). *Model for comprehensive and integrated school psychological services (position statement)*. Bethesda, MD: NASP.

National Association of School Psychologists. (2011). *Lesbian, gay, bisexual, transgender, and questioning youth (position statement)*. Bethesda, MD: NASP.

School Social Work Association of America. (2010). *Supporting GLBTQ students in a safe school environment (position statement)*.

62   DePaul, J., Walsh, M. E., & Dam, U. C. (2009). The role of school counselors in addressing sexual orientation in schools. *Professional School Counseling, 12*(4), 300-308.

Fisher, E. S., Komosa-Hawkins, K., Saldaña, E., Thomas, G. M., Hsiao, C., Rauld, M., & Miller, D. (2008). Promoting school success for lesbian, gay, bisexual, transgendered, and questioning students: Primary, secondary, and tertiary prevention and intervention strategies. *The California School Psychologist, 13*, 79-91.

63   Mean differences in the frequency of SMHPs' engagement in individualized efforts were tested using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .50, $F(8, 1363) = 0.504$, $p<.001$. The figure lists the items in order of highest to lowest mean score. The only items that were not significantly different from each other were: counseling related to students sexual orientation and consulting with staff; meeting with parents of student, counseling related to students' gender identity, and referring to LGBTQ sensitive provider; providing LGBTQ related materials and giving counseling/career guidance; and providing health education and coming out support.

64   Mean differences in the frequency of SMHPs' engagement in school-level efforts were tested using repeated measures multivariate analysis of variance (RMANOVA). The multivariate effect was significant, Pillai's Trace = .53, $F(6,$

1365) $= 257.55$, $p<.001$. The figure lists the items in order of highest to lowest mean score. The only items that were not significantly different from each other were: conducting a student workshop on LGBTQ issues and leading a group for LGBTQ students; and leading a group for LGBTQ students and conducting a staff workshop on LGBTQ issues.

65   GLSEN (2015). Evaluation of GLSEN's *Safe Space Kit: The utility of an educator resource for improving school climate for lesbian, gay, bisexual, and transgender youth*. New York: GLSEN.

GLSEN's Safe Space Kit can be found at www.glsen.org/safespace.

66   Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York: GLSEN.

67   To examine mean differences in the number of LGB and transgender students that SMHPs met with in the previous school year by the presence of a visual sign of support, a multivariate analysis of covariance (MANCOVA) was conducted, with number of meetings with LGB and transgender students as the dependent variables, presence of a visual sign of support as the independent variable, and profession, school level, and locale as controls. The multivariate effect was significant, Pillai's Trace = .08, $F(2, 1223) = 53.86$, $p<.001$.

68   In an evaluation of educators' use of GLSEN Safe Space Kit, some educators, including school mental health professionals, indicated that their administration was a barrier to them displaying Safe Space stickers and posters: GLSEN (2015). *Evaluation of GLSEN's Safe Space Kit: The utility of an educator resource for improving school climate for lesbian, gay, bisexual, and transgender youth*. New York: GLSEN.

69   A 16-item scale was created for the SSHS survey that measured the frequency of LGBTQ-related efforts with or on behalf of LGBTQ youth. Respondents were asked about their frequency (0= "Never" to 4 = "Frequently") of engagement in individual and school level efforts to support LGBTQ students. A total mean score on all 16 items was calculated to measure SMHPs frequency in engaging in all types of activities, with higher mean scores indicating more frequent engagement with LGBTQ students; the total scale demonstrated high internal reliability (16 items; $\alpha = .942$).

A factor analysis was conducted in SPSS (Principal Component Analysis, Varimax rotation with Kaiser Normalization) on the LGBTQ-related efforts scale to identify underlying patterns in the items. Exploratory analysis suggested a two factor solution, with nine items loading on Factor 1 (individual-level efforts) and seven items loading on Factor 2 (school-level efforts). Thus, mean scores were calculated on these two subscales to examine the frequency of SMHPs engaging in individual-level or school-level efforts with LGBTQ students.

70   To examine the relationships among perceptions of bullying based upon sexual orientation or gender expression and LGBTQ-related efforts, partial correlations were conducted (controlling for profession, school level, and locale). Results were significant, indicating that as SMHPs perceived

bullying to be more frequent they engaged in more LGBTQ-related efforts: bullying based on sexual orientation and efforts - r (1271) = .27, p<.001; bullying based on gender expression and efforts - r (1271) = .16, p<.001. Means are presented for illustrative purposes only

71   We examined the relationship between safety and each of the specific supportive efforts through a series of analyses of covariance (ANCOVAs) with LGB, transgender, and gender nonconforming student safety as the independent variables, each of the 16 LGBTQ-related practice items as the dependent variables, and profession, locale, and school level as covariates. We only observed differences in the relationship between LGB student safety and intervening in LGBTQ-related bullying, harassment, and biased language: F(1, 1368) = 24.57, p<.001.

72   To examine the relationships among exposure to graduate education courses and LGBTQ-related efforts, partial correlations were conducted (controlling for profession, school level, and locale). Increased exposure to the following graduate courses related to more frequent LGBTQ-related efforts: human sexuality and gender - r (1262) = .21, p<.001; advocacy and social justice- r (1262) = .18, p<.001; risk assessment and prevention- r (1262) = .17, p<.001; practice skills - r (1262) = .15, p<.001; oppression and mental health - r (1262) = .15, p<.001. Means are shown for illustrative purposes. For the figure, a dichotomous variable was created for the graduate education courses: not at all/very little and somewhat/extensively.

73   To examine the relationships among exposure to LGBTQ-related graduate education courses and LGBTQ-related efforts, partial correlations were conducted (controlling for profession, school level, and locale). Increased exposure to all graduate courses on LGBTQ-related competencies related to more frequent LGBTQ-related efforts: competencies with LGB populations - r (1262) = .26, p<.001; competencies with transgender populations - r (1262) = .20, p<.001; competencies with LGBTQ youth - r (1262) = .24, p<.001. Means are shown for illustrative purposes. For the figure, a dichotomous variable was created for the graduate education courses: not at all/very little and somewhat/extensively.

74   To examine the relationships among receiving efforts and ratings of graduate training, partial correlations were conducted (controlling for profession, school level, and locale). Results were significant, indicating that higher rating of graduate programs in preparing SMHPs to work with LGBTQ students related to more frequent efforts: LGB ratings - r (1453) = .25, p<.001; Transgender ratings - r (1453) = .22, p<.001. Means are shown for illustrative purposes.

75   To examine the relationships among exposure to continuing education/training and LGBTQ-related efforts, partial correlations were conducted (controlling for profession, school level, and locale). Increased exposure to all of the continuing education/training experiences related to more frequent LGBTQ-related efforts: Bullying in-service - r (1316) = .22, p<.001; conference workshop on school safety - r (1316) = .28, p<.001; LGBTQ in-service - r (1316) = .45, p<.001; LGBTQ conference panel/workshop - r (1316) = .48, p<.001; consultation - r (1316) = .62, p<.001; reading- r (1316) = .53, p<.001; and training from educational orgs- r (1316) = .56, p<.001. Percentages are presented for illustrative purposes.

76   Barrett, K. A. & McWhirter, B. T. (2002). Counselor trainees' perceptions of clients based on client sexual orientation. *Counselor Education and Supervision, 41*(3), 219-232.

Bidell, M. P. (2012). Examining school counseling students' multicultural and sexual orientation competencies through a cross-specialization comparison. *Journal of Counseling & Development, 90*(2), 200-207.

Greytak, E. A., Kosciw, J.G., Villenas, C., & Giga, N. M. (2016). *From teasing to torment: School climate revisited, a survey of U.S. secondary students and teachers.* New York: GLSEN.

Greytak, E. A. & Kosciw, J. G. (2014). Predictors of US teachers' intervention in anti-lesbian, gay, bisexual, and transgender bullying and harassment. *Teaching Education, 25*(4), 410-426.

Heinze, J. E. & Horn, S. S. (2009). Intergroup contact and beliefs about homosexuality in adolescence. *Journal of Youth and Adolescence, 38*(7), 937-951.

77   To examine the relationship between engaging in efforts to support LGBTQ students and familiarity with LGB and transgender students, partial correlations were conducted (controlling for profession, school level, and locale). Greater familiarity with LGB and transgender people in SMHPs' personal and professional lives related to more frequent LGBTQ-related efforts: knowing LGB people personally - r (1387) = .22, p<.001; knowing LGB people professionally - r (1387) = .42, p<.001; knowing transgender people personally - r (1387) = .16, p<.001; knowing transgender people professionally - r (1387) = .40, p<.001. Means are shown for illustrative purposes only.

78   Howard, N. M., Horne, A. M., & Jolliff, D. (2001). Self-efficacy in a new training model for the prevention of bullying in schools. *Journal of Emotional Abuse, 2*(2/3), 181-191.

Yoon, J. S. (2004). Predicting teacher interventions in bullying situations. *Education and Treatment of Children, 27*(1), 37-45.

79   Greytak, E. A. & Kosciw, J. G. (2014). Predictors of US teachers' intervention in anti-lesbian, gay, bisexual, and transgender bullying and harassment. *Teaching Education, 25*(4), 410-426.

80   For an explanation on the creation of the individual and school level subscales for both self-efficacy and efforts, see endnotes 50 and 69.

81   To examine the relationships among self-efficacy and efforts, partial correlations were conducted (controlling for profession, school level, and locale). Results were significant, indicating that greater self-efficacy related to more frequent practice: individual-level self-efficacy and individual-level efforts - r (1153) = .56, p<.001; school-level self-efficacy and school-level efforts - r (1153) = .55, p<.001. For illustrative purposes only, dichotomous variables measuring higher and lower LGBTQ-related efforts were created by calculating a mean split for both individual-level self-efficacy and school-level self-efficacy. Those scoring above the mean were considered to have "higher levels" of self-efficacy and those below the mean were considered to have "lower levels" of self-efficacy.

82 Bieschke, K. J. & Matthews, C. (1996). Career counselor attitudes and behaviors toward gay, lesbian, and bisexual clients. *Journal of Vocational Behavior, 48*(2), 243-255.

Crisp, C. & McCave, E. L. (2007). Gay affirmative practice: A model for social work practice with gay, lesbian, and bisexual youth. *Child and Adolescent Social Work Journal, 24*(4), 403-421.

Greytak, E. A. & Kosciw, J. G. (2014). Predictors of US teachers' intervention in anti-lesbian, gay, bisexual, and transgender bullying and harassment. *Teaching Education, 25*(4), 410-426.

Morrow, R. G. & Gill, D. L. (2003). Perceptions of homophobia and heterosexism in physical education. *Research quarterly for exercise and sport, 74*(2), 205-214.

83 For an explanation on the creation of the subscales for individual and school level efforts, see endnote 69.

84 To examine the relationship between attitudes related to working with LGBTQ students and LGBTQ-supportive efforts, partial correlations were conducted among each of the LGBTQ-related attitude items and individual-level and school-level efforts (controlling for profession, school level, and locale). Results were significant for individual-level efforts: professional responsibility – r (1353) = .272, p<.001; avoid topics – r (1353) = -.259, p<.001. Results were also significant for school-level efforts: professional responsibility – r (1353) = .272, p<.001; avoid topics – r (1353) = -.260, p<.001.

85 To examine the relationship between beliefs about gender expression and LGBTQ-supportive efforts, partial correlations were conducted among both of the gender expression belief items and individual-level and school-level efforts (controlling for profession, school level, and locale). Results were significant for individual-level efforts: better to dress "masculine" – r (1353) =-.134, p<.001; better to dress "feminine" – r (1353) = -.134. Results were also significant for school-level efforts: better to dress "masculine" - r (1353) = -.155, p<.001; better to dress "feminine" – r (1353) = -.156, p<.001.

86 To examine the relationship between beliefs about school practices relate to LGBTQ students and LGBTQ-supportive efforts, partial correlations were conducted among the belief items and individual-level and school-level efforts (controlling for profession, school level, and locale). Results were significant for individual-level efforts: disclose sexual orientation – r (1353) = .106, p<.001; p<.001; sex education – r (1353) = .204, p<.001; school prom – r (1353) = .198, p<.001. Results were also significant for school-level efforts: disclose sexual orientation - r (1353) = .124, p<.001; sex education - r (1353) = .251, p<.001; school prom - r (1353) = .213, p<.001.

87 Culbreth, J. R., Scarborough, J. L., Banks-Johnson, A., & Solomon, S. (2005). Role stress among practicing school counselors. *Counselor Education and Supervision, 45*(1), 58-71.

Hart Research Associates. (2012). *The College Board 2012 National Survey of School Counselors and Administrators report on survey findings: Barriers and supports to school counselor success.*

Kelly, M. S., Berzin, S. C., Frey, A., Alvarez, M., Shaffer, G., & O'Brien, K. (2010). The state of school social work: Findings from the national school social work survey. *School Mental Health, 2*(3), 132-141.

88 Sawyer, R., Porter, J., Lehman, T., Anderson, C., & Anderson, K. (2006). Education and training needs of school staff relevant to preventing risk behaviors and promoting health behaviors among gay, lesbian, bisexual, and questioning youth. *Journal of HIV/AIDS Prevention in Children & Youth, 7*(1), 37-53.

89 To test differences in the barriers that SMHPs encountered, a repeated measures multivariate analysis of variance (RMANOVA) was employed. The multivariate effect was significant, Pillai's Trace = .57, F(10, 1527) = 200.39, p<.001. The table lists the items in order of highest to lowest mean score. The only items that were not significantly different from each other were: lack of time and other job responsibilities, administration and staff, administration and parent, and staff and community.

90 A series of chi-square tests were conducted to compare the percentage of SMHPs experiencing barriers by profession. The following tests were significant: other job responsibilities - χ^2 = 22.32, df = 2, p<.001, V = .121; objections by admin - χ^2 = 11.68, df = 2, p<.01, V = .087; objections by school board - χ^2 = 13.77, df = 2, p<.01, V = .093; objections by staff - χ^2 = 11.14, df = 2, p<.01, V = .085; objections by parents - χ^2 = 18.03, df = 2, p<.001, V = .100; objections by students - χ^2 = 15.47, df = 2, p<.001, V = .100; objections by community - χ^2 = 22.93, df = 2, p<.001, V = .122; institutional culture - χ^2 = 13.67, df = 2, p<.001, V = .094. Differences outlined in the table were determined through pairwise comparisons with adjusted p-values (Bonferroni method, p<.05).

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