

Summer 2010

Evaluating the Effects of a Safe Space Training on Professional School Counselors and School Counseling Trainees

Rebekah Byrd
Old Dominion University

Follow this and additional works at: https://digitalcommons.odu.edu/chs_etds



Part of the [Counselor Education Commons](#), [Lesbian, Gay, Bisexual, and Transgender Studies Commons](#), and the [Student Counseling and Personnel Services Commons](#)

Recommended Citation

Byrd, Rebekah. "Evaluating the Effects of a Safe Space Training on Professional School Counselors and School Counseling Trainees" (2010). Doctor of Philosophy (PhD), Dissertation, Counseling & Human Services, Old Dominion University, DOI: 10.25777/c12v-c942
https://digitalcommons.odu.edu/chs_etds/38

This Dissertation is brought to you for free and open access by the Counseling & Human Services at ODU Digital Commons. It has been accepted for inclusion in Counseling & Human Services Theses & Dissertations by an authorized administrator of ODU Digital Commons. For more information, please contact digitalcommons@odu.edu.

**EVALUATING THE EFFECTS OF A SAFE SPACE TRAINING ON
PROFESSIONAL SCHOOL COUNSELORS AND SCHOOL COUNSELING
TRAINEES**

by

Rebekah Byrd



B.A. December 2003, University of North Carolina at Asheville
M.S. Ed. December 2007, Old Dominion University


A Dissertation Submitted to the Faculty of
Old Dominion University in Partial Fulfillment of the
Requirements for the Degree of

DOCTOR OF PHILOSOPHY
COUNSELOR EDUCATION AND SUPERVISION

OLD DOMINION UNIVERSITY
August, 2010

Approved by:

 Danica G. Hays (Chair) 

 Tim Grothaus (Member)

 Tammi M. Milliken (Member)

ABSTRACT

EVALUATING THE EFFECTS OF A SAFE SPACE TRAINING ON PROFESSIONAL SCHOOL COUNSELORS AND SCHOOL COUNSELING TRAINEES

Rebekah Byrd
Old Dominion University, 2010
Dissertation Chair: Dr. Danica G. Hays

While professional and social advocacy is an important component of school counselor training, there is little information about the awareness, skills, or knowledge needed to effectively meet the academic, career, and social needs of LGBTQ students (Smith & Chen-Hayes, 2004). The purpose of this study was to evaluate and examine the impact of Safe Space training on Professional School Counselors (PSCs) and School Counseling Trainees (SCTs). In this experimental design, a sample of 74 PSCs and SCTs from three universities and one school district participated in 1 of 7 Safe Space trainings. The Safe Space training, developed by The Gay, Lesbian and Straight Educators Network (GLSEN), is a three hour program designed to educate participants about LGBTQ related issues and to provide strategies for support and intervention (2006). Program effectiveness was measured using the Sexual Orientation Counselor Competency Scale (SOCCS) (Bidell, 2005).

Results indicated that an overall significant change in participants' awareness, knowledge, and skills for working with LGBTQ individuals (i.e., LGBTQ competency) occurred. When LGBTQ competency components were examined separately, only the participants skills were significantly increased. Correlations examining the relationship between the awareness of sexism and heterosexism (POI subscales; Hays, Chang, &

Decker, 2007) and knowledge, attitudes and skills were all found to be significant.

Demographic variables were also examined in this study (e.g. number of perceived LGBTQ clients seen and gender) and were not supported. Implications of these results are discussed.

This dissertation is dedicated to the many who have suffered silently due to bullying and harassment. This work is particularly dedicated to those who are no longer with us. During the writing of this dissertation, more individuals died and/or took their own life due to harassment, specifically Carl Joseph Walker-Hoover, an 11 year old child. May we never forget him and the pain he endured and the pain those who knew him have endured. May his mother continue to be brave and courageous as she fights for him and others.

ACKNOWLEDGEMENTS

There are so many people that I would like to thank for their continued and unwavering support during my doctoral studies. I first need to thank Dr. Hays, my committee chair, for supporting me with a very difficult research design and letting me pursue this passion and life's work. I want to thank my committee, Dr. Grothaus and Dr. Milliken for always encouraging me, always believing in me and cheering me on. I am privileged to have had you all on my committee. Thank you all for being so invested in me, my work, and my success.

I am honored to have been supported by so many faculty here at Old Dominion University. I hope that I have been able to express to all of you how much I have appreciated you. I am taking something with me from every one of you and I feel I have had a connection with you all whether it be working on a project with you, teaching with you or presenting with you. I thank you deeply for helping me over the years. I know I can continue to call upon you all and I am so glad we will be colleagues and continue to be in touch.

My fellow students and friends, thank you all from the bottom of my heart! I have said it before but I am so thankful that some of the best counselors I know are my very best friends. There were many times throughout this process that I feel I would not have made it though without you all. I have made some treasured lifelong friends and I am so grateful for you all.

My family- the people in my life who introduced the concepts of warmth, genuineness, and unconditional positive regard, I love you. But mostly I love you for

modeling those concepts for me daily no matter what the situation or circumstance and for teaching me about perseverance, resiliency and dedication. You all have provided me with more I could ever even know and understand.

TABLE OF CONTENTS

ABSTRACT	ii
DEDICATION.....	v
ACKNOWLEDGEMENTS	vi
TABLE OF CONTENTS	viii
LIST OF TABLES	xii
LIST OF FIGURES	xiii
CHAPTER ONE: INTRODUCTION	1
Key Constructs.....	2
Significance	3
Purpose of Study.....	3
Research Questions and Hypotheses	4
Assumptions	5
Training.....	6
Definitions of Terms	6
Overview of Methodology.....	10
Summary.....	11
CHAPTER TWO: REVIEW OF THE LITERATURE	12
LGBTQ Individuals	12
Risk Factors	16
School Climate.....	23

Counselor Competency.....	32
LGBTQ Individuals and School Counselors	39
Counselor Training and Educational Concerns	41
Summary.....	51
 CHAPTER THREE: METHODOLOGY	54
Quantitative Research Design.....	58
Research Questions and Hypotheses	58
Participants	60
Instrumentation	60
Methods	63
Data Analysis.....	65
Validity Threats	68
Potential Contributions	70
 CHAPTER FOUR: RESULTS	72
Demographics	72
Descriptive Statistics for Outcome Measures	82
Reliability Estimates.....	85
Results of Statistical Analysis	86
Summary of Results.....	95

CHAPTER FIVE: DISCUSSION	97
Relationship of the Findings to Findings of Prior Studies	98
Research Question One	99
Research Question Two	101
Research Question Three	102
Limitations of this Study	104
Implications for Counselors	110
Implications for Counselor Educators	111
Implications for Future Research	113
Conclusion	115
 CHAPTER SIX: MANUSCRIPT	 117
Abstract	118
Introduction	119
Method	122
Results	127
Discussion	130
Implication for Counselor and Counseling Practice	131
Implications for Future Research	133
References	134
Appendices	138
 REFERENCES	 141

APPENDICES	158
Appendix A	159
Appendix B.....	165
Appendix C	166
Appendix D	168
Appendix E	170
Appendix F	173
Appendix G	174
Appendix H	175
 VITAE.....	 176

LIST OF TABLES

Table 1	<i>Training and Data Collection Timeline.....</i>	75
Table 2	<i>Number of Months of Counseling Experience Before (and during) Master's Program.....</i>	77
Table 3	<i>Number of Months of Counseling Experience Post Master's Degree.....</i>	78
Table 4	<i>Race/Ethnicity of Participants.....</i>	79
Table 5	<i>Current School Level.....</i>	81
Table 6	<i>Descriptive Statistics by Workshop Type.....</i>	83
Table 7	<i>Correlation Matrix.....</i>	84
Table 8	<i>Means and Standard Deviations for the POI and SOCCS Total Scales and Subscales per Group Assignment.....</i>	87
Table 9	<i>Correlation Statistics for Pretest Totals for SOCCS and POI.....</i>	91
Table 10	<i>Correlation Statistics for Post-test Treatment Group Only for SOCCS and POI.....</i>	91
Table 11	<i>Correlation Statistics for Post-test Control Group Only for SOCCS and POI.....</i>	92
Table 12	<i>Hypothesis 6 Test of Between Subjects Effects</i>	94

LIST OF FIGURES

<i>Figure 1</i>	Distribution of Ages for Study Participants	76
<i>Figure 2</i>	Distribution of Religion	80

CHAPTER ONE

INTRODUCTION

Estimates on the number of individuals identifying as lesbian, gay, bisexual, transgender and questioning are many. A seminal study estimated that lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals make up about 10-15% of the population (Kinsey, Pomeroy, & Martin, 1948). A recent analysis estimated that 8.8 million individuals in the U.S. identify as gay, lesbian, or bisexual (Gates, 2006). However, questioning and transgender individuals were not included in this estimate. It is also unclear if adolescents were included in the previous stated statistics.

Some estimates for the adolescent census of LGBT individuals posit that they constitute 10% of their age group population (Savage & Harley, 2009). Others state that between 5 and 6% of youth identify as lesbian, gay or bisexual (Human Rights Watch, 2001). While locating updated estimates of the adolescent LGBT population is difficult, it is important to note the more than 30% increase of identifying same-sex couples in the U.S. from 2000-2005 (Gates, 2006). Specifically looking at young people, many researchers have estimated a youth sexual minority population from outdated data on LGBT adult populations. With only 21 states barring discrimination based upon sexual orientation (Bello, 2010), being counted has deterrents and obtaining an accurate census has proven to be elusive.

LGBTQ individuals have unique concerns (i.e. risk of suicide, substance abuse, academic concerns, and victimization) in addition to the developmental changes all

adolescents face. Much of the existing literature on both the concerns facing lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals and the training implications for helping professionals is conceptual in nature. To date, there is only one known empirically based study that examines the effects on graduate students in counseling, of a Safe Space training. Safe Space is designed to increase individuals' awareness, knowledge, and skill when working with those who identify as LGBTQ. Despite limited information on this study, Finkel, Storaasli, Bandele, and Schaefer (2003) provide a necessary first step in implementing a Safe Space training geared towards understanding the unique needs of LGBTQ individuals. The current study seeks to expand upon this research on Safe Space trainings.

Key Constructs

The constructs of knowledge, awareness, and skill of Professional School Counselors (PSCs) and School Counselor Trainees (SCTs) were researched in relation to how these practitioners understand needs and experiences of LGBTQ individuals and how these practitioners work with LGBTQ adolescents. It is thought that knowledge, awareness, and skill will increase as a result of having a Safe Space training. The constructs of knowledge, awareness, and skill are known as the three main components that make up multicultural competency (Sue, 1998; Sue et al., 1992). Increased amounts of knowledge and training have been associated with more positive attitudes toward sexual minority individuals (Kim, D'Andrea, Poonam, & Gaughen, 1998). There appears to be little to no training for PSCs and SCTs in the area of assessing knowledge, awareness, and skill as they relate to working with LGBTQ individuals (Fassinger & Richie, 1997; Walters & Hayes, 1998).

This study sought to provide information to equip PSCs, SCTs and counselor educators with enhanced understanding of the needs of sexual minority individuals and assist school counselors in providing the support system needed to promote success for LGBTQ students. By providing training that will increase counselor knowledge, awareness and skills, PSCs and SCTs may be able to provide supportive relationships that may impact LGBTQ individuals quality of life and serve as a protective factor for many (Goodenow, Szalacha, & Westheimer, 2006; Teasdale & Bradley-Engen, 2010).

Significance

School counselor advocacy for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals is an important component in response to the call for a comprehensive approach to counselor advocacy (Myers, Sweeney, & White, 2002). While professional and social advocacy is an important component of school counselor training, there is little information about the awareness, skills, or knowledge needed to effectively meet the academic, career, and social needs of LGBTQ students (Smith & Chen-Hayes, 2004). There appears to be a need for further study of the effects of specific training initiatives to increase the knowledge, awareness, and skills of PSCs and SCTs with regards to serving the LGBTQ individuals in their schools.

Purpose of Study

Charged with implementing change within a system, school counselors are faced with myriad challenges daily. Advocating and being an ally for all students are ethical and legal obligations for professional school counselors (Weiler, 2004). This can be of particular concern when all students are not being assisted. It is hoped that providing school counselors with training, information and support will enable them to properly

assist our students. The purpose of this study was to evaluate and examine the impact of Safe Space training on PSCs and SCTs.

Research Question

This study evaluated and examined the impact of Safe Space training on PSCs and SCTs. In order to investigate this fully, the following research questions were examined:

Research Question 1: What is the impact of Safe Space training on participants' knowledge, attitudes, and skills?

(H₁) When controlling for previous training and pretest scores, a significant positive relationship exists between receiving the Safe Space training and knowledge. PSCs and SCTs who participate in training will have significantly higher levels of knowledge as it relates to LGBTQ individuals, as evidenced by a positive change in scores on the Sexual Orientation Counselor Competency Scale (SOCCS) and the Privilege and Oppression Inventory (POI).

(H₂) When controlling for previous training and pretest scores, a significant positive relationship exists between training and attitudes toward LGBTQ individuals. PSCs and SCTs who participate in training will have significantly higher levels of positive attitudes as it relates to LGBTQ individuals, as evidenced by a change in scores on the SOCCS.

(H₃) When controlling for previous training and pretest scores, a significant positive relationship exists between PSCs and SCTs participating in Safe Space training and skill as measured by a positive change in scores on the SOCCS.

Research Question 2: Is there a significant relationship between awareness of sexism and heterosexism and knowledge, attitudes, and skills of PSCs and SCTs? (SOCCS/ POI subscales)?

(H4) When controlling for previous training, there is a significant relationship between awareness of sexism and heterosexism and knowledge, attitudes, and skills related to sexism and heterosexism.

Research Question 3: How do demographic variables such as number of LGBTQ clients seen, gender, and school level relate to knowledge, attitudes, and skills?

(H5) When controlling for previous training, a significant positive relationship exists between number of perceived LGBTQ clients seen and knowledge, attitudes and skills of PSCs and SCTs as measured by an increase on the SOCCS.

(H6) When controlling for previous training, there will be a significant gender difference in knowledge, attitudes and skills of PCSs and SCTs. Specifically, females will have higher scores on the SOCCS.

(H7) When controlling for previous training and number of clients, there is a significant relationship between school level and knowledge, attitudes and skills.

Assumptions

By conducting a training for PSCs and SCTs, it was assumed that participants would increase their knowledge, awareness, and skill as it pertained to working with the LGBTQ population. The participants were assumed to be positively affected by the

training in that their knowledge, awareness and skills as related to working with LGBTQ individuals will increase as evidenced by a positive change in scores on the SOCCS and the POI. PSCs and SCTs will also learn how to train others in providing safe spaces for LGBTQ students. Another assumption was that participants from various training session sites would not significantly differ. Participants were assumed to have responded honestly to survey materials.

Training

The training chosen for this study was the GLSEN Safe Space training. GLSEN, The Gay, Lesbian and Straight Education Network is the nation's leader in research, education, and resources about safe schools with the organizations focus on sexual minority individuals (Kosciw & Diaz, 2008). The organization, founded in 1990 by school educators, has been a driving force behind original research and initiatives to ensure safe schools. GLSEN offers their materials free of charge and encourages others to print and distribute their training information. Their training is user friendly and outlines specifics for planning and implementing a Safe Space training. It was chosen because it is the only known detailed training guide for the researcher to use and give to the participants for their own use in planning their own trainings. Other Safe Space programs were evaluated, but did not offer then same information, details, or depth of materials as did the GLSEN training. In addition, some of the training materials that were discussed in research articles could not be located.

Definition of Terms

The following are definitions of terms taken directly from the GLSEN Safe Space Training Manual (2007) that will be used to train individuals in this study.

Biological Sex: This can be considered our “packaging” and is determined by our chromosomes (XX for females; XY for males); our hormones (estrogen/progesterone for females, testosterone for males); and our internal and external genitalia (vulva, clitoris, vagina for females, penis and testicles for males). About 1.7% of the population can be defined as **intersexual**—born with biological aspects of both sexes to varying degrees. So, in actuality, there are more than two sexes.

Gender Identity: Our innermost concept of self as “male” or “female”—what we perceive and call ourselves. Individuals are conscious of this between the ages of 18 months and 3 years. Most people develop a gender identity that matches their biological sex. For some, however, their gender identity is different from their biological sex. We sometimes call these people **transsexuals**, some of whom hormonally and/or surgically change their sex to more fully match their gender identity.

Gender Role: This is the set of roles and behaviors assigned to females and males by society. Our culture recognizes two basic gender roles: **masculine** (having the qualities attributed to males) and **feminine** (having the qualities attributed to females). People who step out of their socially assigned gender roles are sometimes referred to as **transgender**.

Transgender: Refers to those whose gender expression at least sometimes runs contrary to what others in the same culture would normally expect. Transgender is a broad term that includes transsexuals, cross-dressers, drag queens/kings, and people who do not identify as either of the two sexes as currently defined. When

referring to transgender people, use the pronoun they have designated as appropriate, or the one that is consistent with their presentation of themselves.

Though transgender has increasingly become an umbrella term referring to people who cross gender/sex barriers, many people find any umbrella term problematic because it reduces different identities into one oversimplified category.

Gender Expression: Refers to the ways in which people externally communicate their gender identity to others through behavior, clothing, haircut, voice, and emphasizing, de-emphasizing, or changing their bodies' characteristics. Typically, transgender people seek to make their gender expression match their gender identity, rather than their birth-assigned sex. Gender expression is not necessarily an indication of sexual orientation.

Sexual Orientation: This is determined by our sexual and emotional attractions. Categories of sexual orientation include **homosexuals**—gay, lesbian—attracted to some members of the same sex; **bisexuals**, attracted to some members of more than one sex; and **heterosexuals**, attracted to some members of another sex. Orientation is influenced by a variety of factors, including genetics and hormones, as well as unknown environmental factors. Though the origins of sexuality are not completely understood, it is generally believed to be established before the age of five.

Sexual Identity: This is how we perceive and what we call ourselves. Such labels include “lesbian,” “gay,” “bisexual,” “bi,” “queer,” “questioning,” “heterosexual,” “straight,” and others. Sexual Identity evolves through a developmental process that varies depending on the individual. Our sexual behavior and how we define

ourselves (identity) can be chosen. Debates regarding the nature of sexual identity – if it is a choice or solely biological – are still many.

Coming Out (of the closet): To be “in the closet” means to hide one's identity.

Many LGBT people are “out” in some situations and “closeted” in others. To “come out” is to publicly declare one's identity, sometimes to one person in conversation, sometimes to a group or in a public setting. Coming Out is a life-long process—in each new situation a person must decide whether or not to come out. Coming out can be difficult for some because reactions vary from complete acceptance and support to disapproval, rejection and even violence.

Queer: Historically a negative term used against people perceived to be LGBT, “queer” has more recently been reclaimed by some people as a positive term describing all those who do not conform to rigid notions of gender and sexuality. Queer is often used in a political context and in academic settings to challenge traditional ideas about identity (“queer theory”).

Questioning: Refers to people who are uncertain as to their sexual orientation or gender identity. They are often seeking information and support during this stage of their identity development.

Ally: Anyone who supports and stands up for the rights of LGBT people. Many allies identify as straight.

Homophobia: Refers to a fear or hatred of homosexuality, especially in others, but also in oneself (internalized homophobia).

Heterosexism: Bias against non-heterosexuals based on a belief in the superiority of heterosexuality. *Heterosexism* does not imply the same fear and hatred as

homophobia. It can describe seemingly innocent statements, such as “She’d drive any man wild” based on the assumption that heterosexuality is the norm.

(pp. 10-11).

Also, for the purposes of this dissertation, a risk factor is considered a variable likely to increase the possibility of negative physical or psycho-social implications (ex. substance abuse, running away, victimization, and academic concerns). For the most part, the term sexual minority will be used as an umbrella term to include LGBTQ individuals. At times, other abbreviations will be denoted that reflect the language used in particular articles.

Overview of Methodology

In this experimental design, participants, which included a convenience sample of PSCs and SCTs in one Mid-Atlantic state’s universities and school districts, were randomly assigned to a treatment or a control group. These individuals were recruited at the state level school counseling conference. In addition, some participants heard about the training and contacted the PI. Local universities also contacted this researcher about their interest in the training as well. Information was distributed electronically through listservs and by submitting flyers and information to Graduate Program Directors. Demographic information was collected on each participant. Training sessions followed the outline of the GLSEN training manual and included information, lecture, large group activities and small group components. Each training lasts approximately three hours.

Survey instruments included Bidell’s (2005) Sexual Orientation Counselor Competency Scale (SOCCS), Hays, Chang, and Decker’s (2007) Privilege and Oppression Inventory (POI) and a demographic sheet. Four weeks before a training was

conducted, all (both treatment and control group) participants received the survey packet (pre-tests). Three weeks later, half of the participants were randomly selected to receive the survey packet again. This constituted the control group and yielded control post-test data. One week following, everyone (both treatment and control group) received the training and were then post-tested. The treatment group were those who had not received the post-test one week prior.

In this study, the treatment was the Safe Space training and it was offered to all participants by the researcher. This training, developed by The Gay, Lesbian and Straight Educators Network (GLSEN, 2006) was a three hour program that uses a training manual. It was held in several locations to accommodate participants. Trainings were held in multiple university settings. The treatment was applied as intended by having the researcher provide each training in the same manner.

Summary

School counselor advocacy for LGBTQ individuals is an important component in response to the call for a comprehensive approach to counselor advocacy (Myers, Sweeney, & White, 2002; Smith & Chen-Hayes, 2004). This study sought to provide information to equip counselors and educators in understanding the needs of sexual minority individuals by providing a Safe Space training. By providing training that will increase knowledge, awareness and skills as related to LGBTQ individuals, PSCs and SCTs will be able to provide supportive relationships that will seek to greatly impact quality of life and serve as a protective factor for many LGBTQ individuals (Goodenow et al., 2006; Teasdale & Bradley-Engen, 2010).

CHAPTER TWO

LITERATURE REVIEW

Adolescence is considered a time of growth, change and turmoil. It has even been defined as a “dangerous passage between childhood and adulthood that must be monitored accordingly” (Talbert, 2004, p.117). Much research exists that focuses on the issues, instability, and risky behaviors exhibited by adolescents. This developmental stage is complex enough for individuals without their having to face additional difficulties and developmental complexities due to issues arising from sexual orientation.

A brief introduction on sexual identity development and adolescence will be included along with a discussion about severe risk factors such as substance abuse, runaway behavior, rejection and victimization, internalized homophobia, family issues, academic concerns, and developmental considerations. School supports, counselor considerations, and research that highlights the potential role sexual orientation plays in student harassment in the school and acts of school violence will also be addressed. Information on the role graduate training programs play in preparing school counselors will also be discussed. As members of the helping profession, professional school counselors can promote a school environment that is as positive and supportive for LGBTQ students equitable to that which is afforded to others (Vare & Norton, 1998).

LGBTQ Individuals

The following will provide a brief outline of the research on sexual identity development. Information presented will be discussed as to how it relates to adolescents. In addition, implications for school counseling are explored.

Sexual Identity Development and Adolescence

Sexual Identity is defined by GLSEN (2006) as how one perceives and what one calls him or her self, including use of terms such as: “lesbian,” “gay,” “bisexual,” “bi,” “queer,” “questioning,” “heterosexual,” “straight,” and others. GLSEN also discusses the concept that sexual identity evolves throughout a process of development, varying on an individual basis.

The first model of sexual identity development and/or formation was developed by Vivian Cass (1979). Sexual identity development (SID) has been described as a developmental process involving a sequence of events. This sequence seems to initially start for lesbian and gay individuals with an awareness of attraction to a same-sex individual(s) (Cass, 1979). This process then moves into a time of experimentation and confusion. Most individuals seem to develop further and progress into a sense of self identity as gay or lesbian. This is followed by disclosure to others and the eventual coming out process (Cass, 1979, 1984; Coleman, 1982). Other models for examining sexual identity exists; for example, Troiden’s homosexual identity developmental model (1989) and Sullivan’s model of sexual identity development (1998). Less research on bisexual identity development exists but is believed to be somewhat similar to that of sexual identity development models (Carroll, 2010). Research supports the notion of sexual identity development and sexual orientation beginning in childhood (GLSEN, 2006).

SID models have also been used and integrated into heterosexual identity development models (HID). In terms of heterosexual identity development, Worthington, Savoy, Dillon, and Vernaglia (2002) define heterosexual identity

development as, “the individual and social processes by which heterosexually identified persons acknowledge and define their sexual needs, values, sexual orientation and preferences for sexual activities, modes of sexual expression, and characteristics of sexual partners” (p. 510).

A recent analysis stated that it is estimated that 8.8 million individuals in the U.S. identify as gay, lesbian, or bisexual (Gates, 2006). Other estimates indicate that sexual minority individuals are one of the largest minority groups and they make up 10-15% of the population (Kinsey, Pomeroy, & Martin, 1948). Another estimate indicates that about 10% of the youth population identify as belonging to the sexual minority group (Savage & Harley, 2009). Harrison (2003) notes that although some adolescents experience same-sex attractions, not all will self identify as LGBT. Therefore, the estimates that are currently accepted are limited at best to including only those who have self-identified. The existing estimates do not include those who may identify as heterosexual but have friends, family, and acquaintances that identify as LGBTQ and are therefore also affected by the lack of support for these individuals. When these numbers are taken into consideration, it has been estimated that “at least 50 million Americans are lesbian or gay or have a friend or family member who is” (Tharinger & Wells, 2000, p. 160).

While research on sexual orientation and/or development in children is limited (Gonsiorek, 1988), one article details the concept that LGBTQ individuals notice a difference between themselves and their heterosexual peers as early as kindergarten (Weiler, 2004). Greene (2007) stated that many LGB individuals know of their sexual orientation as children. In terms of gender identity, GLSEN (2006) defines as “our innermost concept of self as ‘male’ or ‘female’, what we perceive and call ourselves” (p.

10) and notes that most individuals are aware of their gender identity between the ages of 18 months and 3 years of age. GLSEN (2006) discusses that most individuals form a gender identity that matches their biological identity but some individuals do not. Telljohann and Price (1993) surveyed lesbian and gay adolescents and found similar outcomes in that the ages both sexes became aware of their sexual orientation started as early as 4 and ranged to 18. Similarly, Weiler noted that by the time individuals reach adolescence or middle school, most realize that they physically and emotionally identify as a sexual minority (2004).

Individuals questioning their sexual orientation at a young age may be more common (Carver, Egan, & Perry, 2004). Of the individuals that question their sexual orientation, not all of them grow up to identify as LGBT. Research indicates that most LGBT adults remember a time in childhood that consisted of questioning sexual orientation (Carver et al., 2004). Although awareness in regards to sexual identity and orientation may not be fully formed and the individuals could still be questioning their feelings, what it is important to understand is that they could be experiencing uncertainties about their self-concept while having a vast range of thoughts, feelings and worries (Weiler, 2004).

In addition, Greene (2007) outlines many topics that this chapter intends on examining;

In fact most children in therapy are assumed to be heterosexual unless they have an atypical gender presentation. It is as if feelings of sexual attraction do not emerge in people until adolescence. Although such feelings are often heightened during adolescence, they do not always begin during that period. Yet many practitioners view children as if they were asexual. These young people's struggles and attempts to determine what these feelings mean and what to do

about them may be an invisible factor in school performance and social skill development as well as in disruptive or depressed behavior and other factors that may have triggered a referral for psychosocial services. In this realm, the therapist's preconceived notions about sexuality may interfere with seeing a child as a burgeoning sexual person for whom sexual orientation should not be presumed. Given that the developmental, clinical and counseling psychology literature has virtually nothing to say about the developmental challenges of LGB sexual orientation for younger children and how these challenges may have an effect on other developmental imperatives, practitioners would be advised to be particularly sensitive to this possibility. Practitioners who routinely treat children may be limited in their competence to treat LGT children who are struggling with issues about having a nontraditional sexual orientation well before the adolescent period. (p. 189-190)

Risk Factors

LGBTQ adolescents are at a disproportionate risk for depression, suicide, psychiatric care and hospitalization, poor school performance, truancy, running away, substance abuse and high-risk behavior for contracting sexually transmitted diseases (STD's) (Stone, 2003; Vare & Norton, 1998; Weiler, 2004). This research refers mostly to middle school and high school aged youth.

Suicide Rates

The most significant risk for LGBTQ adolescents is suicide. Considering, the U.S. Department of Health and Human Services (DHHS) noted that suicide is the third leading cause of death among all 10-24 year olds and the second leading cause of death among all 25-34 year olds (DHHS, 2004), it is alarming to note that sexual minority adolescents make up the largest percentage of completed suicides. More than 15 studies conducted within the last 25 years have shown suicide attempts in the range of 20-40% for sexual minority adolescents (Borowsky, Ireland, & Resnick, 2001; D'Augelli,

Hershberger, & Pilkington 2001; Lock & Steiner, 1999; Garofalo, Wolf, & Wissow, 1999; Gould, Greenberg, & Velting, 2003; Goldfried, 2001; Heimberg & Safren, 1999; Paul et al., 2002; Remafedi, 1999; Russell & Joyner, 2001; Udry & Chantala, 2002). Gibson noted that 30% of completed suicides are related to sexual identity issues (1989). Further, Cook (1991) also indicated that sexual minority adolescents account for 30% of all completed suicides among adolescents even though they make up only 10% of the total teenage population. Sexual orientation and suicide was examined closer in Russell and Joyner's 2001 study and they noted that their findings were consistent with the U.S. secretary of health and human services 1989 report in that sexual minority youth were two times more likely to attempt suicide than their heterosexual peers. Given that school counselors work with at-risk and youth who are suicidal (Christianson & Everall, 2009) and research indicates that LGBTQ youth make up a large percentage of suicidal individuals, it stands to reason that school counselors are in need of training specific to the LGBTQ population.

D'Angelli and colleagues (2001) assessed 350 LGB adolescents and reported that 54% of the sample attempted suicide for the first time before coming out, 27% attempted during their coming out year, and 19% attempted suicide after coming out. Further, it is likely that LGBTQ adolescents are two to three times more likely to attempt suicide than other adolescents (Russell & Joyner, 2001; Gibson, 1989; Proctor & Groze, 1994) with some estimates actually reporting an increase of up to six times higher than heterosexual adolescents (Cook, 1991), for making multiple attempts (Remafedi, Farrow, & Deisher, 1991; Roesler & Deisher, 1972).

Having a supportive adult present in the school can provide a protective factor for

sexual minority youth (McCabe & Robinson, 2008). LGBTQ students who felt that there was no adult present in the school that they could talk to were more likely to not only have been threatened at school but to have attempted suicide *numerous* times in the previous year (Goodenow et al., 2006). It is important to note that LGBTQ adolescents are at an increased risk for suicide from the stress, discrimination, isolation and harassment that these individuals face based on sexual orientation, not simply due to their sexual orientation (Kitts, 2005). In a 2010 study, Teasdale and Bradley-Engen results “suggest that adolescents attracted to their own sex are at a higher risk for depressive symptoms because they are more likely to perceive prejudice, are more likely to witness and experience victimization, and have lower perceptions of support and social acceptance” (p. 304). School counselors may be the one individual located in the school that can be of support to LGBTQ students. Further, “school counselors with their developmental training, systems perspective, and commitment to diversity, are uniquely positioned to be leaders in efforts not only to provide support for students engaged in the process of recognizing and accepting their own sexual identities, but also to promote more sophisticated dialogue about issues of sexual orientation in schools” (DePaul, Walsh, & Dam, 2009, p. 300).

Substance Abuse

Research has indicated that LGBTQ youth are using substances at a high rate (Remafedi, 1987; Stone, 2003; Vare & Norton, 1998; Weiler, 2004). Espalage, Aragon, Birkett, and Koenig (2008) found that the sexual minority students reported higher levels of depression, suicidal thoughts, and feelings and alcohol and marijuana use than their heterosexual peers. This may be a particular issue for Questioning youth as they also

found that Questioning youth were teased more, used drugs and alcohol at a higher rate, and experienced more feelings of depression and suicide than either the self-identifying LGB students or those that identified as heterosexual (Espelage et al., 2008). Since “school counselors may be the first professional contact for a student with a substance abuse problem” (Burrow-Sanchez, Lopez, & Slagle, 2008, p. 280), it is important that counselors understand that LGBTQ youth are a part of this population.

Runaways, Throwaways, and Homelessness

Information on runaways, throwaways and homelessness is another import aspect to consider when discussing the LGBTQ youth population. Similar to the overall estimates of the LGBTQ youth population, estimates of LGBTQ youth who are homeless are also difficult to decipher. “While exact numbers are often hard to come by, studies going back to the 1980's have generally found that between 25 and forty percent of homeless and runaway youths are GLBT-identified (the numbers vary by region and by methodology)” (Berger, 2005, p. 24). Remafedi (1987) reported that heterosexist experiences lead to poor academic success and contributed notably to mental health issues, legal problems, substance abuse, and run-away behavior. Nearly half of the participants had run away from their homes at least one time and of those participants, half had run away repeatedly. It is important to note the distinction between an adolescent that runs away to avoid violence, abuse, and other safety concerns and the adolescent that is actually thrown out of the home by the parents (throwaway) due to sexual orientation issues (Cooley, 1998). Sexual minority adolescents are also in danger of becoming homeless as a result of the rejection experienced by both family and peers (Savin-Williams, 1994). Whether the sexual minority adolescent runs away or is thrown

out of their home, homelessness is of great concern for these individuals.

More recent research notes similar findings. Van Leeuwen et al. (2006) reported that many sexual minority youth become homeless because of the difficulties and rejection they face which can then intensify or increase their vulnerability to risk. Van Leeuwen et al. also noted that once this population is homeless, their levels of risk for victimization, unsafe sexual practices, mental health issues, drug use and other health concerns already higher than sexual majority members, are magnified. Since school counselors are asked to assist children who are homeless and at times serve as a conduit among the families, shelters and communities (Strawser, Markos, Yamaguchi, & Higgins, 2000) it stands to reason that understanding the needs of the LGBTQ population serve in further assisting homeless individuals as well.

Heterosexism

Heterosexism is defined by GLSEN (2006) as “bias against non-heterosexuals based on a belief in the superiority of heterosexuality” (p.11) while assuming that heterosexuality is the norm. Heterosexism does not just impact those identifying as LGBT individuals, it impacts heterosexual individuals as well. Rejection and victimization does not need to be directly or personally experienced in order to impact an individual greatly (Cooley, 1998; Kitts, 2005). Oftentimes, observing the heterosexist experiences of others can be enough to affect an individual deeply (McFarland & Dupuis, 2003). Due to heterosexism, many questioning and gay individuals seek to blend in with their heterosexual peers, friends and family (Cooley, 1998). LGBTQ individuals may also seek to deny or disprove their sexual orientation by dating opposite sex individuals, engaging in sexual activities with the opposite sex, or even become pregnant (Cooley,

1998; Vare & Norton, 1998). Additionally, Harrison (2003) noted that some individuals will intentionally become pregnant hoping to prove heterosexual identity, or to simply remain in hiding as an LGBTQ individual. A study examining pregnancy and sexual orientation notes that lesbian or bisexual females were more than two times as likely to become pregnant than those identifying as heterosexual (Saewyc, Bearinger, Blum, & Resnick, 1999).

Developmental concerns can be exacerbated by the individuals' decision to hide or to disclose his or her sexual orientation (Harrison, 2003). The effort exerted for hiding or denying one's sexual orientation hinders the developmental process for friendships, and dating relationships (Harrison, 2003). By keeping sexual orientation and identities secret, LGTBQ youth are denied and are denying themselves of positive role models (Harrison, 2003).

Understanding that demographic and personal characteristics position teens at risk for becoming pregnant ((McWhirter, McWhirter, McWhirter, & McWhirter, 2007) is another important factor for school counselors to consider when working with all students. Being aware of research highlighting specific concerns for the LGBTQ population can aid counselors in better assisting these individuals.

Internalized Homophobia

Homophobia is defined as "a fear or hatred of homosexuality, especially in others" (GLSEN, 2006, p.11). Research suggests that indicators of homophobia include bullying and victimization from other youth (Espelage & Swearer, 2008). Kimmel and Mahler (2008) also describe the role of homophobia in many school shootings. The feelings of hatred and discrimination can often be amplified when adolescents internalize

this hatred- also known as internalized homophobia (Lemoire & Chen, 2005). Thus, internalized homophobia is the concept of turning the hatred, discrimination, and repulsion inward, in oneself (GLSEN, 2006). This internalized homophobia that adolescents feel can increase their feelings of isolation and some adolescents may internalize homophobia to a point that they may feel it best for them to die (Cooley, 1998). Counseling can facilitate self-acceptance, which will battle the individual's internalized homophobia and assist in removing the individual's self-hatred that is so deeply rooted in the social stigmas that still exist today (Lemoire & Chen, 2005).

Family Issues

LGBTQ adolescents are at an increased risk for experiencing physical, verbal and sexual abuse in their homes as well (Harrison, 2003; Saewyc et al., 2006; Weiler, 2004). Goldfried (2001) reported that 1 out of 10 LGBTQ adolescents were assaulted physically by a family member and 1 out of 3 were abused verbally by a family member. Recent findings report that lesbians were more likely than their heterosexual sisters to indicate childhood sexual abuse and childhood physical abuse. (Stoddard, Dibble, & Fineman, 2009). Lesbian individuals in this study also reported significantly higher rates of sexual abuse as adults than did their heterosexual sisters.

Gonsiorek (1988) found that after the individual came out to family or after the family found out about sexual orientation, 22% of gay and lesbian youth reported being sexually abused by a family member. As previously noted, many LGBTQ adolescents run away, but some are even forced to leave their homes (Harrison, 2003; Weiler, 2004). Disclosure to an unsupportive family or guardian can lead to adolescents resorting to any means of supporting themselves. With their limited or nonexistent work histories, this

can sometimes mean turning to prostitution in an effort to survive (Harrison, 2003; Weiler, 2004).

School Climate

Information on school climate, school support and risk factors associated will be discussed in the following section. Information will include school responsibility to both students and parents/guardians, examples of supports, and school related risk factors such as school violence, academic concerns, and drop-out rates.

Support in School

Much research has been dedicated to exploring the lack of support in school environments for LGBTQ youth. The classroom has been named the most homophobic social institution (Remafedi, 1987) and heterosexism and homophobia has been said to saturate the U.S. system of education (Savage & Harley, 2009). With many schools potentially failing to promote awareness or even provide protection, LGBTQ individuals are denied their basic rights to a free and appropriate public education (Weiler, 2004). In 1999, when the Gay, Lesbian, and Straight Educators Network (GLSEN) examined 42 of the largest school districts in the country, they found that nearly half of the school districts received a failing grade in positive school climate for LGBTQ students (Kosciw & Cullen, 2001). The most recent school climate survey conducted by GLSEN (Kosciw, Diaz, & Greytak, 2008) stated:

In the subsequent surveys since the 1999 National School Climate Survey, we have seen very few changes in school safety for our nation's LGBT students — for many of these students, school continues to be an unsafe and even dangerous place. The majority of the students in our surveys reported being verbally harassed because of their sexual orientation or their gender expression, and a large

number of students reported experiencing incidents of physical harassment, physical assault, and sexual harassment. (p.4)

School counselors as part of entire school systems have an ethical, moral and legal obligation to provide equal protection under the law for all students and to provide equal access and opportunity to education (Weiler, 2004). LGBTQ students may not self-identify and may not be referred for services; however, these students are still present in the schools and are in need of support making school climate of utmost importance (Hansen, 2007). A 1999 Supreme Court ruling supports advocacy on behalf of LBG students (Stone, 2003). The ruling stated that school administrators could be held liable for violating federal civil rights laws if they disregarded students' sexually harassing other students in the school (*Davis v. Monroe County Board of Education*, 1999).

In *Nabozny v. Podlesney* (1996), school administrators paid almost \$1 million after a settlement in the Federal courts was reached on an issue of discrimination due to sexual orientation issues. In another case against a school that failed to protect students against heterosexual harassment, the U.S. Department of Education came to an agreement with the school system mandating that the district identify all sexual harassment issues, adopt policies related to this concept, and provide training on sexual harassment issues to all school personnel and all students (*Wagner v. Fayetteville Public Schools*, 1998).

Carroll (2010) outlines some generally agreed upon measures that schools should utilize in order to advocate for sexual minority individuals:

- Include sexual and gender minorities in school nondiscrimination policies
- Provide in-service training for school personnel on sexual and gender minority issues
- Expand the curriculum to include sexual and gender minority issues (p. 163)

Since counselors can directly influence school climate (DePaul, Walsh, & Dam, 2009; Scales, 2005), it appears as though school counselors could play an integral part in leading the initiative to increase positive school climate. Nondiscrimination policies that specifically address sexual orientation issues have also been discussed as important for schools to adopt to promote a positive school climate “non-discrimination policies provides justification for and protection of teachers and other educational professionals to deal with instances of discrimination based on sexual orientation as they arise in learning environments, including name-calling and harassment” (Savage and Harley, 2009, p.6). Unfortunately, for many school counselors and entire school districts, advocacy is quite a challenge. Nondiscrimination policies that are absent or go unrecognized in school perpetuates the notion of homophobia and heterosexism, denies an entire population of their rights, and in turn reinforces the concept that an LGBTQ individual should remain invisible (Fontaine, 1998). Given the fact that only 21 states legally ban discrimination based on sexual orientation, it is not surprising that homophobia and heterosexism remain a serious concern (Bello, 2010).

For many sexual minority students, schools seem to be unsafe as “extreme discrimination” continues (Mufioz-Plaza, Quinn, & Rounds, 2002, p.52). A 2007 GLESEN survey noted that almost half of the 6,209 LGBT students surveyed reported that in the past year they had been physically harassed at school because of their sexual orientation (Kosciw, Diaz, & Greytak, 2008). This study also reports that 71.6% of all students surveyed stated that they had been sexually harassed during the past year at school. Moreover, Fineran (2001) indicated that LGBTQ youth are more likely than

heterosexual youth to be sexually harassed at school. Thus, LGBTQ students are victims of acts of school violence and sexual harassment, and nearly one- third of the students who reported assaults of harassment to a school official or staff member state that school staff did nothing (Kosciw et al., 2008). Many issues of assault and harassment go unreported as well. Key findings from GLSEN's (Kosciw, 2008) most recent school climate study reported results in reference to student's reporting of harassment and assault in the school. They found:

- The majority of students who were harassed or assaulted in school did not report the incident to either school staff or a family member.
- Among students who did not report being harassed or assaulted to school staff, the most common reasons given for not reporting were the belief that staff would not effectively address the situation or that reporting would make the situation worse in some way.
- Only about a third of students who reported incidents of victimization to school personnel said that staff effectively addressed the problem. In fact, when asked to describe how staff responded to reported incidents of victimization, students most commonly said that no action was taken. (p. 41)

These findings are troublesome at best. Perhaps with proper training, school counselors can understand ways to intervene in issues of harassment and could also be leaders in training school officials and staff members.

When considering students in schools it is also important to consider parents and guardians as schools counselors and school systems serve them as well. It is estimated that between 6 and 14 million children of the general population have LGBT parents (Ryan & Martin, 2000). Many LGBT parents may not reveal sexual orientation to their child's school for fear of their child subsequently experiencing discrimination (Lamme & Lamme, 2002). Further, children of LGBT parents were less likely to encounter bullying

or harassment in schools in which personnel had been trained on LGBT issues (Kosciw & Diaz, 2008).

Heterosexual parents of LGBTQ are also important to consider. Research suggests that these parents have unique needs and face many challenges as well (Saltzburg, 2007). Saltzburg (2004) found that parents of sexual minority adolescents can suffer from feelings of profound sadness and the “anguish produced by this emotionally disorganized process caused parents to withdraw socially and disengage from parenting functions” (p.115). Parents also need support and resources for themselves as well as their children as they are learning to emotionally and mentally deal with the concept of their children “not mattering to the world-at-large” (Saltzburg, 2007, p. 67).

Since the study took place in Virginia, it is important to highlight the need for change and support in Virginia schools. A 2006 GLSEN study assessed students’ experiences with bullying and harassment in Virginia schools and found that bullying, harassment and name calling were serious problems in Virginia Schools. Out of the 159 respondents attending schools in Virginia at the time of the study, a majority (74%) of Virginia students reported hearing homophobic and heterosexist remarks from other students (GLSEN, 2006). Also, 54% of students reported that teachers and other school staff members rarely or never intervened when remarks were made in their presence that were homophobic, racist, or sexist in nature (GLSEN, 2006). Another concerning finding from the GLSEN (2006) study found that that 47% of students reported that bullying, name-calling and harassment in school was a serious problem- this is higher than the national average of 36%. Participants were in grades 6-12 and represented urban,

suburban, small town and rural school districts. Both public and private school students participated in the survey.

Violence

Another aspect of school climate includes research on school violence and sexual discrimination. In relation to violence in school, specifically school shootings, a national survey of adolescents' attitudes revealed that the most significant cause of school shootings was due to harassment from peers (Gaughan, Cerio, & Myers, 2001). Kimmel and Mahler (2003) analyzed school shootings and found a common denominator among the males who committed school shootings over the past 20 years. Almost all of the stories about the male perpetrators outlined that they had been constantly harassed verbally and physically and in most instances they were harassed in regards to sexual orientation issues (Kimmel & Mahler, 2003). Perpetrators may have been tormented not even because they identified as gay, but because they appeared and acted *differently* from that of their male peers—"shy, bookish, honor student, artistic, musical, theatrical, nonathletic, or weird" (Kimmel & Mahler, 2003, p. 1445).

The Columbine shootings highlight the influence of heterosexism and homophobia in relation to school climate. When asked about the perpetrators, one student reported:

Sure we teased them. But what do you expect with kids who come to school with weird hairdos and horns on their hats? It's not just jocks; the whole school's disgusted with them. They're a bunch of homos...If you want to get rid of someone, usually you tease 'em. So the whole school would call them homos. (Gibbs & Roche, 1999, p. 48)

Interestingly, Kimmel and Mahler (2003) noted that one of the Columbine perpetrators

himself revealed that he (and the other perpetrator) had been verbally picked on and harassed for years “by being called ‘queer’, ‘faggot’, ‘homo’ ...and by being mimicked and ridiculed with homophobic slurs” (p. 1448) . They were also physically assaulted “by being pushed into lockers, grabbed in hallways” (p. 1448). Another Columbine student reports that students would also hit the two with bottles and rocks thrown from moving cars (Kimmel & Mahler, 2003). Understanding the role homophobia and heterosexism plays in aspects of school violence is imperative since “school counselors can expect to take on leadership roles in times of crisis due to their expertise” (Fein, Carlisle, & Isaacson, 2008).

Homophobia and heterosexism seem to be a prevalent form of harassment. Bullying and victimization of peers includes homophobic epithets directed at heterosexual individuals as well as LGBT youth (Espelage & Swearer, 2008; Swearer, Turner, Givens, & Pollack, 2008). Additionally, Uribe and Harbeck (1992), report that individuals assumed to be homosexual were harassed by not only peers but also teachers in elementary school. Participants reported that these experiences got worse when they entered secondary school. Further, Savage and Harley (2009) state “not only is high school culture not tolerant of sexual minorities, it is complicit in intolerance, violence, and murder, and coming out may be out-right dangerous” (p. 2).

Kimmel and Mahler (2003) also note that discrimination can often be directed at heterosexual individuals who may also be perceived as different. Thus, homophobia and heterosexism, being harassed physically and verbally, and wanting to prove one’s heterosexuality to others may play a role in school shootings.

Academic Considerations

Considering the safety concerns these individuals face, it is unclear how much information they are able to learn and understand when they actually are present in school. Quite possibly due to truancy or other issues, students' grades are also reported to be lower in some instances. Of students who endured frequent harassment due to sexual orientation, their grade point averages were almost half a grade lower than students who were harassed less often (Kosciw et al., 2008). LGBTQ students are also at an increased risk of dropping out of school. Cooley notes that truancy and dropping out behaviors are coping strategies felt necessary by LGBTQ adolescents because schools are not safe (1998). Bart (1998) discusses the estimated dropout rate for LGBTQ individuals is 3 times the national average.

Truancy

LGBTQ adolescents have a difficult time in school academically as well as socially and emotionally. Research indicates that LGBTQ adolescents are avoiding school in general, whether missing particular classes or entire school days (Kosciw et al., 2008). In GLSEN's (2007) study on national school climate, 31.7% reported missing a class within the last month due to safety concerns compared to only 5.5% of a national sample of students and 32.7% reported missing an entire day of school within the last month due to safety concerns compared to a national sample of students at 4.5% (Kosciw et al., 2008). Further, the likelihood that a student would miss school due to feeling unsafe doubled if the student had experienced high incidences of verbal harassment in relation to sexual orientation (Kosciw et al., 2008). The likelihood that a student would miss school due to feeling unsafe nearly tripled if the student had experienced high

incidences of physical harassment in regards to sexual orientation (Kosciw et al., 2008).

Given the rates of truancy due to safety concerns, one can assume that these individuals are being denied their right to education (Kosciw et al., 2008; Weiler, 2004). It also seems as though drop-out rates for sexual minority individuals may be related to the issues of truancy and lower grade point averages resulting from the heterosexism and violence they experience.

Drop-Out Rates

Drop-out rates are also higher for sexual minority individuals. The number of LGBT students who did not plan on pursuing college or any type of post secondary education was nearly twice that of the national student sample. Also significant is the fact that 41.5% of students who reported high incidences of physical harassment did not plan on attending college compared to the 30.1% of individuals not reporting high incidences of physical harassment (Kosciw et al., 2008).

Summary

Risk factors affecting the sexual minority population are many. Sexual minority adolescents are at an increased risk for depression, suicide, psychiatric care and hospitalization, poor school performance, truancy, running away, substance abuse and high-risk behavior for contracting STD's (Stone, 2003; Vare & Norton, 1998; Weiler, 2003). Heterosexism in our schools impacts sexual minority youth and heterosexual individuals as well (Kimmel & Mahler, 2003). Schools have an ethical, moral and legal obligation to provide support and protection for all students and face many challenges in this process (Weiler, 2004).

Counselor Competency

The American Counseling Association and the American School Counseling Association are clear in regards to counselor responsibility for LGBTQ individuals. Both state that counselors assist students in self discovery and are available to help in development of a strong, positive personal identity which includes cultural identity (ACA, 2000; ASCA, 2007). The ASCA 2007 position statement on sexual orientation also states that counselors are to encourage respect and uphold equal opportunity for all students regardless of sexual orientation and “it is not the role of the professional school counselor to attempt to change a student’s sexual orientation/gender identity but instead to provide support to LGBTQ students to promote student achievement and personal well-being” (ASCA, 2007, p. 29). The ASCA Ethical Standards (2004) also indicates that each student has the right to respect, support, and advocacy from a school counseling program that includes and affirms all students regardless of “sexual orientation, gender, or gender identity/expression” (p.1). The standards also discuss the PCS’s responsibility to gain education and training that will:

improve awareness, knowledge, and skills and effectiveness in working with diverse populations: ethnic/racial status, age, economic status, special needs, ESL or ELL, immigration status, sexual orientation, gender, gender identity/expression, family type, religious/spiritual identity and appearance. (p. 4).

Not only are school counselors responsible for their own education and training, as previously discussed, but some researchers note that school counselors should be involved in prevention and providing direct training to school staff and assisting them in understanding issues related to LGBTQ youth (Black & Underwood, 1998). However,

such prevention and training efforts are difficult when many of our counselors have not been trained in this area.

Multicultural competency and training specific to sexual minority concerns are lacking. Callahan (2001) notes that an essential place to start in training is for counselors to be educated about homosexuality. She goes on to mention that while most counselors receive training specific to the concerns of youth, few counselors have had specific training for counseling LGBT students. In addition, Bieschke, Paul and Blasko (2007) note

that in order for mental health professionals to be truly affirmative, more than a superficial understanding of LGB issues is necessary. This clearly has implications for training....Training focused on competence with LGB clients must include self-examination of one's biases as well as one's skills. (p. 311).

Knowledge, Awareness, and Skills

Ethical counseling practice is dependent on the counselors' awareness of their attitudes toward individuals from minority groups. "Without such knowledge, neither clients nor counselors may comprehend the potential effect of less-than-affirming attitudes or inadequate training" (Matthews & Bieschke, 2001). This relates specifically to sexual orientation and is an area in need of more research. This topic was addressed in 1991 by Buhrke and Douce in which they indicated that negative attitudes toward gay men and lesbian women held by counselors are not only undesirable but may in fact be damaging to the clients. Additionally, these less than supportive counselors may in fact misdiagnose these individuals due to their own lack of understanding of psychological or developmental issues specific to this population (Buhrke & Douce, 1991). A more recent

examination of this topic furthers establishes the need for attention. “Furthermore, counselors who neglect to acquire knowledge, skills, and awareness in working with LGBT individuals are flirting with serious ethical breaches, including inflicting harm on a vulnerable client population” (Walker and Prince, 2009, p. 6). Being aware of the specific issues and being educated about specific ways to assist these individuals enable school counselors to be more effective clinicians (DePaul, Walsh, & Dam, 2009).

Possessing knowledge, awareness and skills for working with LGBTQ individuals is ethically imperative given the detrimental consequences and risk factors discussed. Many issues warrant careful consideration for this population. For example, pressuring individuals to come out to others can be detrimental (Lemoire and Chen, 2005; Gagne, Tewksbury, & McGaughey, 1997). Possible repercussions such as familial and peer rejection, financial and emotional consequences because of rejections, violence, and other concerns are all issues related to the coming out process (Gagne, et al., 1997; Harrison, 2003). Parents and Friends of Lesbians and Gays (1994) noted that a breach of confidentiality by counselors in regard to sexual orientation has led some LGBTQ individuals to suicide (as cited in Black & Underwood, 1998). A negative coming out experience can lead to increased feelings of rejection that can increase mental and emotional distress and risky behaviors (Lemoire & Chen, 2005). In regards to the coming out process, it is also important to consider that when adolescents are at this point, it is essential that they are provided with a safe atmosphere. Given these consequences, understanding the needs of this population may equip counselors and educators to provide the support system needed to promote success for these students (Callahan, 2001).

In a study on sexual discrimination and teasing among high school students, positive school atmospheres and parental support served as protective features against drug use and depression for sexual minority youth (Espelage et al., 2008). Sexual minority youth who have support from parents and peers are found to have less mental health concerns when compared to LBG youth without these protective features (D'Augelli, 2002, 2003). Tharinger and Wells (2000) support this as well, noting that family and schools provide support and a connectedness that serve as aspects of positive outcomes for sexual minority youth. However, Murdock and Bolch (2005) note that having parental and peer support alone was not effective in minimizing the effects felt from a negative school environment. Other researchers note that peers and non-family adults were found to be more supportive to sexual minority youth than family members as many participants indicated having not come out to family and/or friends due to fear of rejection (Mufioz-Plaza, Quinn, & Rounds, 2002). Espelage et al. (2008) found that having positive, supportive school atmosphere is a critical protective feature for LGBTQ youth and can decrease behavioral issues and negative psychological issues. School counselors can provide this support in the schools and can assist others in this initiative as well.

Developmental Aspects

Other considerations for facilitating counselor competency include understanding the ways in which LGBTQ individuals have been impacted developmentally. It is crucial to note that this process can be hindered and complicated when the individual is constantly exposed to heterosexist, oppressive and unsafe school atmospheres (Tharinger & Wells, 2000). For example, sexual minority individuals have little or no chance to take

part in dating relationships, friendships, or to develop intimate relationships in the same manner in which heterosexual adolescents are permitted (Deisher, 1989; Schneider, 1989). Instead, LGBTQ individuals are often “forced to explore their sexuality secretly” (Macgillivray, 2000, p. 309). In terms of development, experiences of heterosexism, discrimination, and harassment play a major role in how an individual develops, how their process of development occurs (Chung & Katayama, 1998) and how they view themselves and their sexual orientation (MacGillivray, 2000).

Counselors’ Role

Schools have a unique position as one of the few institutions that almost all LGBTQ students must attend. LGBTQ students are present in these institutions whether the schools recognize them or not. School counselors have a unique opportunity to facilitate growth, awareness, knowledge and understanding so that both sexual minority and heterosexual individuals can learn and develop in a positive school environment. Doing this not only assists in dispelling myths about LGBTQ individuals, it also supports more accurate understanding. This function is not only for the good of the school and the students, but also for the good of society (Black & Underwood, 1998; Weiler, 2005). Also, research results suggest that schools may in fact be a fundamental location for intervention geared towards assisting sexual minority youth because many peer and school related factors are significant sources of symptoms for depression and suicidal ideation (Teasdale & Bradley-Engen, 2010).

Callahan (2001) discusses the legal and ethical obligations schools have in assisting these students. “Through effective prevention efforts, school personnel can reduce violence against gay and lesbian students and can assist these students in

achieving their full academic and social potential” (Conclusion section, ¶ 19). As previously noted, having a supportive adult present in the school can serve as a protective factor for sexual minority youth (McCabe & Robinson 2008).

It is essential that these individuals have supportive school counselors and are afforded the same opportunities that other students and minority groups are afforded (Pope, Bunch, Szymanski, & Rankins, 2003). Black and Underwood (1998) noted that educational institutions perpetuate heterosexism by refusing to institute support and advocacy that would assist in increasing positive school atmospheres and by refusing to address and protect LGBTQ individuals from prejudice, discrimination, and abuse in the same manner in which they protect other oppressed groups. Having nonbiased school counselors who advocate for the success of all students can provide support and assist in normalizing, not alienating, this minority population. It can also aid in the personal, social and educational development of these students. Identity validation and normalization facilitate the process of building coping mechanisms that allow these adolescents to deal with stigma management (Lemoire & Chen, 2005). Stone (2003) emphasizes that society and family support have a very important role in successful identity development. This support provides the normal vital relationships that most heterosexual students have, but most LGBTQ youth often find inaccessible (Stone, 2003).

The need for supportive and accepting counselors and educators is evident. Over 20 years ago, research indicated that 50% of LGBTQ individuals have been unsatisfied and displeased with the counseling received, due not only to the counselors’ lack of understanding of homosexual concerns but also due to the negative and heterosexist attitudes held by the counselors (Rudolph, 1988). Many LGBTQ individuals end up

terminating their counseling after just one counseling session (Rudolph, 1988). These statistics are extremely concerning especially when taking into account that lesbians and gay males are two to four times more likely than heterosexual individuals to seek counseling (Rudolph, 1988). More recent research indicates that sexual minority individuals, specifically lesbians, noted that they did not view their counselors as competent clinicians in terms of multiculturalism (Hunt, Matthews, Milson & Lammel, 2006). This study also noted that most lesbian individuals reported a lack of knowledge from their counselors about their particular culture (sexual orientation). Stereotypical attitudes and heterosexism from their counselors were also reported (Hunt et al., 2006).

Counselors must be aware of the beliefs and attitudes they hold and bring with them into the counseling relationship. “Inherent within the training process is the need to understand their attitudes toward homosexuality and sexual minorities, as well as the therapeutic implications of their positions and actions” (Kissinger, Lee, Twitty, & Kisner, 2009). Unbiased and informed counselors can begin the process of self-acceptance and understanding in LGBTQ individuals (DePaul, Walsh & Dam, 2009; Gonsiorek, 1988). Further, “the relational aspect of individual counseling allows for a restoration of the capacity for interpersonal authenticity in adolescents who may have presented false selves to the world for some period of time” (DePaul, Walsh & Dam, 2009, ¶ 38).

Counselor Bias

In a study examining the legal and ethical aspects of refusing to counsel sexual minority individuals, a 2001 case in a federal appeals court upheld an employer’s decision to terminate a counselor after the counselor requested to not counsel a client due to the client’s homosexual orientation clashing with the counselor’s religious beliefs.

Further, the court noted that clients could be harmed emotionally when a counselor refused to counsel a client because of concerns about homosexuality (Hermann & Herlihy, 2006).

Another bias noticed among counselors consists of gender biases with regards to the LGBTQ population. In a 2007 article, Bieschke, Paul, and Blasko reviewed empirically based research focused on the experiences of LGB clients in counseling and psychotherapy. They noted that researchers have identified gender differences in attitudes toward LGB clients. Further, this article synthesizes and discusses multiple research studies indicating that when working with individuals of a sexual minority, male therapists have less affirming attitudes than females. Since little to no literature exists evaluating the effects of a training on counselors' knowledge, awareness and skills, demographic variables will be examined for this study.

Important for all counselors to note is that LGBTQ individuals are aware of the bias historically held by the profession in regard to homosexuality and are aware that this belief is still held by many counselors in the field. There is a possibility that because of these previously held beliefs by many LGBTQ individuals will disclose less about the depth of their despair whether in regard to depression, substance abuse issues or suicidality (Carroll, Gilroy, & Ryan, 2002).

LGBTQ Individuals and School Counselors

Counseling can begin the process of understanding and recovering many aspects of identity that can cause psychological stress and mental health issues among LGBTQ individuals (Lemoire & Chen, 2005). Meeting the needs of LGBTQ students in the school setting appears to be greatly ignored up to this point (Macgillivray, 2000).

Unfortunately, school counselors seem to play a role in this lack of support. It has been reported that two-thirds of school counselors held negative attitudes towards homosexuality (Fontaine, 1998). Even though educators and counselors may believe that they display a non-biased, non-judgmental deportment, their negative and heterosexist beliefs, feelings and attitudes are often still communicated in subtle ways (Fontaine, 1998). However, as noted by Frank and Cannon (2009), school counselors may possess the desire to help LGBTQ students but may not know how to properly do so.

As individuals in the helping profession, the main ethical duty is to do no harm to clients. It is hoped that challenges can be faced and supports can be implemented to assist schools in serving all of their students. Especially important for school counselors is the fact that LGBTQ individuals are more likely to disclose their sexual orientation to school counselors than they are to any other school staff member (Harris & Bliss, 1997). It is necessary for helping professionals, especially school counselors, to advocate for this support for all students and create a safe environment in the school for all students (ASCA, 2005).

A search for empirically based studies conducted on school counselors' knowledge, awareness and skill as related to working with the LGBTQ population revealed few studies. Telljohann and Price (1993) found that out of 289 school counselors surveyed, 41% felt that schools were not doing enough to create a positive school climate in order to assist lesbian and gay students. Fontaine (1998) found in a follow up study, that of the junior/senior high school counselors surveyed, 51% reported having contact with a student presenting with sexual orientation issues and 21% of the elementary school counselors surveyed reported seeing students with similar concerns.

Interestingly, Fontaine noted that of the school counselors who reported negative feelings toward the subject of homosexuality, all had not had a student presenting with sexual orientation issues.

Understanding the needs of this population will help counselors and educators to assist these individuals to provide the support system needed for LGBTQ students' success. The degree to which LGBTQ adolescents have supportive and understanding relationships with others and develop positive coping skills will impact their success in adapting to the stigmas they will inevitably face (Lemoire & Chen, 2005). As research indicates, adolescents that are questioning their sexual orientation must have their thoughts and feelings understood and normalized in the same manner as those self identifying as LGBT (Lipkin, 1999). School counselors may be the only person with whom the adolescent feels it safe to discuss these sometimes terrifying and very perplexing thoughts and feelings (Cooley, 1998). These supportive relationships fostered by school counselors may greatly impact quality of life and serve as a protective factor for many LGBTQ individuals (Goodenow et al., 2006; Teasdale & Bradley-Engen, 2010).

Counselor Training and Educational Concerns

Many considerations for counselor training will be discussed in the following section. Other educational concerns will also be outlined. The current state of LGBTQ training will be examined in regards to school counselors. Educational concerns effecting counselor training programs and counselor educators will also be discussed. Following, elements needed for training addressing the constructs of knowledge, awareness and skill will be offered. Lastly, limitations of the extent research and

research on trainings is presented.

LGBTQ Training and School Counselors

As previously discussed, research suggests that school counselors may possess negative attitudes about sexual minority individuals, however, school counselors are not completely to blame as few graduate programs provide training in this area (Frank & Cannon, 2009). Clinical graduate training programs have an ethical responsibility to provide knowledgeable and ethical training for students. Training and education should include information on clients that identify as lesbian, gay, bisexual, transgender and/or questioning (LGBTQ). As previously noted, in Fontaine's 1998 study, all of the school counselors who reported negative feelings toward the subject of homosexuality reported that they had not previously worked with a LGBTQ student. This could indicate a lack of recognition of LGBTQ students in the school (Goodrich & Luke, 2009). Students may avoid individuals who are not receptive to their sexual orientation issues. Or the counselors may avoid the topic or choose not to acknowledge orientation issues. Jeltova and Fish (2005) point out:

school staff who may not be very clear about what constitutes antigay harassment and who, therefore, may tolerate antigay behaviors in their students and colleagues will feel that they have firm ground for objecting to these actions once they are educated and trained on how to respond to discriminatory behavior.
(p.25)

Providing a training can assist school personnel in understanding discrimination in regards to sexual orientation and can assist staff in addressing these issues (Singh & Burnes, 2009). While little is known about sustainability of 3 hour training programs, this study seeks to provide a beginning to this and other research initiatives.

Since most counselors will work with individuals who are LGBTQ, it is necessary

to train counselors for practicing ethically. Research supports the fact that school counselors are provided little or no training in regards to knowledge about advocating for LGBTQ individuals, “Regrettably, graduate programs have been notably deficient in exposing students to the issues facing sexual minorities” (Kissinger, Lee, Twitty, & Kisner, 2009, p. 899).

School Counselor Education

The majority of graduate training programs do not have specialized training or course work for working with LGBTQ individuals (Fassinger & Richie, 1997). Kocarek and Pelling (2003) state little training is available by counselor training and education programs for work with LGBTQ individuals and those trainings that are available are likely not required. Practicing counselors and counselors in training have reported a lack of training when it comes to LGBTQ issues (Bidell, 2005; Burke, 1998). Burke found that close to 30% of the participants had not had training in their doctoral training programs in regards to lesbian and/or gay issues. Further, researchers have called upon the counseling profession to take action on such lack of training and address this in graduate programs (Savage, Harley, & Nowak, 2005).

As noted, some information on training counselors in regards to specific LGBTQ issues exist, however, not much exists in the literature in terms of how counselor educators can support SCTs to increase knowledge, awareness and skill as these concepts relate to working effectively with LGBTQ students (Goodrich & Luke, 2009).

Additionally, Kissinger et al. (2009), discusses that many faculty and supervisors have received limited training in relation to sexual minority and multicultural issues as well. This article points out that while all supervisors are not necessarily an employee of the

college or university, they are imperative to training programs.

In essence, faculty and other professionals engaged in the formal education and training of mental health professionals must actively and consistently seek out the education and experiences necessary to ensure future mental health practitioners enter the workforce prepared to address the needs of an increasingly diverse society. (p. 900)

In terms of supervision, Burkard, Knox, Hess, and Schultz (2009) point out that 15 out of 17 participants noted having at least one nonaffirming LGBTQ experience during their graduate training. When supervision was affirming, a positive effect was noted in that the supervision “facilitated the development of a positive supervision relationship” (p. 187). Likewise, when nonaffirming supervision was conducted, it had harmful effects and “resulted in an impasse during supervision” (p.187). These participants also noted an oppressive or biased view of LGBTQ concerns from supervisors. This study also pointed out that the participants indicated inconsistent and nonexistent training in regards to LGBTQ issues.

Conoley (2008) notes that negative attitudes towards LGBT individuals are in some cases perpetuated by adults and in turn, are negative models for children and adolescents. However, these negative attitudes permeate our society and unless educators have specifically examined their values related to LGBTQ individuals and all children’s right to a safe and healthy school environment, these negative attitudes will remain (Conoley, 2008).

The ACA (2005) code of ethics F.6.b. states that counselor educators are to make students aware of responsibilities and that counselor educators are to “infuse material

related to multiculturalism/diversity into all courses and workshops for the development of professional counselors” (p. 15). These ethical standards also assert that school counselors need training to increase knowledge, awareness and skills as related to sexual orientation issues. It is necessary to assist SCTs in understanding and being aware of personal values and their effects within the client-counselor relationship. Another aspect of training involves addressing issues that could harm a client such as heterosexism. Rainey and Trusty (2007) discuss the responsibility of counselor educators to watch for and point out heterosexual biases and heterosexism and discuss the impact these attitudes have on the client, the counseling relationship, and the counselor’s ethical responsibilities. Further, Greene (2007) states “Perhaps the most persistent ethical and clinical problem in the treatment of LGB clients is the problems of antigay bias. Professional incompetence and lack of training to provide culturally informed and competent services represent other challenges” (p. 196).

Greene (2007) points out that antigay attitudes are not necessarily alleviated by professional training. She states that “heterosexist thinking and behavior can be exacerbated by training that either ignores LGB issues or attends to them but reinforces old distortions” (p. 182). Therefore, training that addresses the three main components of multicultural counseling are imperative. As pioneers in developing the concept of multicultural competency, Sue (1998) and Sue (et al., 1982) discuss the importance of knowledge, awareness and skills as the three domains of multicultural counseling. Knowledge and training have both been associated with more positive attitudes toward sexual minority individuals (Kim, D’Andrea, Poonam, & Gaughen, 1998). A link between positive alterations of attitudes and a decrease in prejudice and homophobia has

also been found (Sue & Sue, 1990). A training model for multicultural competency that includes knowledge, awareness and skill is promoted by Pedersen (2000) and involves a progression from one component to the next. Further, Pearson (2003) outlines

Multicultural awareness affects and is affected by knowledge and skills.

Knowledge-based training involved lectures, professional reading material, training videos, or group discussion that provides information on a number of topics including the following: models of LGB identity development, struggles associated with coming out, historical factors of the sociopolitical context, effects of heterosexism and homophobia, and issues for LGB couples” (p. 298).

It appears as though a training addressing all of these components while focusing on knowledge, awareness and skills is a necessary place to start in assisting SCTs and PSCs in becoming more competent in this area. As noted trainings that have not involved accurate unbiased information and/or has not offer multiple components (e.g., information giving, activities, small and large group discussion) and have not focused on the three domains of competency (knowledge, awareness and skill) have yielded troublesome results. The current study seeks to address these issues.

Training and Knowledge, Awareness and Skills

Pearson (2003) calls attention to the lack of recent literature discussing the need for training in the area of sexual minority issues. He states that although this need was recognized in the late 1980's and early 1990's, more recent literature merely repeats those assertions and furthers the need for progress. “The debate in the counseling literature is no longer *whether* to include training on LGB issues but *how*” (Pearson, 2003, p.293). While infusing education and issues in all classes and outlining specifics in multicultural classes is vital, this may not enough to address specific training needs in regards to LGBTQ individuals. A separate workshop or seminar including educational

components and experiential activities in addition to the previously mentioned educational endeavors is an important part of effective training (Phillips, 2000). Pearson (2003) notes that “regardless of the training format, activities and assignments that focus on awareness, knowledge, and skills should be incorporated” (p.298).

Many elements are needed for a training geared at addressing knowledge, awareness and skills. It is felt that the GLSEN Safe Space Training addresses all of these integral parts. Components shown to be successful in increasing knowledge, awareness and skills consists of self-reflections of beliefs and attitudes held about LGBT individuals (Dillion et. al 2004). Exploring early messages one received as a child about LGBT individuals and challenging beliefs and/or biases held is another important piece of training (Pearson, 2003). Acknowledging and discussing benefits and challenges to coming out (Callahan, 2001) and exploring anti LGBT bias, homophobia and heterosexism (Phillips, 2000) are other crucial parts to the training. The GLSEN Safe Space training does all of this and more while asking participants to be reflective, share in small groups, and large groups if desired. The sharing process can further learning from others and can assist in providing participants with more information.

Incorporating training that specifically addresses skill building and competency can include role-playing exercises and case studies (Pearson, 2003). DePaul, Walsh and Dam (2009) discuss the importance of school counselors’ role in educating teachers and school staff on issues related to sexual minorities. They address the school counselors’ role in teaching staff how to intervene when the common saying “that’s so gay” is used and how not responding to such comments from students can appear to perpetuate homophobic ideas. They also note that the response to this common phrase need not

stifle conversation or make students feel as if discussing LGBTQ issues is inappropriate. However, such techniques can be nonexistent if school counselors have not been educated or trained in such areas. The information presented in the GLSEN training does just that and asks participants to role play responses to homophobic remarks or behavior.

Another component of education and training specific to LGBTQ issues deemed important is information for counselors on breaking the silence about heterosexism, prejudice, and homosexuality (Callihan, 2001). The GLSEN training calls participants' attention to the importance of language and use of terminology. Specifically, the training guide discusses the importance language has on how individuals view and understand themselves and also on how individuals discuss and describe concepts in correct and respectful ways. The purpose of one of the activities in the training is to introduce these concepts and help participants understand terms related to LGBTQ individuals and become familiar and comfortable with these concepts. This is an important activity in the training and can promote positive school climate by assisting school counselors in understanding terminology, pointing out the importance of inclusive language, and challenging stereotypes (DePaul, Walsh & Dam, 2009).

Limitations in Current Research

Although research indicates that training is necessary to increase knowledge, awareness and skills, little research has been done on the effects of training school counselors in regard to sexual minority youth (Pearson, 2003). Some literature indicates positive relationships between knowledge, awareness and skill for those who have attended trainings, but this information is typically conceptual in nature. Stacher and Leggett (2007) found that among the professional school counselors surveyed, positive

attitudes toward LGBTQ individuals were associated with individuals who had attended a training about sexual minority individuals. With such daunting statistics indicating that suicide is the third leading cause of death among all 10-24 year olds and the second leading cause of death among all 25-34 year olds (DHHS, 2004), training is imperative. However, much of the current literature on LGBTQ issues and training clinicians is conceptual in nature. To date, there is only one known empirically based study that examines the effects of a Safe Space training for counselors. Another important study focused on increasing information and accessing attitudes will also be discussed.

Research on Training Programs

Finkel, Storaasli, Bandele, and Schaefer (2003) evaluated a ‘Safe Zone’ (note: another terms for safe space) training. This was the first empirically based study to implement and evaluate an actual training. No specific research questions are outlined and the study states “in the present quantitative investigation, we describe the implementation and effectiveness of Safe Zone training as adapted for students, faculty, and staff at the University of Denver’s Graduate School of Professional Psychology” (p. 556).

The article briefly explains the two training sessions, but does not specifically outline methods or the research approach and design. Participation and information on how the data are collected is minimal. Detailed description of the data analysis used in this study is not provided. Percentages of results were reported in terms of the students’ intention statements as to what percentage achieved all three intentions, two intentions and so forth. Specifically, students outlined specific actions of “I intend” statements that addressed specific LGBT affirmative actions they would do before their next training

session. No type of statistical analysis is documented.

In addition to limited information on research questions, methods, measures, and other important aspects of research, several other limitations were apparent in the Finkel, et al., study. Limitations include: lack of a control group, researchers playing multiple roles, no measure of participants follow through on the goals they set, and the use of the Riddle Scale (Wall, 1995) was not used in the pre-test/post-test fashion. It was also noted that psychometric properties of the Riddle Scale could not be located.

Based on the lack of empirical research currently available on trainings for school counselors working with LGBTQ students in general and Safe Space specifically, the present study aimed to fill this gap through an examination of the impact of Safe Space on school counselors' awareness, knowledge, and skill with LGBTQ student clients in the K-12 school setting.

Another important study to consider "compared the effects of information based and attitude base interventions on counselor trainee's knowledge about and attitudes toward lesbian, gay and bisexual clients" (Israel & Hackett, 2004). This study focused on increasing knowledge and attitude of counselors. However, just increasing knowledge and attitude is not enough and had yielded troublesome results for research considerations. This 2004 study compared the effects of information-based and attitude based interventions on counselor trainees' knowledge of attitudes toward LGB individuals found that the participants included in the attitude based intervention (effect size $n^2 = .14$) indicated more negative attitudes after the intervention than the participants who did not undergo attitude based interventions (Israel & Hackett, 2004). The researchers suggest that perhaps these particular participants did not actually subscribe to

the positive attitudes their pretests scores suggested and the attitude based intervention enabled participants to report attitudes more reflective of the ones actually held. The researchers go on to note that more accurate acknowledgement of attitudes held is an imperative step in exploration and change.

While seeking to understand how to best assist counselors in training, this study provides necessary information. It appears as though perhaps pretest scores attained were not accurate as a 7 item instrument was used to examine pretest levels and three different instruments were used to test post-test measures. Perhaps issues with instruments exist since the same instruments were not used to examine pretest and post- test scores. The Israel and Hackett (2004) study is imperative to understanding training considerations. It is because of this 2004 study that the particular design used in the current study was selected (i.e. one that examined all three domains of knowledge, awareness and skill). The Israel and Hackett study provided necessary information, but still more is needed and a further investigation into a training is desirable.

The current study on training sought to gain accurate representation about participants' levels of knowledge, awareness and skills at pretest by assessing the relationship between the two instruments used (POI and SOCCS). By doing so, it was hoped that an accurate and/or more realistic view of pretest measures was attained and therefore would make results more trustworthy.

Summary

Stone (2003) calls for school counselors to have professional development in regards to understanding what makes a school environment negative and how to promote a positive school climate that supports all students and provides all with the equal

opportunity to learn, grow and develop. “Counselors in schools have the daunting but imperative obligation to become social activists for gay, lesbian and bisexual students, because these students may well be the most stigmatized members of the school environs” (p. 145). In order to provide students with the protective features known to decrease mental health issues, counselors need to be trained in how to advocate and provide a positive school climate for LGBTQ youth.

Although research indicates that multicultural competency includes knowledge, awareness, and skill, little research exists on what is effective with promoting this competency in relation to sexual minority youth (Pearson, 2003). Much of the available literature is conceptual. Empirical based studies are lacking in regards to this topic. Some of the research that does exist yields mixed results. However, what is resounding in the literature is research outlining many risk factors associated with heterosexism, which lead to sexual minority youth being more susceptible to abuse, violence, harassment, drug use, depression, and risky sexual behavior (Kosciw, Diaz, & Greytak, 2008). Yet research has also indicated that supportive school climates may play a protective role in the lives of LGBTQ youth (Goodenow et al., 2006; Teasdale & Bradley-Engen, 2010).

Due to the current research supporting a training consisting of multiple components (Finkel et al., 2003) and the research presenting somewhat mixed results (Israel & Hackett, 2004) coupled with the general lack of research in this area (Pearson, 2003), an increase in understanding training needs appears necessary. Considering the dire outcomes for LGBTQ youth are compelling reasons to examine whether this type of training can make a difference. Providing PSCs and SCTs with training specific to the

needs of sexual minority youth is essential.

CHAPTER THREE

METHODOLOGY

A historical estimate states that sexual minority individuals make up an estimated 10-15% of the population making this group one of the largest minority groups (Kinsey, Pomeroy, & Martin, 1948). A more recent analysis stated that it is estimated that 8.8 million individuals in the U.S. identify as gay, lesbian, or bisexual (Gates, 2006) however, questioning and transgender individuals were not included in this estimate. It is unclear if adolescents were included in the previous statistics and has been estimated that among adolescents, LGBT individuals make up 10% of the population (Savage & Harley, 2009). Harrison notes that although some adolescents experience same-sex attractions, not all will self identify as LGBTQ (2003). Therefore, the estimates that are currently accepted are limited at best to including only those who have self-identified.

LGBTQ adolescents face many challenges and are at a disproportionate risk for depression, suicide, psychiatric care and hospitalization, poor school performance, truancy, running away, substance abuse, and the high-risk behavior associated with contracting STD's (Stone, 2003; Vare & Norton, 1998; Weiler, 2003). Fifteen studies conducted within the last 25 years have shown suicide attempts in the range of 20-40% among gay adolescents (i.e., Borowsky et al., 2001; D'Augelli et al., 2001; Lock & Steiner, 1999; Garofalo et al., 1999; Goldfried, 2001; Gould et al., 2003; Heimberg & Safren, 1999; Paul et al., 2002; Remafedi, 1999; Russell & Joyner, 2001; Udry & Chantala, 2002). This is a much higher rate than that of their heterosexual peers with

some estimates actually reporting an increase of up to six times higher than heterosexual adolescents (Cook, 1991). LGBTQ students who felt that there was no adult present in the school that they could talk to were more likely to not only have been threatened at school but to have attempted suicide *numerous* times in the previous year (Goodenow et al., 2006).

Substance use is also an issue for LGBTQ youth as research suggests that these youth are using substances at a high rate (Remafedi, 1987; Stone, 2003; Vare & Norton, 1998; Weiler, 2003). Remafedi reported that heterosexist experiences lead to poor academic success and contributed notably to mental health issues, legal problems, substance abuse, and run-away behavior. Remafedi also found nearly half of the participants had run away from their homes at least one time and of those participants, half had run away repeatedly. More recent research indicates that many sexual minority youth become homeless because of the difficulties and rejection they face which can then intensify or increase their vulnerability to risk (Van Leeuwen, et al., 2006). Research also suggests that indicators of homophobia include bullying and victimization from other youth (Espelage & Swearer, 2008).

LGBTQ adolescents are at an increased risk for experiencing physical, verbal and sexual abuse in their homes as well (Harrison, 2003; Saewyc et al., 2006; Weiler, 2004). Gonsiorek (1988) found that after the individual came out to family or after the family found out about sexual orientation, 22% of gay and lesbian youth reported being sexually abused by a family member.

In terms of academic considerations, students who endured frequent harassment due to sexual orientation have grade point averages almost half a grade lower than

students who were harassed less often (Kosciw et al., 2008). Truancy is also an issue for LGBTQ students. Research indicates that LGBTQ adolescents are avoiding school in general whether missing particular classes or entire school days (Kosciw et al., 2008). LGBTQ students are also at an increased risk of dropping out of school. Bart (1998) discusses the estimated dropout rate for LGBTQ individuals are 3 times that of the national average.

Rationale

Much literature and research has explored the lack of support in school environments for LGBTQ youth (DePaul, Walsh & Dam, 2009; Fineran, 2001; Kosciw, Diaz, & Greytak, 2008). The classroom has been named the most homophobic social institution (Remafedi, 1987). With many schools failing to promote awareness and protection, LGBTQ individuals are denied their basic rights to a free and appropriate public education (Weiler, 2004). Schools have a unique position in that they are one of the few institutions that almost all LGBTQ students must attend. School counselors have a unique opportunity to facilitate growth, awareness, knowledge and understanding so that both homosexual and heterosexual individuals can learn and develop in a positive school environment. By providing accurate information and discussing concepts related to sexual minorities, this can assist in dispelling myths about LGBTQ individuals and can help support accurate perceptions that can then be understood and perpetuated for the good of the school, the students, and for the good of society (Black & Underwood, 1998; Weiler, 2005).

It is essential that these adolescents have supportive counselors and are afforded the same opportunities that other students and minority groups are afforded (Pope,

Bunch, Szymanski, & Rankins, 2003). As noted in Black and Underwood's work (1998) educational institutions perpetuate heterosexism by refusing to institute support and advocacy that would assist in increasing positive school atmospheres and by refusing to address and protect LGBTQ individuals from prejudice, discrimination, and abuse in the same manner in which they protect other oppressed groups. Having nonbiased school counselors who advocate for the success of all students can provide support and assist in normalizing, not alienating, sexual minority individuals. Identity validation and normalization facilitates the process of building coping mechanisms that allow these adolescents to deal with stigma management (Lemoire & Chen, 2005).

Cooley (1998) noted that counselors may provide the only safe place for sexual minority individuals. Cooley also suggested that school counselors may be the only person with whom the adolescent feels it safe to discuss these sometimes terrifying and perplexing thoughts and feelings. These supportive relationships fostered by school counselors may impact quality of life and serve as a protective factor for many LGBTQ individuals (Goodenow et al., 2006; Teasdale & Bradley-Engen, 2010).

Most school counselors will work with individuals who are LGBTQ, making it necessary that training prepare them for practicing ethically with this population. Research supports the notion that counselors are provided little or no training in regards to knowledge about LGBTQ individual (Biddell, 2005; Fassinger & Richie, 1997; Walters & Hayes, 1998). "Regrettably, graduate programs have been notably deficient in exposing students to the issues facing sexual minorities" (Kissinger, Lee, Twitty, & Kisner, 2009, p. 899). Kocarek and Pelling (2003) state little training is available by counselor training and education programs for work with LGBTQ individuals and those

trainings that are available are likely not required. In order to provide students with the protective features known to decrease mental health issues, counselors need to be trained in how to advocate and provide a positive school climate for LGBTQ youth. The present study sought to train school counselors and school counselors in training to increase their knowledge, awareness and skills for working with LGBTQ students.

Quantitative Research Design

Purpose of Study

Advocating and being an ally for all students are ethical and legal obligations for professional school counselors (Weiler, 2004). This can be of particular concern when all students are not being assisted. It is hoped that providing school counselors with training, information and support will enable them to properly assist our students. The purpose of this study was to evaluate the impact of Safe Space training on professional school counselors and school counselor trainees.

This quantitative experimental design sought to understand the impact of a Safe Space training program. The quantitative research design sought to test objective theories by investigating and exploring the relationship between variables (Creswell, 2009). Independent variables included the grouping variable of treatment or control group, sexism, heterosexism, number of LGBTQ clients seen, PSC gender, and school level. Dependent variables included the change scores of knowledge, attitudes, and skills on the SOCCS.

Research Questions

This study examined the impact of Safe Space training on Professional School Counselors (PSCs) and School Counselor Trainees (SCTs). In order to investigate this

fully, the following research questions were examined:

Research Question 1: What is the impact of Safe Space training on participants' knowledge, attitudes, and skills?

(H1) When controlling for previous training and pretest scores, a significant positive relationship exists between receiving the Safe Space training and knowledge. PCSs and SCTs who participate in training will have significantly higher levels of knowledge as it relates to LGBTQ individuals, as evidenced by a positive change in scores on the SOCCS and POI.

(H2) When controlling for previous training and pretest scores, a significant positive relationship exists between training and attitudes toward LGBTQ individuals. PSCs and SCTs who participate in training will have significantly higher levels of positive attitudes as it relates to LGBTQ individuals, as evidenced by a change in scores on the SOCCS.

(H3) When controlling for previous training and pretest scores, a significant positive relationship exists between PSCs and SCTs participating in Safe Space training and skill as measured by a positive change in scores on the SOCCS.

Research Question 2: Is there a significant relationship between awareness of sexism and heterosexism and knowledge, attitudes, and skills of PSCs and SCTs? (SOCCS/ POI subscales)

(H4) When controlling for previous training, there is a significant relationship between awareness of sexism and heterosexism and knowledge, attitudes, and

skills related to sexism and heterosexism.

Research Question 3: How do demographic variables such as number of LGBTQ clients seen, gender and school level relate to knowledge, attitudes, and skills?

(H₅) When controlling for previous training, a significant positive relationship exists between number of perceived LGBTQ clients seen and knowledge, attitudes and skills of PSCs and SCTs as measured by an increase on the SOCCS.

(H₆) When controlling for previous training, there will be a significant gender difference in knowledge, attitudes and skills of PCSs and SCTs. Specifically, females will have higher scores on the SOCCS.

(H₇) When controlling for previous training and number of clients, there is a significant relationship between school level and knowledge, attitudes and skills.

Participants

Participants included a convenience sample of professional school counselors and school counselor trainees in school districts and universities in a Mid-Atlantic state. Individuals were randomly assigned to a treatment or a control group. Criteria for participation were that the individual was either currently working as a professional school counselor or was in a graduate school counseling program. Hypotheses were tested at the .01 alpha level to account for multiple hypotheses (i.e., $.05/7 = .007$).

Instrumentation

Demographic Sheet. Demographic information was collected on each participant. Each participant selected a four digit identification number to assist in pre

and post-test matching, ensure confidentiality, and identify control group participants. The demographic information included information on participant age, gender, ethnicity, sexual orientation, religious/spiritual orientation, degree(s) held, training and program information, experience, number of LGBTQ clients seen, and school level information. (See Appendix B)

Participant Generated ID Sheet. Participant selected ID's were utilized to ensure confidentiality. Participants produced their own ID's according to the instructions on the sheet provided and used this ID on all collected materials. This also served to match pre and post-test packets. (See Appendix C)

SOCCS. This study examined knowledge, attitudes, and skill of counselors with regards to sexual minority clients by using Bidell's (2005) Sexual Orientation Counselor Competency Scale (SOCCS). The scale was used in pre/post test format to measure the effectiveness of the training program. The 29 question instrument uses a 7-point Likert scale (of 1= *not at all true* to 7= *totally true*) and participants were asked to rate the truth about the question as it applies. Higher scores indicate increased levels of counselor competency regarding sexual orientation. An example of a question is: *It would be best if my clients viewed a heterosexual lifestyle as ideal.* Another example question: *Being born a heterosexual person in this society carries with it certain advantages.*

Factor analysis, reliability testing, criterion, and convergent and divergent validity were examined. The SOCCS is a psychometrically valid and reliable instrument with an overall coefficient alpha of .90 with .88 on the attitudes subscale, .91 on the skills subscale and .76 on the knowledge subscale (Bidell, 2005). Criterion validity was evidenced by significant differences in scores based on education level. Convergent

validity was established by significant relationships between attitudes and an additional attitude scale (The Attitudes Towards Lesbian and Gay Men Scale, Herek, 1998), knowledge and an additional knowledge scale (Multicultural Counseling Knowledge and Awareness Scale, Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002), and the skills scale also had a significant relationship with an additional instrument measuring skill (Counselor Self Efficacy Scale, Melchert, Hays, Wiljanen, & Kolocek, 1996). A major limitation that exists is the fact that this is a self-report instrument and that the results may be difficult to generalize.

This particular instrument was chosen for use in this study because of its psychometric soundness and because this instrument may be used to expand research and instrumentation on competency as related to lesbian, gay and bisexual individuals (Bidell, 2005). Another major reason this instrument was selected is because it included questions as a social desirability cluster to determine divergent validity. Although weak associations were found, this is still an important component of survey development and validity testing that other instruments may not include as part of development and/or validity testing.

Relevant to this particular study, this instrument was also developed by drawing upon Sue et al.'s (1982) sexual orientation counselor competency model. An important distinction noted in Bidell study, (2005) that examines this instrument is that the biases and prejudices against LGB individuals are different from biases and prejudices against other minorities. Limitations of this instrument are its self-report design and its use for counselors in general as opposed to specifically for school counselors. (See Appendix D)

POI. The POI is a 39-item measure of awareness of privilege and oppression.

This scale is self-report and uses a 6-point Likert scale to examine one's knowledge and understanding of privilege and oppression as it exists across race, gender, sexual orientation, socioeconomic status, and religion/spirituality (Hays, Chang, & Decker, 2007). The Likert scale ranges from (1) *strongly disagree* to (6) *strongly agree* with lower score indicating a low level of awareness for each subscale (Hays, Chang, & Decker, 2007).

The POI has four subscales; white privilege awareness, heterosexism awareness, Christian privilege awareness, and sexism awareness. For the purposes of this study, only the subscales of heterosexism and sexism were used. Since the POI demonstrates strong content validity (e.g., expert panel review, high interrater agreement threshold for retention of items; Hays et al., 2007) and internal consistency for each subscale, it is acceptable to use certain subscales as opposed to using the entire inventory. Reliability estimates for the heterosexism awareness subscale was (.81). Reliability estimates for the sexism awareness subscale was (.79). Convergent validity was significant at the .01 alpha level with heterosexism awareness ($r = .35$) and sexism awareness ($r = .32$). The two subscales used have a combined total of 18 items. On the POI, Hays et al., did check for social desirability with the entire POI and found a nonsignificant relationship between social desirability and POI scores. Limitations of this instrument are its self-report design and its use for counselors in general as opposed to specifically for school counselors. (See Appendix E).

Methods

Once the study was approved by the researcher's Human Subjects Committee at the host University, PSCs and SCTs were recruited at the state level school counseling

conference. In addition, some participants heard about this training and contacted the PI. Local universities also contacted this researcher about their interest in the training as well. Information was distributed electronically through emails and flyers submitted to Graduate Program Directors and local school counselors. It is important to note that this training was open to all counselors and counselors in training so as not to exclude anyone, however, only PSCs and SCTs were included in the final analysis.

In this experimental design, a convenience sample of participants, (PSCs and SCTs in local school districts and universities in a Mid-Atlantic state), were randomly assigned to a treatment or a control group.

Demographic information and pretests were collected from each participant. Training sessions followed the outline of the GLSEN training manual and included information, lecture, large group activities and small group components. Each training lasted approximately three hours.

Survey instruments included Bidell's (2005) Sexual Orientation Counselor Competency Scale (SOCCS), Hays, Chang, and Decker's (2007) Privilege and Oppression Inventory (POI) and a demographic sheet. Four weeks before each training, all (both treatment and control group) participants received the survey packet with all three instruments (pre-tests). Three weeks later, half of the participants were randomly selected to receive the SOCCS and POI to fill out and return before participating in the training. This made up the control group and yielded control post-test data. One week following, everyone (both treatment and control group) received the training and were post-tested. The treatment group consisted of those who did not receive the post-test one week prior to the training.

In this study, the treatment was the Safe Space training. This treatment was applied to all participants by the researcher. This training, developed by The Gay, Lesbian and Straight Educators Network was aimed at not only teaching and informing the participants about LGBTQ individuals and safe school climates, but also aimed at assisting these educators in educating and training others. By providing education, strategies, support, and their own training manual for implementation in their schools, it is hoped that more individuals will be assisted thus furthering the reach of advocacy.

The three-hour training was held in several locations to accommodate participants from different locations. All of the trainings were held in the university setting, while most were held in intact classes. The treatment was applied as intended by having the researcher implement every training in the same manner.

Data Analysis

This study evaluated and examined the impact of Safe Space training on PSCs and SCTs. Data was analyzed using several different strategies including ANCOVA and Pearson product-moment correlation coefficient. In order to investigate this fully, the following research questions were examined:

Research Question 1: What is the impact of Safe Space training on participants' knowledge, attitudes, and skills?

(H₁) When controlling for previous training and pretest scores, a significant positive relationship exists between receiving the Safe Space training and knowledge. Those who participate in training will have significantly higher levels of knowledge as it relates to LGBTQ individuals, as evidenced by a positive

change in scores on the SOCCS and the POI.

Hypothesis one, (H₁) was analyzed using an ANCOVA procedure. In this statistical test, previous training (i.e., LGBTQ competency training) and pre test scores were the covariates to account for participants' diverse background and exposure to the topic, the Safe Space training was the independent variable (i.e., treatment and control groups), and the knowledge score on the SOCCS was the dependent variable.

(H₂) When controlling for previous training and pretest scores, a significant positive relationship exists between training and attitudes toward LGBTQ individuals. Those who participate in training will have significantly higher levels of positive attitudes as it relates to LGBTQ individuals, as evidenced by a change in scores on the SOCCS.

Hypothesis two, (H₂) was analyzed using an ANCOVA procedure. In this statistical test, previous training was the covariate, the Safe Space training was the independent variable (i.e., treatment and control groups), and the attitudes score on the SOCCS was the dependent variable.

(H₃) When controlling for previous training and pretest scores, a significant positive relationship exists between PSCs and SCTs participating in Safe Space training and skill as measured by a positive change in scores on the SOCCS.

Hypothesis three, (H₃) was analyzed using an ANCOVA procedure. In this statistical test, previous training was the covariate, the Safe Space training was the independent variable (i.e., treatment and control groups), and the skills score on the SOCCS was the dependent variable.

Research Question 2: Is there a significant relationship between awareness of sexism and heterosexism and knowledge, attitudes, and skills of PSCs and SCTs? (SOCCS/ POI subscales)?

(H4) When controlling for previous training, there is a significant relationship between awareness of sexism and heterosexism and knowledge, awareness, and skills related to sexism and heterosexism.

Hypothesis four, (H4) was analyzed using a Pearson product-moment correlation coefficient for pretest including the whole sample, for the post-test intervention group only, and post- test control group only. Correlations examined the relationship between the awareness of sexism and heterosexism (POI subscales) and knowledge, attitudes and skills.

Research Question 3: How do demographic variables such as number of LGBTQ clients seen, gender, and school level relate to knowledge, attitudes, and skills?

(H5) When controlling for previous training, a significant positive relationship will exist between number of perceived LGBTQ clients seen and knowledge, attitudes and skills of PSCs and SCTs as measured by an increase on the SOCCS.

(H6) When controlling for previous training, there will be a significant gender difference in knowledge, attitudes and skills of PCSs and SCTs. Specifically, females will have higher scores on the SOCCS.

Hypothesis 5 and Hypothesis 6 were examined using a Two-way ANCOVA procedure with the independent variables of gender and number of clients seen. The covariate was previous training and the dependent variable was knowledge, attitudes and skills as

indicated by the composite SOCCS score.

(H7) When controlling for previous training and number of clients, there is a significant relationship between school level and knowledge, attitudes and skills.

Hypothesis seven, (H7) was analyzed by using an ANCOVA procedure with the independent variables of school level (i.e., elementary, middle, high school) and Safe Space training (i.e., treatment and control group). The covariate was previous training, and the dependent variable was knowledge, attitudes, and skills, as indicated by the composite SOCCS score.

Validity Threats

According to Creswell, many potential threats to internal and external validity exist (2009). He states “internal validity threats are experimental procedures, treatments, or experiences of the participants that threaten the researcher’s ability to draw correct inferences from the data about the population in an experiment” (p.230). Creswell notes that external validity threat “arise when experimenters draw incorrect inferences from the sample data to other persons, other settings, and past or future situations” (p.229).

An internal validity threat of history can affect a study in that an event could occur that influences the results. If this event is known and happens to the group, the researcher will minimize affect by having both the experimental and control group experience the same event.

Attrition poses a problem for any study relying on individuals. It is hoped that this did not threaten validity in that the number of individuals who remain participants will still yield significant results. Out of an initial participant total of 77, 74 participants completed the training and all measures for data analysis. Another internal validity type

that could pose a threat to this study is pre-testing/testing. Since participants will have already taken the pre-test, this could affect post- test results. On the other hand, because the same instrument is used, the threat of instrumentation does not pose a threat to this study. This threat exists when the instrument changes after the pre-test and before the post-test is given affecting the scores and the outcome. Since the pre and post- test are given three weeks apart before the training, familiarity with the instruments (i.e., practice effects) may not impact responses (Creswell, 2009). Due to the nature of the training procedures (i.e., open solicitation to participate, relationships with gatekeepers), it was not appropriate to use a control group and instead a control group was established before the actual training so that all participants are afforded the training opportunity.

Selection is a type of validity threat that could pose a threat to this study since certain individuals who may be interested in this information could have predisposed characteristics causing them to have particular outcomes. By randomly assigning individuals into either the control group or the treatment group, the researcher tried to minimize this threat by distributing individuals equally among groups. However, this threat remains and deserves consideration when seeking to report and/or generalize results.

Maturation is a natural threat to internal validity and can occur especially when surveys given are too long. With the SOCCS being 29 questions, natural changes or maturation could occur, although this is not of particular concern. Since only two POI subscales are being used, with 18 total questions, this does not appear to pose a particular risk for maturation. Another threat of little concern in this research design is statistical regression. Since participants will not be selected based on their scoring particularly high

or low on the pre-test measure, statistical regression is an internal validity threat that does not seem to pose a problem for this study.

Potential Contributions

Based on the hypotheses, only significant findings will contribute to the literature on advocating for LGBTQ students and assisting PSCs and SCTs in acquiring the training necessary to face the challenges and provide support to assist schools in serving all of their unique students. The need for supportive and accepting counselors and educators is evident. With research indicating that 50% of LGBTQ individuals have been unsatisfied and displeased with the counseling received due not only to the counselors' lack of understanding of homosexual concerns, but also due to the negative and heterosexist attitudes held by the counselors (Pearson, 2003; Rudolph, 1988), the need for training is clear. This training will attempt to increase knowledge, awareness and skills and will challenge heterosexist attitudes by providing information currently lacking during graduate training (Kissinger, Lee, Twitty, & Kisner, 2009).

Depaul, Walsh and Dam call school counselors' to renew their attention to the discussion of issues facing sexual minority students and to the implications present therein for school counselors' practice (2009). Since research indicates that school counselors feel that schools are not doing enough to create positive school climates, (Telljohann & Price, 1993), this study sought to provide information that will equip counselors and educators in understanding the needs of this population and in assisting them to provide the support system needed to promote success for these students. By providing a training with education and activities geared at increasing knowledge, awareness and skills, it was hoped that PSCs and SCTs will be able to provide supportive

relationships that will seek to greatly impact quality of life and serve as a protective factor for many LGBTQ individuals (Goodenow et al., 2006; Teasdale & Bradley-Engen, 2010).

Given the little training available by counselor training and education programs for work with LGBTQ individuals, this study seeks to add information on the effects of a Safe Space training program on PSCs and SCTs to the literature. Clinical graduate training programs have an ethical responsibility to provide knowledgeable and ethical training for students. Training was intended to increase knowledge, awareness and skills which could lead to increased school counselors competency in working with LGBTQ individuals.

CHAPTER FOUR

RESULTS

Results related to the research questions will be reported in this chapter.

Demographic information about the participants will precede data analysis. Statistics on survey data such as descriptive statistics, internal consistency, and between and within group differences will also be reported.

Demographics

Professional School Counselors (PSCs) and School Counselor Trainees (SCTs) were the sampling frame for this study. Chapter Three outlines the specific participant selection process and criteria. Emails were sent to 15 graduate program directors and school counselor educators in an area of a Mid-Atlantic state requesting to come to their university to conduct trainings. Of the 15 programs invites, three universities participated in the training. Approximately 20 personal emails were sent to school counselors who had previously indicated they would be interested in training and approximately 5 emails were sent to school districts requesting participation from their school counselors.

Three universities participated in this study. These universities were located in the local Mid-Atlantic state. University A is a public university. The counseling program at University A is CACREP accredited. The overall graduate population at this university is estimated to be around 5,700 students. The master's graduate counseling program has approximately 180 students.

University B is also a public university. The counseling program at University B is not CACREP accredited. The overall graduate population at this university is

estimated to be around 770, and the master's graduate counseling program has approximately 75 students. Lastly, University C is also a public university. The counseling program at University C is CACREP accredited and has an estimated 72 students. The overall graduate population at this university is estimated to be around 1,925.

After counselor educators responded to the training requests, dates were established that adhered to training design. A total of 7 trainings were provided to groups of trainees and/or practitioners, either as an intact class or a workshop outside the classroom. Six of the trainings were conducted in school counseling classes at the three universities during either a fall or spring semester. The researcher was personally present to give out pretests at all but one site. Pretests were given to the entire group. Three weeks later (and one week prior to the training), the researcher was present almost every time to distribute and collect post-tests from half of the randomly selected participants that constituted a control group. Due to travel and scheduling conflicts, the professor of the particular class was given verbatim instructions for distributing the pretest. During this time, the researcher was available by phone to answer any questions should they arise from the participants. The post-test for the control group was given in this same manner for this particular class. There was one group for whom the control group of randomly selected participants were emailed the post-tests one week before the actual training because class was canceled due to weather issues. The professor of this particular class volunteered to collect these to further increase and maintain confidentiality. A week following the post-tests from the control group, the training was given and the post-test was given to all participants. Data from those participants who

had not served as controls made up the intervention group for statistical purposes. All participants received the intervention. A total of six trainings were conducted in this manner for the three universities.

One of the seven trainings was held at one of the three universities but was made up of counseling students and invited practicing school counselors. The PSCs were those who responded to either personal email solicitations or the e-mails that were sent to school districts and also distributed via a snowball method by those receiving emails. Participants were asked to RSVP and the control and intervention groups were selected randomly from this final RSVP list. This training followed the same timeline, however, distribution of pre and post-testing was done entirely through email. Due to lack of intact classroom for this particular training, getting the participants together for pre and post-test purposes was not seen as beneficial or feasible. To maintain confidentiality participants returned pretest packets via email or fax to the researcher's Dissertation Chair. Any identifying information associated with their return distribution was removed by the Dissertation Chair before the packet was returned to the researcher. Three weeks following the pretest, half of the participants were randomly selected to complete the post-test packet in order to make up the control group. One week following that, participants were provided the training and everyone was given the post-test packet again and those who had not previously received it then made up the intervention group. Table 1 demonstrates the training and data collection timeline for the 7 trainings.

Table 1.

Training and Data Collection Timeline

	Week 1 Pretest	Week 4 Posttest Control	Week 5 Intervention Then Posttest
Training 1: Intact School Counseling Class (<i>n</i> =24)	September 8, 2009	September 29, 2009	October 6, 2009
Training 2: Intact School Counseling Class (<i>n</i> = 8)	September 10, 2009	October 1, 2009	October 8, 2009
Training 3: University Training (<i>n</i> = 6)	February 3, 2010	February 24, 2010	March 3, 2010
Training 4: Intact School Counseling Class (<i>n</i> =11)	January 26, 2010	February 16, 2010	February 23, 2010
Training 5: Intact School Counseling Class (<i>n</i> = 8)	January 11, 2010	February 1, 2010	February 8, 2010
Training 6: Intact School Counseling Class (<i>n</i> = 9)	January 12, 2010	February 2, 2010	February 9, 2010
Training 7: Intact School Counseling Class (<i>n</i> =8)	October 10, 2009	November 17, 2009	November 24, 2009

The total number of participants that attended 1 of the 7 trainings was 77 (see Table 1). The total number of participants with usable data for data analysis purposes was 74. Although more participants would have been optimal for effect size and power analysis, the data were still analyzed at the .01 alpha level based on the number of hypotheses. Participants were asked to report their age on the demographic sheet that served as their consent form. Due to the fact that most participants were school counselor trainees (62; 83.8%), the age range did not vary greatly in this sample. The youngest participant was 22 years old and the oldest participant reported being 57. The mean age was 27.95 with a standard deviation of 7.42 (Range= 22 to 57 years; see Figure 1).

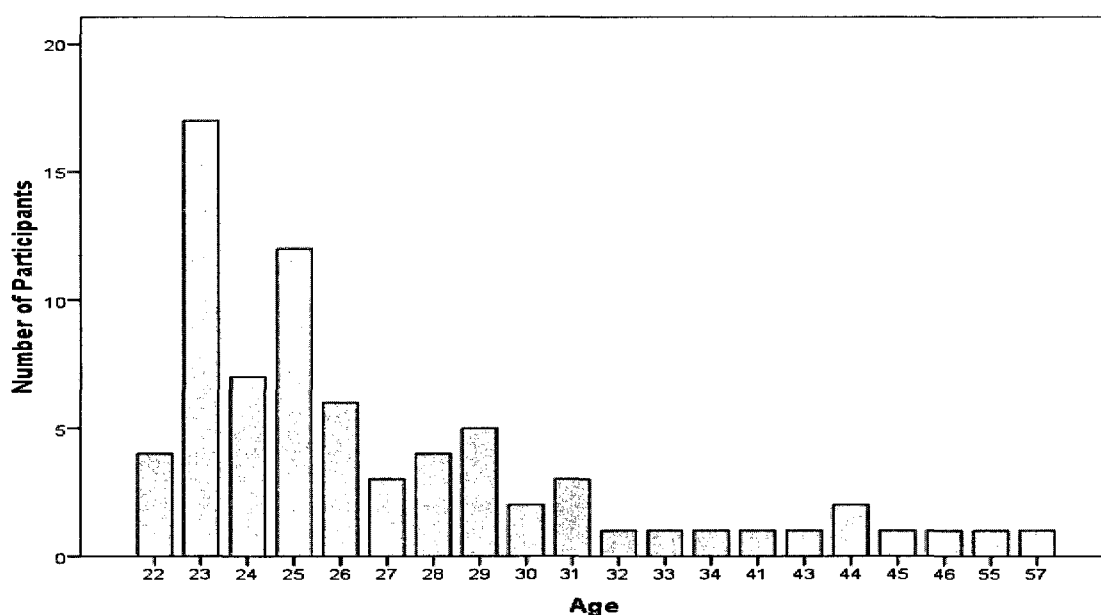


Figure 1: Distribution of ages for study participants.

Participants were also asked to report their experience as school counselors at the current time of the study. The demographic sheet asked about experience pre (and during) master's work and also asked about counseling experience post master's degree. Table 2 reports the number of months of counseling experience before (and during) a

participants master's program. Approximately half the sample reported 0 months of previous and current counseling experience. The mean was reported to be 10.15 months.

Table 2

Number of Months of Counseling Experience Before (and during) Master's Program

Months	Frequency	Percent
0	35	47.3
2	3	4.1
3	6	8.1
5	1	1.4
6	4	5.4
7	1	1.4
8	4	5.4
9	1	1.4
12	5	6.8
16	1	1.4
18	1	1.4
24	4	5.4
25	1	1.4
29	1	1.4
36	2	2.7
72	1	1.4
120	1	1.4
132	1	1.4

Participants also reported their experience counseling post master's degree.

Approximately 84% of the sample reported 0 months post master's experience, which is expected given 62 participants were school counselor trainees. Table 3 refers to the months, frequency and percentage of these.

Table 3

Number of Months of Counseling Experience Post Master's Degree

Months	Frequency	Percent
0	62	83.8
6	2	2.7
12	1	1.4
36	1	1.4
48	1	1.4
72	1	1.4
84	1	1.4
89	1	1.4
96	1	1.4
120	1	1.4
144	1	1.4

Gender was another reported question asked on the demographic form. The distribution of gender is characteristic to the total population of counselors represented in the field in that most of the participants were female. Females made up 87.8% (65 female participants) of the participant population whereas males made up 12.2% (9 male participants) of the participant population.

With respect to sexual orientation, only one counselor reported being gay with the

rest of the sample reporting a heterosexual identity. When asked if individuals had a friend that identified as LGBT, 59.5% indicated “yes” while 33.8% indicated “no.”

Another reported demographic was race/ethnicity. White/European American made up the largest category with 47 (63.5%) individuals identifying as White/European American. The second largest category reported was African American which made up 25.7% of the participant population. Frequencies and percentages for participant responses to the race/ethnicity demographic question is show in Table 4.

Table 4

Race/ Ethnicity of Participants

Race/ Ethnicity	Frequency	Percent
African American	19	25.7
Asian American	2	2.7
Hispanic	2	2.7
Native American	1	1.4
White/Euro American	47	63.5
Biracial/Multiracial	3	4.1

Religion was another reported demographic. The highest reported religion category was Christian at a rate of 73%. The second highest reported religion category was that of Agnostic/Atheist at that of 13.5%. The third most reported religion category was noted as other and was reported at rate of 9.5% and could indicate the need for a

more extensive choice selection on the demographic sheet. When asked about the degree to which they practice their religion, 14 individuals indicated that they were non-practicing, 25 individuals indicated they were somewhat practicing and 29 individual indicated that they were practicing their religion. Figure 2 outlines all participants reported religions along with frequencies.

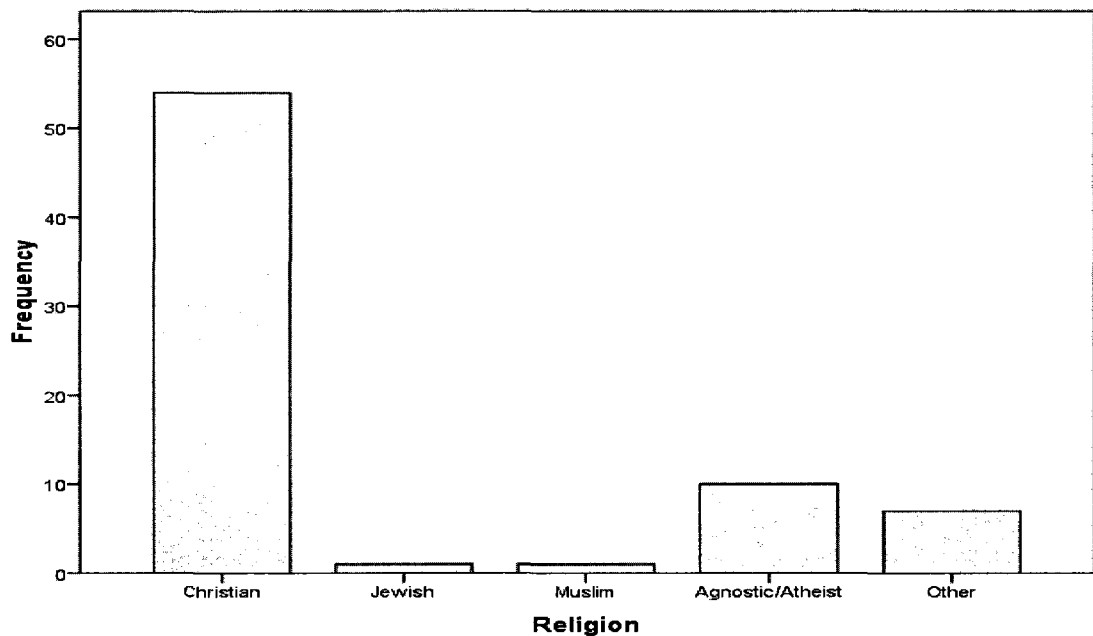


Figure 2: Distribution of Religion

Participants were also asked to report their work setting. Work setting also included practicum and internship placements. Specifically, participants were asked to indicate in which school level they currently worked. Most individuals currently worked in one school level ($n= 39$), however two reported working in two school levels. One individual indicated that the current work setting was both elementary and middle and one individual indicated that the current work setting was elementary, middle, and high school. Table 5 shows the distribution of current school level.

Table 5

Current School Level

Current School Level	Frequency	Percent
Elementary	14	18.9
Middle	9	12.2
High School	14	18.9
Alternative	2	2.7
Other	3	4.1
N/A	24	32.4
Elementary and middle	1	1.4
Elem, middle, and high	1	1.4

Important to note in terms of training and multicultural competency is the reported accreditation of schools attended. Approximately 89.2% of the sample reported that their master's program was CACREP-accredited. Only 9.5% of participants indicated that their master's programs were not CACREP accredited and one individual selected unsure. Similarly, 83.8% of participants indicated taking a class in multicultural counseling while the remaining 16.2 % indicated that they did not take such class. While most participants indicated having attended a CACREP accredited institution, only 26 (n= 35%) participants indicated having received any training specific to LGBTQ

individuals. It is also important to consider that his training may have replaced the regularly scheduled training (in the classroom settings) on working with this population.

Descriptive Statistics for Outcome Measures

Descriptive statistics (e.g. mean age, gender, race/ethnicity, sexual orientation, religion, and whether or not participants had an LGBT friend) by workshop are illustrated in Table 6. Means and standard deviations for each group assignment across workshops and subscale are displayed. Difference among participant group selection (workshop) was not found.

Table 6

Descriptive Statistics by Workshop Type

Workshop	Mean Age	Gender	Race/Ethnicity	Sexual Orientation	Religion	LGBT Friend
1	25.79	23 females 1 male	5 African Am. 1 Asian Am. 17 White/Euro Am. 1 Biracial/Multiracial	1 Gay/Lesbian 23 Heterosexual	18 Christian 5 Agnostic/Atheist 1 Other	4 No 19 Yes 1 missing data
2	28.38	7 females 1 male	1 African Am. 1 Native Am. 5 White/Euro Am. 1 Biracial/Multiracial	8 heterosexual	4 Christian 1 Agnostic/Atheist 3 Other	2 No 6 Yes
3	35.17	4 females 2 males	3 African Am. 3 White/Euro Am.	6 heterosexual	3 Christian 1 Jewish 1 Agnostic/Atheist 1 missing data	2 No 3 Yes 1 missing data
4	26.73	10 females 1 male	1 African Am. 9 White/Euro Am. 1 Biracial/Multiracial	11 heterosexual	11 Christian	4 No 6 Yes 1 missing data
5	27.00	6 females 2 males	1 Hispanic 7 White/Euro Am.	8 heterosexual	7 Christian 1 Agnostic/Atheist	2 No 6 Yes
6	30.11	8 females 1 male	1 African Am. 1 Asian Am. 1 Hispanic 6 White/Euro Am.	8 heterosexual 1 missing data	5 Christian 2 Agnostic/Atheist 2 Other	4 No 4 Yes 1 missing data
7	28.75	7 females 1 male	8 African Am.	8 heterosexual	6 Christian 1 Muslim 1 Other	7 No 1 missing data

A correlation matrix is displayed for each instrument and group. Each tool was assessed to examine whether there were significant differences in scores based on workshop type. Mean and standard deviation per workshop, per instrument, and time given was correlated. No significant difference was found (see Table 7).

Table 7

Correlation Matrix

Instrument/Group		Mean	SD
Workshop 1	Pretest POI	5.22	.39
	Posttest POI Control	5.14	.33
	Posttest POI Tx	5.37	.50
	Pretest SOCCS	4.46	.57
	Posttest SOCCS Control	4.60	.37
	Posttest SOCCS Tx	5.19	.58
Workshop 2	Pretest POI	4.97	.44
	Posttest POI Control	5.4	.58
	Posttest POI Tx	5.27	.60
	Pretest SOCCS	4.15	.38
	Posttest SOCCS Control	4.49	.57
	Posttest SOCCS Tx	4.95	.35
Workshop 3	Pretest POI	5.23	.29
	Posttest POI Control	5.44	.70
	Posttest POI Tx	5.32	.40
	Pretest SOCCS	4.33	.75
	Posttest SOCCS Control	5.03	.24
	Posttest SOCCS Tx	4.20	.88
Workshop 4	Pretest POI	4.93	1.01
	Posttest POI Control	4.9	.81
	Posttest POI Tx	4.78	1.39
	Pretest SOCCS	4.45	.90
	Posttest SOCCS Control	4.27	.95
	Posttest SOCCS Tx	5.06	1.30
Workshop 5	Pretest POI	4.54	.59
	Posttest POI Control	4.54	.38

Workshop 6	Posttest POI Tx	4.85	1.03
	Pretest SOCCS	3.82	.55
	Posttest SOCCS Control	3.83	.30
	Posttest SOCCS Tx	4.81	.71
	Pretest POI	4.90	.72
	Posttest POI Control	5.30	.58
	Posttest POI Tx	4.58	.78
	Pretest SOCCS	4.23	.78
Workshop 7	Posttest SOCCS Control	4.38	.75
	Posttest SOCCS Tx	4.69	.95
	Pretest POI	4.67	.60
	Posttest POI Control	4.67	.62
	Posttest POI Tx	4.51	.54
	Pretest SOCCS	4.19	.65
	Posttest SOCCS Control	3.95	.99
	Posttest SOCCS Tx	5.04	.83

Note. Tx= Intervention Group

Reliability Estimates

Reliability statistics (i.e., internal consistency) are reported for the SOCCS and POI. First, psychometric data for the instruments are provided from the original studies. Then, for each tool, reliability statistics are provided for the entire sample at pretest, as well as the post-test statistics for the control and intervention groups. Results indicate these tools are psychometrically valid and useful for further data analysis.

SOCCS

As discussed in Chapter 3, the Sexual Orientation Counseling Competency Scale (SOCCS; Bidell, 2005) is a psychometrically valid and reliable instrument. The overall coefficient alpha of the SOCCS is .90 for a sample of 312 volunteer participants which included students (undergraduate enrolled in a introductory level counseling course, and master's level counseling students, and doctoral level counseling students), counselor educators, and counselor supervisors (Bidell, 2005).

In the present study, the overall coefficient alpha was .78 indicating strong internal consistency. When the individual scale alphas were examined on the SOCCS, Bidell (2005) reported .76 on the knowledge subscale, .88 on the attitudes subscale and .91 on the skills subscale. In the current study, the computed alphas for the SOCCS pretest revealed similar results. Specifically, the alpha was .78 on the knowledge subscale, .89 on attitudes subscale and .80 on the skill subscale indicating internal consistency. The alphas for the SOCCS control group were also similar in that the knowledge subscale was .77, the attitudes subscale was .71 and the skill subscale was .81. For the post-test intervention group alphas were as follows: knowledge = .73, attitudes = .92, and skill = .78.

POI

The Privilege and Oppression Inventory (Hays et al., 2007) is also psychometrically sound instrument as discussed in Chapter 3. Only two of the subscales from this instrument were used for the purposes of the current study: Heterosexism Awareness and Sexism Awareness. Both subscales are reliable in the original study for a sample of 428 trainees in programs related to counseling (Heterosexism Awareness = .81, Sexism Awareness = .79).

In the current study, reliability statistics were conducted and show strong internal consistency. The POI alpha for the pretest was .74 for the total sample, .87 for the control group post-test, and .93 for the intervention group post-test.

Results of Statistical Analysis

Three main research questions and seven hypotheses were outlined and discussed in Chapter 3. Results of these specific research questions are delineated. Hypotheses and

detailed statistical procedures follow.

First, it is necessary to outline the specific total means and standard deviations for the pretest POI total sample, SOCCS total sample, post-test POI subscales and SOCCS total score and subscales for control and intervention groups. This information is presented in Table 8 and provides means and standard deviations for outcome measures by group assignment. This test was run to determine whether the participants' scores from each testing group were similar. No major differences were noted, indicating that the scores obtained from each of the seven test groups were similar. Thus, significant differences obtained pre to post training for the entire sample can be assumed to be related to treatment as opposed to group-related variations in responses.

Table 8

Means and Standard Deviations for the POI and SOCCS Total Scales and Subscales per Group Assignment

Group	Pretest	Post-test Control	Post-test Intervention
POI Total	4.99 (.65)	4.99 (.55)	5.05 (.80)
SOCCS Total	4.41 (.67)	4.31 (.66)	4.94 (.82)
SOCCS- Knowledge	4.54 (1.07)	4.97 (.95)	5.17 (1.04)
SOCCS-Awareness	6.32 (1.02)	6.34 (.92)	6.44 (.95)
SOCCS- Skill	2.50 (1.04)	2.36 (.97)	3.66 (.97)

Note. Standard deviations are presented in parentheses following mean estimates.

Knowledge, Awareness and Skill Subcategories

The first research question was: what is the impact of the Safe Space training on participants' knowledge, awareness and skill related to sexual orientation competency? An ANCOVA was run to examine the training's influence on knowledge, awareness and skill levels. There were three hypotheses related to the impact of training for each competency area. Specific hypotheses for each individual were tested and disaggregated. First, the ANCOVA for the overall analysis indicates that a significant relationship exists between individuals who received the training and higher levels of knowledge, awareness, and skill ($F [3,74] = 9.844, p = .002$, partial $\eta^2 = .12, P = .87$). Levene's test was conducted and found nonsignificant, indicating that the group variance was equal hence the assumption of homogeneity of variance was not violated ($F [1,72] = 1.484, p = .227$).

The first hypothesis was that when controlling for previous training and pretest scores, a significant positive relationship would exist between participants who had the training in that they would have higher levels of knowledge as evidenced by a positive change in scores on the SOCCS and the POI. This hypothesis was analyzed using an analysis of covariance (ANCOVA) procedure. Levene's test was included in the covariate model to test for homogeneity of variance. When Levene's test was conducted, the results were found nonsignificant indicating that the group variance was equal ($F [1, 72] = 1.33, p = .252$).

In this ANCOVA, previous training and pretest scores were the covariates, the Safe Space training is the independent variable (i.e., intervention and control groups), and the knowledge score on the SOCCS is the dependent variable. Findings indicate that there was not a significant relationship between participants who had the training and

higher levels of knowledge ($F [3, 74] = .068, p = .79, \text{partial } \gamma^2 = .001, P = .06$) and therefore Hypothesis 1 was not supported.

The second hypothesis under research question one examined the attitudes subscale. This hypothesis stated that when controlling for previous training and pretest scores, a significant positive relationship exists between training and attitudes toward LGBTQ individuals. Specifically, PSCs and SCTs who participated in the training would have significantly higher levels of positive attitudes as evidenced by a positive change in scores on the SOCCS.

This hypothesis was also analyzed using an analysis of covariance (ANCOVA). Levene's test indicated nonsignificance, meaning that the group variance was equal hence the assumption of homogeneity of variance was not violated ($F [1, 72] = .67, p = .41$).

In this ANCOVA, previous training and pretest scores remained covariates, the Safe Space training also remained the independent variable (i.e., intervention and control groups), and the attitudes score on the SOCCS is the dependent variable. Findings indicate that there was not a significant relationship between participants who had the training and higher levels of attitudes ($F [3, 74] = .687, p = .41, \text{partial } \gamma^2 = .01, P = .13$). Therefore, Hypothesis 2 was not supported.

The third hypothesis evaluating the impact of the Safe Space training stated that when controlling for previous training and pretest scores, a positive relationship exists between those participating in the Safe Space training and their levels of skill as measured by a positive change in scores on the SOCCS. Simply, by participated in the training, PSCs and SCTs would have increased levels of skill as it relates to working with LGBTQ individuals.

This third hypothesis was analyzed using an analysis of covariance (ANCOVA) as well. Levene's test was examined for homogeneity of variance, and the results were again, found not significant indicating that the group variance was equal hence the assumption of homogeneity of variance was not violated ($F [1, 72] = .12, p = .91$).

In this ANCOVA, previous training and pretest scores remained covariates, the Safe Space training also remained the independent variable (i.e., treatment and control groups), and the skills score on the SOCCS is the dependent variable. Findings indicate that there was a significant relationship between participants who had the training and higher levels of skill ($F [3, 74] = 31.28, p = .00$, partial $\eta^2 = .31, P = 1.00$), indicating that Hypothesis 3 was supported.

SOCCS and POI Subscales

Research question two asked if there was a significant relationship between awareness of sexism and heterosexism and knowledge, attitudes, and skills of PSCs and SCTs by examining the SOCCS and POI subscales. Hypothesis 4 noted that there will be a significant relationship between awareness of sexism and heterosexism and knowledge, attitudes and skills related to sexism and heterosexism.

This hypothesis was tested using Pearson product-moment correlation coefficient for pretest including the whole sample, for the post-test intervention group only, and post-test control group only. Correlations examining the relationship between the awareness of sexism and heterosexism (POI subscales) and knowledge, attitudes and skills were all found to be significant at the .01 level for all three correlations indicating that this hypothesis was supported. This information is displayed and values highlighted in boldface in Tables 9, 10, and 11.

Table 9

Correlation Statistics for Pretest Totals for SOCCS and POI

		PoiPre Total	SOCCS_TOTAL
PoiPre Total	Pearson Correlation	1.000	.509**
	Sig. (2-tailed)		.000
	N	74.000	74
SOCCS_Total	Pearson Correlation	.509**	1.000
	Sig. (2-tailed)	.000	
	N	74	74.000

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

The correlation between sexism and heterosexism and knowledge, awareness and skills on the pretest sample was ($r [72] = .509, p = .01$). The relationship between sexism and heterosexism awareness and sexual orientation competency indicates a moderate effect size ($r^2 = .26$; Cohen, 1988)

Table 10

Correlation Statistics for Post-test Treatment Group Only for SOCCS and POI

		PoiPre Total	SOCCS_TOTAL
Poi Total Tx	Pearson Correlation	1.000	.613**
	Sig. (2-tailed)		.000
	N	42.000	41

SOCCS_TotalTx	Pearson Correlation	.613**	1.000
	Sig. (2-tailed)	.000	
	N	41	43.000

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

The correlation between sexism and heterosexism and knowledge, awareness and skills on the post-test treatment group only was $r(41) = .613, p = .01$, indicating a moderate effect size ($r^2 = .38$; Cohen, 1988).

Table 11

Correlation Statistics for Post-test Control Group Only for SOCCS and POI

		PoiPre Total	SOCCS_TOTAL
Poi Total Control	Pearson Correlation	1.000	.692**
	Sig. (2-tailed)		.000
	N	32.000	30
SOCCS_Total Control	Pearson Correlation	.692**	1.000
	Sig. (2-tailed)	.000	
	N	30	30.000

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

The correlation between sexism and heterosexism and knowledge, awareness and skills on the post-test control group sample was $r(30) = .692, p = .01$, indicating a large effect size ($r^2 = .48$; Cohen, 1988).

Demographic Variables

Research question three examines how demographic variables such as number of LGBTQ clients seen, gender, and school level relate to levels of knowledge, attitudes and skills. Hypothesis 5 states that when controlling for previous training, a significant positive relationship exists between number of perceived LGBTQ clients seen and knowledge, attitudes and skills of PSCs and SCTs as measured by an increase on the SOCCS.

Hypothesis 6 indicates that when controlling for previous training, there will be a significant gender difference in knowledge, attitudes and skills of PSCs and SCTs in that females will have higher scores than males. Hypothesis 5 and Hypothesis 6 were examined using a Two-way ANCOVA procedure with the independent variables of gender and number of clients seen. The covariate is previous training and the dependent variable is knowledge, attitudes and skills as indicated by the composite SOCCS score. Levene's test was nonsignificant ($F [9, 62] = .893, p = .537$). The ANCOVA indicated there were no significant main and interaction effects for these variables. Hypothesis five and six were not supported (see Table 12).

Table 12

Hypothesis 6 Test of Between Subjects Effects

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power ^b
Corrected Model	13.362 ^a	10	1.336	4.294	.000	.413	.996
Intercept	154.320	1	154.320	495.951	.000	.890	1.000
SOCourse	6.676	1	6.676	21.455	.000	.260	.995
Gender	.000	1	.000	.001	.982	.000	.050
NumberClients	4.309	7	.616	1.979	.073	.185	.726
Gender * NumberClients	.215	1	.215	.690	.409	.011	.129
Error	18.981	61	.311				
Total	1359.948	72					
Corrected Total	32.342	71					

Hypothesis 7 states that when controlling for previous training and number of clients, there is a significant relationship between school level and levels of knowledge, attitudes and skills. Using a Two-way ANCOVA, the independent variables of school level (i.e. elementary, middle, high school) and Safe Space training (i.e. intervention and control group). The covariate is previous training and pretest scores and the dependent variable is knowledge, attitudes and skills as indicated by the composite SOCCS score post intervention.

Levene's showed no significance ($F [7, 58] = 1.304, p = .265$). Findings indicate that there was not a significant relationship between school level and knowledge, attitudes and skill ($F [9, 66] = 1.467, p = .198$, partial $\gamma^2 = .16, P = .57$). Hypothesis 7 was not supported.

Summary of Results

This study examined and evaluated the effects of a Safe Space training on PSCs and SCTs knowledge, awareness, and skills. This study looked specifically at the constructs of awareness of sexism and heterosexism as well. Demographic variables related to knowledge, attitudes and skills were also examined. The SOCCS and subscales of the POI were the two instruments used in this study. Both pre-existing instruments have been deemed psychometrically sound.

For this particular study, each tool was assessed to inspect whether there were significant differences in scores based on workshop type before specific research questions were examined. No significant difference was found. Reliability statistics were also conducted to determine internal consistency of instruments for this study. These statistics were compared to those in the original studies for both instruments.

Results run for this study indicated that these tools were psychometrically valid and useful for further data analysis and investigation.

Means and standard deviations were also run to outline the specific totals for pretest POI, totals for pretest SOCCS, post-test POI subscales and SOCCS total score and subscales for control and intervention groups. No major differences in these means and standard deviations were noted. Further analysis of trainings and groups were then conducted.

An overall examination of results of training showed that the Safe Space training was significant. When subcategories were examined separately, the training was seen to not directly impact levels of knowledge and awareness. However, when the subcategory of skill was examined separately, the training was seen to increase levels significantly.

Correlations examining the relationship between the awareness of sexism and heterosexism (POI subscales) and knowledge, attitudes and skills were all found to be significant. This relationship was examined on pretest sample, post-test control group, and the post-test control group. Again, significance was noted on each correlation.

Demographic variables were also examined in this study. Number of perceived LGBTQ clients seen yielded no significant main interaction effect for the levels of knowledge, attitudes and skill. In addition, gender did not play a role in the level of the knowledge, attitudes and skill. When school level was examined, a significant relationship between school level and knowledge, attitudes and skills was not supported.

CHAPTER FIVE

DISCUSSION

This study sought to evaluate and examine the impact of a Safe Space training on professional school counselors and school counselor trainees' levels of knowledge, awareness, and skills related to sexual orientation competency, and also the role of demographic variables in sexual orientation competency. Further, this study evaluated if there was a significant relationship between awareness of sexism and heterosexism (as indicated by the POI total score) and knowledge, awareness, and skills of PSCs and SCTs. Additionally, this study was aimed at providing information in order to equip counselors and educators in understanding the unique needs of sexual minority individuals and to assist counselors in providing the support system needed to promote success for LGBTQ students. By providing training geared at increasing counselor knowledge, awareness and skills, PSCs and SCTs may be able to provide supportive relationships that will seek to positively impact quality of life and serve as a protective factor for many LGBTQ individuals (Goodenow et al., 2006; Teasdale & Bradley-Engen, 2010).

Results showed that there are significant interactions between some of the variables tested. An overall analysis conducted to examine the trainings impact on knowledge, awareness and skill indicated that a significant relationship existed between individuals who received the training and higher levels of knowledge, awareness and skill. No correlation existed when examining specific scales of knowledge and awareness, meaning levels of knowledge and awareness did not raise enough to provide

significant results. However, when the skills subcategory was examined, a significant relationship existed. This suggests that the training was successful in increasing counselor skill. Power values play a role in findings of nonsignificance for the knowledge subcategory and the awareness category in that when an overall analysis was conducted, the effect size was large enough to indicate a significant power. However, when scales were disaggregated into the knowledge, awareness and skills subcategories, thus decreasing the number of participants in the groups (control vs. treatment group), this decreased the effect size and observed power was not significant.

Results also indicated statistical significance and moderate to large effect sizes when the relationship between heterosexism and sexism and sexual orientation competency were examined. This shows there are practically and statistically significant relationships between these variables. Finally, higher numbers on the heterosexism scale indicates an increased understanding of heterosexism as it relates to higher levels of knowledge, awareness and skills. Similarly, higher numbers on the sexism scale indicates an increased or a higher level of competency for sexual orientation as well.

Relationship of the Findings to Findings of Prior Studies

At the time the study was conducted, there was only one known previous study examining the effects of a training specific to LGBTQ individuals and counselors' knowledge, awareness and skills. For the current study, an overall ANCOVA was run to examine the training's impact on knowledge, awareness and skill competency when working with LGBT individuals. The ANCOVA for the overall analysis indicated that a statistically and practically significant relationship exists between individuals who received the training and higher levels of knowledge, awareness and skill.

Research Question One

Research question one asked “What is the impact of Safe Space training on participants’ knowledge, attitudes, and skills?” This question consisted of three hypotheses. The first hypothesis stated “when controlling for previous training and pretest scores, a significant positive relationship would exist between participants who had the training in that they would have higher levels of knowledge as evidence by a positive change in scores on the SOCCS and the POI”. This hypothesis was analyzed using an analysis of covariance (ANCOVA) and was not supported. Findings indicate that there was not a significant relationship between participants who had the training and higher levels of knowledge.

The second hypothesis under research question one examined the attitudes subscale. This hypothesis stated “when controlling for previous training and pretest scores, a significant positive relationship exists between training and attitudes toward LGBTQ individuals. Specifically, PSCs and SCTs who participated in the training would have significantly higher levels of positive attitudes as it relates to LGBTQ individuals, as evidence by a change in scores on the SOCCS”. An ANCOVA was run and found to be not significant, thus, the hypothesis was not supported.

In terms of previous research, as discussed extensively, research addressing counselor training and knowledge, awareness and skills is lacking. For this particular hypothesis, significant results were not substantiated however; positive implications exist in terms of this perhaps being a beneficial training.

As mentioned in Chapter three, a 2004 study intending to increase knowledge and attitudes actually indicated more negative attitudes after the intervention (Israel &

Hackett). Although the researchers discussed the possibility that increased knowledge assisted participants in better understanding their attitudes in a more realistic and honest manner, this finding was still troublesome. Another author notes that antigay attitudes are not necessarily alleviated by professional training and can actually intensify by trainings that support misconceptions (Greene, 2007). For this particular study, negative results did not occur suggesting that conceivably the training did not perpetuate misconceptions and that perhaps participants came into the training with realistic views of their attitudes, reported those honestly on the pretest, and were thus less likely to increase.

Another reason these results seem to indicate a beneficial training could be examined by understanding that knowledge and attitudes are seen to be somewhat as prerequisites for increased skill. Pederson (2000) promotes a multicultural competency training model that conceptualizes a progression from one component to the next, first knowledge, then awareness, then skill. Given the concept of progression from one component to the next, it could be that if participants' levels of knowledge and awareness were not somewhat positive from the beginning (as evaluated at pretest) then their levels of skill would not have increased as will be discussed in the third hypothesis.

Hypothesis three stated "when controlling for previous training and pretest scores, a significant positive relationship exists between PSCs and SCTs participating in Safe Space training and skill as measured by a change in scores on the SOCCS". Simply, by participating in the training, PSCs and SCTs would have increased levels of skill as it relates to working with LGBTQ individuals. This third hypothesis was also examined using an ANCOVA and was found to be statistically significant. Therefore, this

hypothesis was supported and the training increased levels of skill as it relates to working with LGBTQ individuals.

In relation to previous research, much of the current literature on LGBTQ issues and training clinicians is conceptual in nature. However, Stacher and Leggett (2007) found that among the professional school counselor's surveyed, positive attitudes toward LGBTQ individuals were associated with individuals who had attended a training about sexual minority individuals. While this study did not indicate increased levels of attitudes or awareness, increased level of skill is necessary for counselors working with LGBTQ individuals and could be seen as the last and most important step in increasing multicultural competency and for assisting this population.

Research Question Two

Research question two was “is there a significant relationship between awareness of sexism and heterosexism and knowledge, attitudes, and skills of PSCs and SCTs? (SOCCS/ POI subscales)?” This question consisted of one hypothesis (Hypothesis 4): “when controlling for previous training, there is a significant relationship between awareness of sexism and heterosexism and knowledge, awareness, and skills related to sexism and heterosexism”. This hypothesis was tested using Pearson product-moment correlation coefficient for pretest including the whole sample, for the post-test treatment group only, and post-test control group only. Correlations were all found to be significant and therefore the statement, there is a significant relationship between awareness of sexism and heterosexism and knowledge, attitudes, and skills of PSCs and SCTs was supported. Results indicated moderate and large effect sizes for these relationships; although the large effect for the control group was at the lower end and

could be argued as a moderate effect (i.e., $ES = .478$).

Previous research has indicated that students may avoid counselors who are suspected to hold homophobia or anti-LGBTQ attitudes (Fontaine, 1998). Additionally, the counselors may avoid the topic or choose not to acknowledge orientation issues. Possessing knowledge, awareness and skill as it related to the LGBTQ population also suggests that one is aware of homophobia and how this effects this minority population. As Jeltova and Fish (2005) point out, school staff may not always understand what comprises homophobia and/or anti-LGBTQ harassment and therefore may endure certain behaviors simply because of a lack of training and education. In this particular training, the significant relationship existing between awareness of sexism and heterosexism and knowledge, attitudes, and skills could signify that these participants not only possessed knowledge, awareness and skill in terms of multicultural competency, but also in terms of how these constructs relate specifically to homophobia and sexism.

Research Question Three

The third research question stated “how do demographic variables such as number of LGBTQ clients seen, gender and school level relate to knowledge, attitudes, and skills?” The three hypotheses were tested using ANCOVA procedures. Hypothesis five stated “when controlling for previous training, a significant positive relationship will exist between number of perceived LGBTQ clients seen and knowledge, attitudes and skills of PSCs and SCTs as measured by an increase on the SOCCS”. Hypothesis 6 was “when controlling for previous training, there will be a significant gender difference in knowledge, attitudes and skills of PCSs and SCTs. Specifically, females will have higher scores on the SOCCS”. Both hypotheses were examined using a Two-way ANCOVA

indicating nonsignificant results meaning both hypotheses were not supported. Power and effect size estimates were observed. Particular to hypothesis 6, there were not enough male participants and therefore not enough power to indicate significant results.

Hypothesis five stated “when controlling for previous training, a significant positive relationship will exist between number of perceived LGBTQ clients seen and knowledge, attitudes and skills of PSCs and SCTs as measured by an increase on the SOCCS”. In a study on school counselors, Fontaine noted that of the school counselors who reported negative feelings toward the subject of homosexuality, all had not had a student presenting with sexual orientation issues. This and other research suggests a lack of recognition of these students in the school (Goodrich & Luke, 2009) and could also mean that because of this lack of recognition, levels of knowledge, awareness and skills are lower. This hypothesis was not supported and could suggest a general lack of work experience. Lack of significance for this hypothesis could be explained by the majority of participants being students; thus many participants have few clients on their caseloads in general making their number of LGBTQ clients seen also minimal.

Hypothesis 6 stated “when controlling for previous training, there will be a significant gender difference in knowledge, attitudes and skills of PCSs and SCTs. Specifically, females will have higher scores on the SOCCS”. Previous literature suggests a gender biases in regards to the LGBTQ population. Bieschke, Paul, and Blasko (2007) reviewed empirically based research focused on the experiences of LGB clients in counseling and psychotherapy and noted that researchers have identified gender differences in attitudes toward LGB clients. Further, this article synthesizes and discusses multiple research studies indicating that when working with individuals of a

sexual minority, male therapists have less affirming attitudes than females.

For this study, hypothesis 6 was not supported. One speculation about why this was not supported is noted in terms of gender of participants. Since most participants in this study were female, it was difficult to determine if there was a gender difference. Perhaps having a participant sample consisting of more males would be better able to examine this hypothesis.

The final hypothesis stated “when controlling for previous training and number of clients, there is a significant relationship between school level and knowledge, attitudes and skills”. Using an ANCOVA to examine, again findings were not significant indicating that the hypothesis could not be supported. As previously discussed, Fontaine (1998) found that of the junior/senior high school counselors surveyed, 51% reported having contact with a student presenting with sexual orientation issues and 21% of the elementary school counselors surveyed reported seeing students with similar concerns. This could again indicate a lack of recognition of LGBTQ students and/or indicate a lack of knowledge, awareness, and skill as it relates to LGBTQ individuals specific school level. Alternatively, since the majority of the sample reported no previous training (i.e., trainees), and it can be assumed that these frequencies were similar across school levels, it may be likely that there are no significant differences for LGBTQ competency. Further research is needed to understand these issues as this hypothesis was not supported. Power and effect size were also examined for this particular hypothesis. Not enough power was observed to indicate significance.

Limitations of the Study

The present study included several extenuating limitations and threats to validity

indicating considerations for interpretations of results:

Validity Threats

As noted in Chapter 3, many validity threats exist in relation to this particular study. Creswell (2009) noted potential threats to internal and external validity and stated that many influences and threats impede the researcher's ability to correctly draw inferences from data and attribute these inferences to other people, settings, and/or future research and situations.

History. The internal validity threat of history can affect a study in that an event could occur that influences results. If such an event occurs, the researcher will minimize the effect by having both the experimental and control group experience the same event. History threats may occur for any pre/post test design, and participants could have been introduced to related material outside the training that could have influenced their post-test scores. For example, some students may have been exposed to other information that increased their knowledge, awareness and skills as it relates to sexual minority individuals.

Attrition. The threat of attrition is important to consider in that it poses a problem for any study relying on individuals. In this particular study, it was hoped that those participating would finish entire study in order to yield significant results. Out of the 77 that started and completed pretests, 74 completed the study. A complete data collection and training timeline indicating beginning number of participants can be seen in Chapter Four (table 1). Attrition is not seen as posing a threat in this particular study.

Pre-testing/testing. This particular threat is described as one in which participants become familiar and remember responses for future testing. This can be of

concern when the same tests are used. In this study, this threat is present in that participants took the pretest, the control group took the same test three weeks later, and then the entire group (both control and intervention) took the same test again a week later. The researcher minimized the effects of this threat from the beginning with the research design and by choosing instruments that were psychometrically rigorous. However, there may be some social desirability issues since only weak associations were noted regarding social desirability on the SOCCS. On the POI, Hays et al., 2007 did check for social desirability with the entire POI and found a nonsignificant relationship between social desirability and POI scores. Therefore, it is assumed that participants in this particular study were not responding in a socially desirable manner. Further, by spacing out the time intervals between the pre-test and the post-test for both the control and intervention groups, it was felt that this threat may not be an issue in this study and may not significantly impact the participants' responses.

Instrumentation. This particular threat exists when instruments are changed during a study after the pre-test and before the post-test thus influencing scores and potential outcome of results. Because the same instrument was used in this study, the threat of instrumentation did not pose a threat thus increasing the validity of some results. However, distribution and collection of these instruments differed in two of the trainings (as previously detailed) and this could have posed a threat. Therefore, means and standard deviations on each training were run for each group and major differences were not noted. Another instrumentation threat could exist in that the instruments used were not specifically developed for school counselors; however school counselors and school counselor trainees were included at a representative number for a large sample for both

instruments development (see Hays et al., 2007 and Bidell, 2005). Also, the instruments assessed perception as opposed to actual skill and there was a lack of longitudinal data (assess sustainability of change).

Selection. This type of validity threat is important to consider for this particular study. Selection can pose a threat since certain individuals may be interested in information and therefore have been more inclined to participate in this study causing them to have predisposed characteristics and possibly particular outcomes. This threat was minimized by randomly assigning individuals into either the control or the treatment group. However, this threat remains, particularly for hypothesis one, and deserves considerations when seeking to report results and/or generalize results.

Nonsignificant findings for hypothesis one could be indicated because of a selection limitation. As discussed in chapter three the limitation of selection could have played a significant role in the findings from this hypothesis. The selection limitation indicates that participants who are selected or tend to volunteer for certain research could in fact possess certain characteristics that make them more likely to yield certain outcomes (Creswell, 2009). In this particular hypothesis, this could have been the case in that individuals in six of the trainings were students currently enrolled in graduate counseling programs and could have been exposed to information about the LGBTQ population other than through formal training, thus increasing their levels of knowledge assessed at the pre-test. Further, participants may have had different ideas about what constitutes previous training as this was another self-reported item. In the other training, this could have also been the case in that those who already possessed a certain level of knowledge about the LGBTQ population were the ones that participated in the seventh

training (details of training seven are found in chapter four). It is possible that given the sample, the participants' levels of knowledge did not increase significantly per se, because the participants entered the training with a high level of knowledge already.

Hypothesis two could be discussed from the same limitation standpoint as hypothesis one. Non-significant findings for this hypothesis could also be indicated because of the selection limitation. The selection limitation could certainly have played a similar role in that participants entering the training already possessed high levels of positive attitudes about the LGBTQ population and therefore the training may not have raised their post training levels to that of statistical significance. In this particular hypothesis, this could also have been the case in that individuals in six of the trainings were students currently enrolled in graduate counseling programs and could have been exposed to self-reflection activities and initiatives about the LGBTQ population thus increasing their levels of attitudes assessed at the time of pre-test. In the other training, this could have also been the case in that those who already possessed a certain level of positive attitudes about the LGBTQ population were the ones that RSVPed to that particular training (details of training seven are found in chapter four). It is possible, as with all self report instruments that participants did not answer questions truthfully and were answering in a socially desirable manner.

Due to the nature of participant recruitment, a small sample, and selection threats discussed above, it is impossible to speculate on the generalizability of results. Generalizability would be a more salient concern if the participant pool spanned a greater area and if the number of participants were greater. For purposes of this study and for future research implications for addressing training of PCS's and SCTs in regards to

LGBTQ competencies, the results of this training should be considered as a place to start.

Maturation. This natural threat to internal validity can occur when instruments given are long. This threat is not of particular concern in this specific study since the instruments given are both relatively short in nature. The SOCCS is a total of 29 items and the POI subscales include 18 items. Natural changes and maturation could have still occurred, but is of little concern for these two surveys.

Statistical regression. This is another threat that is not of particular concern in this study. Since participants were not selected based on their scores on the pre-test, statistical regression did not pose a threat in this study. Also, pretest scores for the POI and SOCCS did not yield extreme means (see Table 7 and 8).

Statistical Conclusion. Creswell defines this threat arising when “experimenters draw inaccurate inferences from the data because of inadequate statistical power of the violation of statistical assumptions” (p. 163-164, 2009). In order to avoid the effects of this threat, ANOVAS were conducted as an adequate statistical procedure for most of the hypotheses being tested.

Interaction of selection and treatment. This last threat deserves discussion and further attention. This particular threat was not a threat discussed in chapter three and was not expected to pose a threat in this particular study. This threat states that “because of narrow characteristics of participants in the experiment, the researcher cannot generalize to individuals who do not have the characteristics of participants” (Creswell, 2009, p. 165). Since most of the participants in this study were female and trainees, generalizing this information to males and practitioners may not be legitimate. Other demographic variables were not as skewed but caution should still be used when

considering generalizability.

Implications for Counselors

This present study offers three main implications for counselors. Answering the call to action is the first implication discussed. The issue of training and the expectation that school counselors should train others is another implication outlined. Ideas for promoting a positive school climate is the last implication discussed below.

Answering the Call to Action

Much of the research on LGBTQ issues has been conceptual in nature. While this has been extremely important for the field, counselors, and individuals, this call to action has lacked specifics for answering this daunting challenge- leaving school counselors and counselor educators uninformed about how to alleviate this issue. This study provides a place to start in terms of answering the resounding call to action. While many limitations exist, the training was found overall to be significant and should be considered for future research trainings and further investigated for its effect on counselors' knowledge, awareness and skill.

Training Others

Researchers note the responsibility of school counselors in educating teachers and other school staff on issues specific to sexual minorities (DePaul, Walsh & Dam, 2009). However, such techniques can be nonexistent if school counselors have not been educated or trained in such areas. It is felt that by participating in this study, school counselors have been provided essential information that assists in not only their training, but provides them with essential information for conducting and carrying out their own training as well. The researcher gave each participant all training materials used and

discussed information in the training packets for the participants to hold trainings at their own schools.

Promoting Positive School Climate for All

By providing this training to school counselors, they will hopefully be equipped to train teachers, staff and other school personnel. School counselors were also equipped with the tools and information for talking with school personal, administration and others interested in learning more about this training. Important to note is that the training discusses specifically how providing a positive climate for all, affects all students- not just those identifying as LGBT. By understanding how anti-gay bias can hurt everyone, this training is not just limited to that of LGBTQ issues. Further, activities presented in the trainings can also be adapted for classroom guidance lessons and could enhance character education initiatives.

Implications for Counselor Educators

As discussed in previous sections, graduate training programs and counselor educators have an ethical responsibility to provide knowledgeable and ethical training for students. Research supports the fact that counselors are provided little or no specialized training or course work for working with LGBTQ individuals (Bidell, 2005; Burke, 1998; Kocarek & Pelling, 2003; Fassinger & Richie, 1997). This is a concept echoed over and over in the years of research addressing concerns of sexual minority individuals. What also appears nonexistent in the research is a means of addressing how counselor educators can in fact support and/or provide training initiatives specific for the LGBTQ population. Research is lacking in terms of how counselor educators can support SCTs to increase knowledge, awareness, and skill as these concepts relate to working effectively

with LGBTQ students (Goodrich & Luke, 2009). While many limitations exist in this particular study, it is hope that with some significant findings, this study provides a necessary place to start for increasing the constructs of knowledge, awareness and skill.

Since knowledge, awareness and skills are acknowledged as the three domains of multicultural counseling (Sue, 1998; Sue et al., 1982), an implication for counselor educators is to infuse specific activities that address these constructs. This can hopefully increase counselors multicultural competency. Understanding that knowledge and training have both been associated with more positive attitudes toward sexual minority individuals (Kim, D'Andrea, Poonam, & Gaughen, 1998) furthers the need for increased knowledge and enhanced training initiatives on the part of the counselor educator. Recognizing that a link between positive alterations of attitudes and a decrease in prejudice and homophobia has also been found (Sue & Sue, 1990) should further this endeavor as well. While little research exists that describes specifically how skill can be increased, it is hoped that this study enhances that area of research while also providing counselor educators with information from which to draw ideas for incorporating more self reflective activities in each and every class.

An additional way to possibly enhance the desired knowledge, awareness, and skill could also be through supervision. LGBTQ affirming supervision has been noted as a component of a positive supervision relationship and nonaffirming supervision has noted harmful effects (Burkard, Knox, Hess, & Schultz, 2009). It stands to reason that trained supervisors assist in the further development of trained school counselors and will therefore assist in increasing knowledge, awareness and skill as it relates to LGBTQ competencies.

Implications for Future Research

Significant findings from the present study will contribute to the literature on advocating for LGBTQ students and assisting PSCs and SCTs in acquiring the training necessary to face the challenges and provide support to assist schools in serving all of their unique students. As addressed, perhaps even results not found to be statistically significant are beneficial in terms of evaluating this specific training. This study provides a possible place to start for future research to expand and expound upon since previous research has indicated negative results in constructs such as attitudes.

The need for supportive and accepting counselors and educators is evident. Hopefully, this study has provided some information as to what counselors benefit from in terms of training to increase knowledge, awareness, and skill. Perhaps future research could focus on particular aspects of the training and evaluate components separately to further understand what is beneficial in this training. With statistics such as 50% of LGBTQ individuals have been unsatisfied and displeased with the counseling received due not only to the counselors' lack of understanding of homosexual concerns, but also due to the negative and heterosexist attitudes held by the counselors (Pearson, 2003; Rudolph, 1988), the need for continued training efforts is clear. The researcher hopes to continue this and other training initiatives and hopes to further evaluate this specific training on PSCs and SCTs with similar studies.

Future research could focus on going directly into school districts and training more school counselors currently in the field. Depaul, Walsh and Dam call school counselors' to renew their attention on the discussion of issues facing sexual minority students and to the implications present therein for school counselors' practice (2009). It

is hoped that by equipping counselors with the training needed, this call to action can better be answered.

Future research could also focus on gaining actual assessments of skill as opposed to perception data; i.e. assess students' reactions to counselors who have received the training and evaluate if a difference exists in counseling skill.

Demographic Variables

Future research could examine the impact of age on knowledge, awareness and skill. This was not a construct examined in this particular study and could be explored further in future studies. The research on this topic is somewhat confusing in that some research found that older participants actually held more positive beliefs and attitudes about LGBT individuals than did the younger participants (Kissinger et al., 2009).

Gender, as noted earlier, could also be examined further in future research studies. In this particular study, most of the participants were female. Although it would have been more desirable to have had more male participants, this reflects the gender distribution seen in the field of counseling and was not a surprise in this particular study.

Sexual orientation of counselors was also a demographic variable not examined in this study. This question was asked on the demographic sheet for examining demographic information but was not examined as part of a research question. This variable could be important for evaluating and understanding counselor knowledge, awareness and skill as LGBTQ counselors work with LGBTQ individuals. Future research should look at this variable.

Many questions remain unanswered in summarizing the results of this study. In terms of sustained change in knowledge, awareness and skill, the researcher does not

know of any research assessing the longitudinal effects and/or sustainability of three hour trainings. This is certainly an area for increased research and this study hopes to provide a beginning to this and other research initiatives. It would have been very beneficial for this study if this design allowed for a follow-up survey several weeks or months following in order to examine lasting impact. However, this particular design and study timeline did not allow for follow up surveys. Assessing the sustainability of this program is extremely important and should be considered for future research. This researcher plans to assess for this in future studies.

Conclusions

In response to the call for a comprehensive approach to counselor advocacy (Myers, Sweeney, & White, 2002), school counselor advocacy for LGBTQ individuals is a vital component. This study aimed to increase knowledge, awareness and skills as related to working with LGBTQ individuals. Even though the construct of skill was the only statistically significant finding in terms of these three components, it is still hoped that if these constructs are increased, PSCs and SCTs will be better able to provide supportive relationships that will seek to greatly impact quality of life and serve as a protective factor for many LGBTQ individuals (Goodenow et al., 2006; Teasdale & Bradley-Engen, 2010).

Heterosexism is a troubling concept in our schools impacting sexual minority youth and heterosexual individuals as well (Kimmel & Mahler, 2003). Schools have an ethical, moral and legal obligation to provide support and protection for all students and face many challenges in this process (Weiler, 2004). In order to provide students with the protective features known to decrease mental health issues (Goodenow et al., 2006),

counselor training seems essential.

Research has outlined many risk factors associated with heterosexism, which lead to sexual minority youth being more susceptible to abuse, violence, harassment, drug use, depression, and risky sexual behavior (Espelage & Swearer, 2008; Harrison, 2003; Saewyc et al., 2006; Stone, 2003; Weiler, 2003). Yet research has also indicated that supportive school climates may play a protective role in the lives of LGBTQ youth (Teasdale & Bradley-Engen, 2010). Providing PSCs and SCTs with training specific to the needs of sexual minority youth is a necessity. Findings from this study support future trainings and provide overall significant results for this Safe Space training.

CHAPTER SIX**MANUSCRIPT**

Evaluating the Effects of a Safe Space Training for
Professional School Counselors and Trainees

Rebekah Byrd

Danica G. Hays

Old Dominion University

To be submitted to the

Journal of Counseling and Development

Author Note

Rebekah Byrd is now an assistant professor in the Department of Human Development and Learning at East Tennessee State University and was a doctoral candidate at Old Dominion University during the study completion. Danica G. Hays is an associate professor in the Department of Counseling and Human Services at Old Dominion University, Norfolk, VA. Correspondence regarding this manuscript should be directed to: Dr. Rebekah Byrd at Human Development & Learning, East Tennessee State University, PO Box 70548 Johnson City, TN 37614-0685.

Abstract

Advocating and being an ally for all students are ethical and legal obligations for professional school counselors. Safe Space, a training designed to facilitate competency for working with and serving as an ally for LGBTQ youth (i.e., LGBTQ competency), has received increased attention in counselor preparation. The purpose of this experimental study is twofold: (1) to evaluate and examine the impact of Safe Space training on professional school counselors and school counselor trainees' competency levels with attention to various demographic variables; and (2) to explore the relationship between LGBTQ competency and awareness of sexism and heterosexism.

Evaluating the Effects of a Safe Space Training for Professional School Counselors and Trainees

Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are at a disproportionate risk for depression, suicide, psychiatric care and hospitalization, poor school performance, truancy, running away, substance abuse and sexually risky behaviors (Stone, 2003; Vare & Norton, 1998; Weiler, 2004). Schools, then, may be a fundamental location for intervention geared towards assisting sexual minority youth since many peer and school related factors are significant sources of symptoms for these concerns (Teasdale, 2010). Further, 21% and 51% of professional school counselors (PSCs) in elementary and middle/high schools respectively note that they encountered a student presenting with sexual orientation issues (Fontaine, 1998). These statistics are likely underestimated since PSCs may not identify LGBTQ students if students avoid those who are not receptive or affirming of sexual minority issues (Goodrich & Luke, 2009).

Advocating and being an ally for all students are ethical and legal obligations for PSCs (Weiler, 2004). Since schools are in a unique position as it is one of the few institutions that almost all LGBTQ students- whether “out” or not- attend, PSCs have a unique opportunity to facilitate growth, awareness, knowledge and understanding so that both sexual minority and heterosexual individuals can learn and develop in a positive school environment. By providing an educative and affirming environment, they assist in dispelling myths about LGBTQ individuals and support accurate perceptions that can then be understood and perpetuated for not only the good of the school and outside community (Black & Underwood, 1998; Weiler, 2005).

In order to advocate for LGBTQ youth, PSCs must receive adequate competency training. That is, expanding their knowledge, awareness, and skills for working with these students requires attention to counselor bias and self-awareness, knowledge specific to sexual orientation concerns as well as the intersection of heterosexism and homophobia with other forms of oppression, and advocacy and other intervention skills. Counselors must be aware of the beliefs and attitudes they hold and bring with them into the counseling relationship that may ultimately interfere with the therapeutic process and relationship (DePaul, Walsh, & Dam, 2009; Gonsiorek, 1988; Kissinger, Lee, Twitty, & Kisner, 2009). Additionally, PSCs must attend to the value of therapy for LGBTQ adolescents as they navigate developmental changes: “the relational aspect of individual counseling allows for a restoration of the capacity for interpersonal authenticity in adolescents who may have presented false selves to the world for some period of time” (DePaul et al., para. 38).

The Safe Space training is one available training that aims to increase competency for working with LGBTQ individuals. The Safe Space training, developed by The Gay, Lesbian and Straight Educators Network, is a three hour manualized program designed to educate about issues related to LGBTQ and provide strategies for support and intervention (GLSEN, 2006). Many elements are needed for a training geared at addressing knowledge, awareness and skills. It is felt that the GLSEN Safe Space Training addresses all of these integral parts. By providing training such as the Safe Space training that may increase knowledge, awareness and skills for working with LGBTQ youth, PSCs may be able to provide supportive relationships that will seek to greatly impact the quality of life and serve as a protective factor for many LGBTQ

individuals (Goodenow, Szalacha, & Westheimer, 2006; Teasdale & Bradley-Engen, 2010).

Thus, there is increasing attention to the experiences and needs of LGBTQ adolescents and thus a stronger emphasis on counselor preparation related to this population. Unfortunately, while most counselors will work with individuals who identify as LGBTQ, research indicates that PSCs receive little or no training in regards to knowledge about advocating for LGBTQ individuals (Callahan, 2001; Fassinger & Richie, 1997; Kissinger et al., 2009; Walters & Hayes, 1998). Additionally, there is limited empirical support for existing training interventions, such as Safe Space however, one study sought to be the first to examine the effectiveness of a training among psychology graduate students (Finkel, Storaasli, Bandele & Schaefer, 2003). In fact, much of the existing literature on concerns facing LGBTQ individuals and training implications of practitioners is conceptual in nature.

This experimental study evaluated the impact of Safe Space training on PSCs and school counselor trainees' competency levels across various demographic variables and explored the relationship between LGBTQ competency and awareness of sexism and heterosexism. The following three research questions were examined: (1) What is the impact of Safe Space training on participants' knowledge, attitudes, and skills for working with LGBTQ individuals (i.e., LGBTQ competency)?; (2) Is there a significant relationship between awareness of sexism and heterosexism and LGBTQ competency?; and (3) How do demographic variables (i.e., number of LGBTQ clients seen, gender, and school level) relate to LGBTQ competency?

For Research Question 1, it was hypothesized that, when controlling for previous

training and pretest scores, a significant positive relationship exists between receiving the Safe Space training and LGBTQ competency. That is, those who participate in the Safe Space training will report significantly higher competency levels (Hypothesis 1). For Research Question 2, it was hypothesized that, when controlling for previous training, there is a significant interaction effect between awareness of sexism and heterosexism and LGBTQ competency (Hypothesis 2). There are two hypotheses for Research Question 3. First, when controlling for previous training, there is a significant interaction between number of clients seen and participant gender and LGBTQ competency (total SOCCS score; Hypothesis 3). Specifically, a greater number of clients seen and being female will be significantly associated with LGBTQ competency. Second, when controlling for previous training, a significant interaction will exist between group assignment (intervention or control) and school level and LGBTQ competency (total SOCCS score; Hypothesis 4).

Method

Participants and Procedure

The first author recruited PSCs and school counselor trainees (SCTs) at a state level school counseling conference. Other participants and faculty at local universities heard about this training and contacted the first author. Based on an initial pool of participants, information was distributed electronically to Graduate Program Directors and local school counselors. Upon IRB approval, participants were contacted directly.

Participants included 77 PSCs in a local school district and school counselor trainees in three universities in a Mid-Atlantic state, participating in 1 of 7 Safe Space trainings (with 74 usable survey packets). Individuals were randomly assigned to a

treatment or a control group, and all participants received the training. The first author conducted six trainings in school counseling classes at three universities over two semesters and one training at 1 of the 3 universities and included SCTs and PSCs.

The sequence of data collection for six of the trainings was as follows. First, the first author distributed a pretest packet to all participants for each training except one, four weeks before scheduled training. Second, participants in each group were randomly assigned to treatment and control groups for statistical purposes; the first author gave the posttest packet three weeks following the pretest packet to the control groups for all trainings except one. (Due to weather and scheduling conflicts, the professor of one class gave standardized instructions for giving out the pretest and posttests for one group. During this time, the researcher was available by telephone to answer any questions should they arise from the participants.) Finally, a week following the posttest period for the control group, the training was given and the first author distributed the posttest packet to all participants at the end of each training. Data from those participants who had not served as controls made up the intervention group for statistical purposes.

One of the seven trainings (PSCs and school counseling trainees) followed the same timeline as the first six trainings, however, the first author gave out pre- and posttest packets occurred through email. To maintain confidentiality participants returned packets via email or fax to the second author who had a secure location at the university where the training was held. Any identifying information associated with their return distribution was removed by the second author before the packets were returned to the researcher.

Most participants were school counselor trainees (83.8%), and the mean age was

27.95 ($sd= 7.42$; Range= 22 to 57 years). Number of participants in each workshop are as follows with gender also identified. Workshop 1: 23 females, 1 male; Workshop 2: 7 females, 2 males; Workshop 3: 4 females, 2 males; Workshop 4: 10 females, 1 male; Workshop 5: 6 females, 2 males; Workshop 6: 8 females, 1 male; Workshop 7: 7 females, 1 male. Total number of males: 9 (12.2%) and total number of females: 65 (87.8%). With respect to sexual orientation, only one counselor reported being gay with the rest of the sample reporting a heterosexual identity. When asked if individuals had a friend that identified as LGBT, 59.5% indicated “yes” while 33.8% indicated “no.” (See appendix 1 for more detailed table)

Another reported demographic was race/ethnicity. White/European American made up the largest category with 47 (63.5%) individuals identifying as White/European American. The second largest category reported was African American which made up 25.7% of the participant population. Biracial/Multiracial: 3 (4.1%); Asian American: 2 (2.7%); Hispanic: 2 (2.7%); Native American: 1 (1.4%). The mean for the average client caseload was reported to be 71 with a range of 0-500. The number of individual reporting working in an elementary school was 14 (18.9%); middle school: 9 (12.2%); high school: 14 (18.9%); alternative: 2 (2.7%); both elementary and middle: 1 (1.4%); all three school levels: 1 (1.4%), and 24 (32.4%) reported ‘no school level’ which could be due to the large sample of participants that were currently SCTs.

Safe Space training. The training was developed by The Gay, Lesbian and Straight Educators Network (GLSEN) and is aimed at teaching and informing the participants about LGBTQ individuals and safe school climates as well as assisting these educators in educating and training others. Training sessions followed the outline of the

GLSEN training manual and included information, lecture, large group activities and small group components. The training lasts approximately three hours. The training outlined information and statistics on LGBTQ youth, discussed through group work ways in which anti-LGBT bias hurts everyone, asked participants to reflect on beliefs and attitudes held about LGBTQ individuals, recognize biases, discuss benefits and challenges to coming out, and provide intervention ideas and specific techniques for intervening when homophobia and heterosexual bullying is noticed. By providing education, strategies, support, and their own training manual for implementation in their schools, the researchers hoped that more individuals will be assisted thus furthering the reach of advocacy.

Instrumentation

Demographic sheet. Demographic information was collected on each participant. The demographic information included information on participant age, gender, ethnicity, sexual orientation, religious/spiritual orientation, degree(s) held, training and program information, experience, number of clients seen, and school level information.

Participant generated ID sheet. The authors included a participant generated ID sheet, which allows individuals to select an ID to be used for repeated measures purposes. Each participant selected a personal six digit identification number to assist in pre- and posttest matching, ensure confidentiality, and to identify control group participants.

Sexual Orientation Competency Scale (SOCCS). The SOCCS (Bidell, 2005) examines knowledge, attitudes, and skills of counselors with regards to sexual minority clients. The scale was used in pre- and posttest format to measure the effectiveness of

the training program. The 29-item scale uses a 7-point Likert scale (of 1= *not at all true* to 7= *totally true*) that participants endorse various statements related to sexual orientation concerns. Higher scores indicate increased levels of counselor competency regarding sexual orientation. Sample items include “It would be best if my clients viewed a heterosexual lifestyle as ideal” and “Being born a heterosexual person in this society carries with it certain advantages.” The SOCCS is a psychometrically valid (i.e., strong criterion-related and convergent validity) and reliable instrument with an overall coefficient alpha of .90 with .88 on the attitudes subscale, .91 on the skills subscale and .76 on the knowledge subscale (Bidel, 2005).

Privilege and oppression inventory (POI). The POI (Hays, Chang, & Decker, 2007) is a 39-item measure of awareness of privilege and oppression. This scale is self-report and uses a 6-point Likert scale to examine one’s knowledge and understanding of privilege and oppression as it exists across race, gender, sexual orientation, socioeconomic status, and religion/spirituality. The Likert scale ranges from (1) *strongly disagree* to (6) *strongly agree* with lower score indicating a low level of awareness for each subscale.

The POI has four subscales; white privilege awareness, heterosexism awareness, Christian privilege awareness, and sexism awareness. For the purposes of this study, only the subscales of heterosexism and sexism were used. Since the POI demonstrates strong content validity and internal consistency for each subscale, it is acceptable to use certain subscales as opposed to using the entire inventory. Reliability estimates for this sample for the heterosexism awareness and sexism awareness subscales were .81 and .79, respectively. Convergent validity was significant at the .01 alpha level with

heterosexism awareness ($r=.35$) and sexism awareness ($r = .32$) Hays et al., 2007).

Results

Descriptive Statistics for Assessment Tools

Table 1 and Table 2 provides the means and standard deviations for the pretest and posttest POI and SOCCS scores for control and intervention groups for the total sample ($n=74$). To ensure there were no significant differences in scores based on training group, group means were compared for the seven trainings, and no significant differences were noted. (See Table 1) The overall the total sample for the SOCCS scored mean of 4.41 with a standard deviation of .67 at pretest, 4.31 with a .66 standard deviation at posttest for control, and 4.94 with a standard deviation of .82 at post-test for the intervention group. For the POI the overall total sample scored a mean of 4.99 with a standard deviation of .65 at pretest, 4.99 with a standard deviation at post-test for the control group, and 5.05 with a standard deviation of .80 at post-test for the intervention. (See Table 2) No major differences were noted, indicating that the scores obtained from each of the seven test groups were similar. Thus, significant differences obtained pre to post training for the entire sample can be assumed to be related to treatment as opposed to group-related variations in responses.

The Impact of Safe Space Training on LGBTQ Competency

To test the first research question, What is the impact of Safe Space training on participants' knowledge, attitudes, and skills for working with LGBTQ individuals (i.e., LGBTQ competency, an ANCOVA was run to examine the training's influence on knowledge, awareness and skill levels when controlling for previous training experiences and pretest scores. The ANCOVA indicated that a significant relationship exists between

individuals who received the training and higher levels of knowledge, awareness, and skill ($F [3,74] = 9.844, p = .002$, partial $\gamma^2 = .12, P = .87$). Further, Levene's test was conducted and found nonsignificant, indicating that the group variance was equal hence the assumption of homogeneity of variance was not violated ($F [1,72] = 1.484, p = .23$).

When the various components of LGBTQ competency were disaggregated (knowledge, attitudes, skills) to assess the impact of the Safe Space Training for PSCs and school counselor trainees, there was mixed support. More specifically, there was not a significant relationship between the intervention group's pretest and posttest scores for knowledge ($F [3, 74] = .068, p = .79$, partial $\gamma^2 = .001, P = .06$) or attitudes ($F [3, 74] = .687, p = .41$, partial $\gamma^2 = .01, P = .13$). However, there was a significant change in pretest and posttest score for the skills subscale for the intervention group ($F [3, 74] = 31.28, p = .00$, partial $\gamma^2 = .31, P = 1.00$). To test ANCOVA assumptions, Levene's test was conducted and indicated that group variances were equal for the knowledge ($F [1, 72] = 1.33, p = .252$), attitudes ($F [1, 72] = .67, p = .41$), and skills subscales ($F [1, 72] = .12, p = .91$). Hypothesis 1, that those who in the intervention group of the Safe Space training will report significantly higher competency levels, is partially supported. Overall, there is a significant change in SOCCS scores for the intervention but not the control group. When change scores for SOCCS subscales are considered, however, there is only a significant change for the skills subscale.

Awareness of Sexism and Heterosexism and LGBTQ Competency

To test the second research question, is there a significant relationship between awareness of sexism and heterosexism and LGBTQ competency, a correlational analysis was conducted between the SOCCS and POI total scales by test administration. There

was a significant positive relationship for the pretest administration ($r [74] = .51, p < .01$), posttest control group administration ($r [30] = .69, p < .01$), and posttest intervention group administration ($r [41] = .61, p < .01$). Respectively, correlations indicate a moderate effect size for pretest total ($r^2 = .26$) and posttest intervention ($r^2 = .38$) groups and a large effect size for the posttest control group ($r^2 = .48$; Cohen, 1988). Hypothesis 2 was supported.

Demographic Variables and LGBTQ Competency

The third research question was: how do demographic variables (i.e., number of LGBTQ clients seen, gender, and school level) relate to LGBTQ competency? There were two hypotheses associated with this research question. To test Hypotheses 3, a two-way ANCOVA was conducted to assess the association between number of clients seen and gender of participant, controlling for previous training, and LGBTQ competency (total SOCCS score at pretest administration). The ANCOVA indicated there were no significant main and interaction effects for these variables, and Hypothesis 3 was not supported. Specifically, there was no significant relationship between SOCCS scores and number of clients seen ($F[7, 72] = 1.98, p = .073, \text{partial } \gamma^2 = .185, P = .73$) and gender ($F[1, 72] = .001, p < .98, \text{partial } \gamma^2 = .00, P = .05$). Levene's test was nonsignificant ($F[9, 62] = .893, p = .54$), indicating the homogeneity of variance assumption was met.

Hypothesis 4 states that when controlling for previous training and number of clients, there is a significant relationship between school level and LGBTQ competency (total SOCCS score at posttest administration). Using a two-way ANCOVA, the relationship between school level (i.e. elementary, middle, high school) and Safe Space training (i.e., intervention and control group) and LGBTQ competency was evaluated, controlling for

previous training. Levene's test showed no significance ($F [7, 58] = 1.304, p = .265$). Findings indicate that there was not a significant relationship between school level and LGBTQ competency ($F [9, 66] = 1.467, p = .20$, partial $\gamma^2 = .16, P = .57$). Hypothesis 4 was not supported.

Discussion

This study sought to evaluate and examine the impact of a Safe Space training on professional school counselors and school counselor trainees' levels of knowledge, awareness, and skills related to sexual orientation competency, and the role of demographic variables in sexual orientation competency. Further, this study evaluated if there was a significant relationship between awareness of sexism and heterosexism (as indicated by the POI total score) and knowledge, awareness, and skills of PSCs and SCTs. Additionally, this study was aimed at providing information in order to equip counselors and educators in understanding the unique needs of sexual minority individuals and to assist counselors in providing the support system needed to promote success for LGBTQ students. By providing training geared at increasing counselor knowledge, awareness and skills, PSCs and SCTs may be able to provide supportive relationships that will seek to greatly impact quality of life and serve as a protective factor for many LGBTQ individuals (Goodenow et al., 2006; Teasdale & Bradley-Engen, 2010).

Results showed that there are significant interactions between some of the variables tested. An overall analysis conducted to examine the training's impact on knowledge, awareness and skill indicated that a significant relationship existed between individuals who received the training and higher levels of knowledge, awareness and

skill. No correlation existed when examining specific scales of knowledge and awareness meaning levels of knowledge and awareness did not raise enough to provide significant results. However, when the skills subcategory was examined, a significant relationship existed suggesting that the training was successful in increasing counselor skill. Power values play a role in nonsignificance for the knowledge subcategory and the awareness category in that when an overall analysis was conducted, the effect size was large enough to indicate a significant power. When scales were disaggregated, thus decreasing the number of participants, this decreased the effect size and observed power was not significant.

Results also indicated statistical significance and moderate to large effect sizes when the relationship between heterosexism and sexism and sexual orientation competency were examined. This shows there are practically and statistically significant relationships between these variables. Finally, higher numbers on the heterosexism scale indicates an increased understanding of heterosexism as it relates to higher levels of knowledge, awareness and skills. Similarly, higher numbers on the sexism scale indicates an increased or a higher level of competency for sexual orientation as well.

Implications for Counselors and Counseling Practice

This present study offers three main implications for counselors that inform counseling practice. Answering the call to action is the first implication discussed. The issue of training and the expectation that school counselors should train others is another implication outlined. Ideas for promoting a positive school climate is the last implication discussed below.

Answering the Call to Action

Much of the research on LGBTQ issues has been conceptual in nature calling counseling to action. While this has been extremely important for the field, counselors and individuals, this call to action has lacked specifics for answering this daunting challenge leaving school counselors and counselor educators ill equipped and confused about how to alleviate this issue. This study provides a place to start in terms of answering the resounding call to action and directly impacting and informing practice. While many limitations exist, the training was found overall to be significant and should be considered for future research trainings and further investigated for its effect on counselors' knowledge, awareness and skill.

Training Others

Researchers note the responsibility of school counselors in educating teachers and other school staff on issues specific to sexual minorities (DePaul, Walsh & Dam, 2009). However, such techniques can be nonexistent if school counselors have not been educated or trained in such areas. It is felt that by participating in this study, school counselors have been provided essential information that assists in not only their training, but provides them with essential information for conducting and carrying out their own training as well. The researcher gave each participant all training materials used and discusses information in the training packets for the participants to hold trainings at their own schools.

Promoting Positive School Climate for All

By providing this training to school counselors, they are equipped to train teachers, staff and other school personnel. School counselors are also equipped with the tools and information for talking with school personnel, administration and others

interested in learning more about this training. Important to note is that the training discusses specifically how providing a positive climate for all, effects all students- not just those identifying as LGBT. By understanding how anti-gay bias can hurt everyone, this training is not just limited to that of LGBTQ issues. Further, activities presented in the trainings can also be adapted for classroom guidance lessons and could enhance character education initiatives.

Implications for Future Research

Significant findings from the present study will contribute to the literature on advocating for LGBTQ students and assisting PSCs and SCTs in acquiring the training necessary to face the challenges and provide support to assist schools in serving all of their unique students. As addressed, perhaps even results not found to be statistically significant are beneficial in terms of evaluating this specific training. This study provides a necessary place to start for future research to expand and expound.

Future research could also focus on going directly into school districts and training more school counselors currently in the field. Depaul, Walsh and Dam call school counselors' to renew their attention to the discussion of issues facing sexual minority students and to the implications present therein for school counselors' practice (2009). It is hoped that by equipping counselors with the training needed, this call to action can better be answered.

References

- Black, J., & Underwood, J. (1998). Young, female, and gay: Lesbian students and the school environment. *Professional School Counseling, 1*, 15-21. Retrieve from <http://search.ebscohost.com.proxy.lib.odu.edu/login.aspx?direct=true&db=oih&AN=288444&site=ehost-live>
- Bidell, M. (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*, 267-279. Retrieve from <http://search.ebscohost.com.proxy.lib.odu.edu/login.aspx?direct=true&db=trh&AN=17407862&site=ehost-live>
- Callahan, C. J. (2001). Protecting and counseling gay and lesbian students. *Journal of Humanistic Counseling, Education and Development, 40* (1), 5-11. Retrieve from <http://search.ebscohost.com.proxy.lib.odu.edu/login.aspx?direct=true&db=pbh&AN=37564386&site=ehost-live>
- Cohen, J. (1992). A power primer. *Psychological Bulletin, 112*, 155-159. doi: 10.1037/0033-2909.112.1.155
- 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), p. 300-308. Retrieve from <http://search.ebscohost.com.proxy.lib.odu.edu/login.aspx?direct=true&db=pbh&AN=37564386&site=ehost-live>
- Fassinger, R. E., & Richie, B. S., (1997). Sex matters: Gender and sexual orientation in training for multicultural counseling competency. In D.B. Pope-Davis & H. L. K.

- Coleman (Eds.), *Multicultural counseling competencies: assessment, education and training, and supervision* (pp. 83-110). Thousand Oaks, CA: Sage.
- Finkel, M., Storaasli, A., Bandele, A., & Schaefer, V. (2003). Diversity training in graduate school: An exploratory evaluation of the safe zone project. *Professional Psychology: Research and Practice*, 34, 555-561. doi: 10.1037/0735-7028.34.5.555
- Fontaine, J. (1998). Evidencing a need: School counselors' experience with gay and lesbian students. *Professional School Counseling*, 1, 8-15. Retrieve from <http://search.ebscohost.com.proxy.lib.odu.edu/login.aspx?direct=true&db=oih&AN=288441&site=ehost-live>
- GLSEN (2006). *GLSEN safe space: A how-to guide for starting an allies program*. New York: GLSEN. Retrieve from <http://www.glsen.org/cgi-bin/iowa/all/home/index.html>
- Gonsiorek, J. (1988). Mental health issues of gay and lesbian adolescents. *Journal of Adolescent Health Care*, 9, 114-122. doi:10.1016/0197-0070(88)90057-5
- 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, 573-589. doi:10.1002/pits.20173
- Goodrich, K. & Luke, M. (2009). LGBTQ responsive school counseling. *Journal of LGBT Issues in Counseling*, 3 (2), 113-127.
- Hays, D. G., Chang, C. Y., & Decker, S. L. (2007). Initial development and psychometric data for the privilege and oppression inventory. *Measurement and Evaluation in Counseling and Development*, 40, 66-79.

- Kissinger, D. B., Lee, S.M., Twitty, L., & Kissner, H. (2009). Impact of family environment on future mental health professionals' attitudes toward lesbians and gay men. *Journal of Homosexuality*, 56, 894-920. doi: 10.1080/00918360903187853
- Stone, C. (2003). Counselors as advocates for gay, lesbian, and bisexual youth: A call for equity and action. *Journal of Multicultural Counseling and Development*, 31, 143-152. Retrieve from <http://search.ebscohost.com.proxy.lib.odu.edu/login.aspx?direct=true&db=psyh&AN=2003-05102-007&site=ehost-live>
- Teasdale, B. & Bradley-Engen, M. S. (2010). Adolescent same-sex attraction and mental health: The role of stress and support. *Journal of Homosexuality*, 57, 287-309. doi: 10.1080/00918360903489127
- Vare, J. & Norton, T. (1998). Understanding gay and lesbian youth: Sticks, stones and silence. *The Clearing House*, 71, 327-331. doi:10.1080/00098659809599584
- Walters, A. S., & Hayes, D. M. (1998). Homophobia within schools: Challenging the culturally sanction dismissal of gay students and colleagues. *Journal of Homosexuality*, 35, 1-23. Retrieve from <http://gx6ac71q4l.search.serialssolutions.com.proxy.lib.odu.edu/?sid=EBSCO:MEDLINE&genre=article&title=Journal+Of+Homosexuality&atitle=Homophobia+within+schools%3a+challenging+the+culturally+sanctioned+dismissal+of+gay+students+and+colleagues.&author=Walters+AS&authors=Walters+AS%3bHayes+DM&date=19980101&volume=35&issue=2&spage=1&issn=00918369>
- Weiler, E. (2004). Legally and morally, what our gay students must be given. *Education*

Digest: Essential Readings Condensed for Quick Review, 69, 38-43. Retrieve

from

<http://search.ebscohost.com.proxy.lib.odu.edu/login.aspx?direct=true&db=ehh&A>

N=11968017&site=ehost-live

Appendix A

Table 1 *Descriptive Statistics by Workshop Type*

Instrument/Group		Mean	SD
Workshop 1	Pretest POI	5.22	.39
	Posttest POI Control	5.14	.33
	Posttest POI Tx	5.37	.50
	Pretest SOCCS	4.46	.57
	Posttest SOCCS Control	4.60	.37
	Posttest SOCCS Tx	5.19	.58
Workshop 2	Pretest POI	4.97	.44
	Posttest POI Control	5.4	.58
	Posttest POI Tx	5.27	.60
	Pretest SOCCS	4.15	.38
	Posttest SOCCS Control	4.49	.57
	Posttest SOCCS Tx	4.95	.35
Workshop 3	Pretest POI	5.23	.29
	Posttest POI Control	5.44	.70
	Posttest POI Tx	5.32	.40
	Pretest SOCCS	4.33	.75
	Posttest SOCCS Control	5.03	.24
	Posttest SOCCS Tx	4.20	.88
Workshop 4	Pretest POI	4.93	1.01
	Posttest POI Control	4.9	.81
	Posttest POI Tx	4.78	1.39
	Pretest SOCCS	4.45	.90
	Posttest SOCCS Control	4.27	.95
	Posttest SOCCS Tx	5.06	1.30
Workshop			

5			
	Pretest POI	4.54	.59
	Posttest POI Control	4.54	.38
	Posttest POI Tx	4.85	1.03
	Pretest SOCCS	3.82	.55
	Posttest SOCCS	3.83	.30
	Control		
	Posttest SOCCS Tx	4.81	.71
Workshop			
6			
	Pretest POI	4.90	.72
	Posttest POI Control	5.30	.58
	Posttest POI Tx	4.58	.78
	Pretest SOCCS	4.23	.78
	Posttest SOCCS		
	Control	4.38	.75
	Posttest SOCCS Tx	4.69	.95
Workshop			
7			
	Pretest POI	4.67	.60
	Posttest POI Control	4.67	.62
	Posttest POI Tx	4.51	.54
	Pretest SOCCS	4.19	.65
	Posttest SOCCS		
	Control	3.95	.99
	Posttest SOCCS Tx	5.04	.83

Note: Tx= Intervention Group

APPENDIX B

Table 2 Means and Standard Deviations for the POI and SOCCS Total Scales and Subscales per Group Assignment

Group	Pretest	Posttest Control	Posttest Intervention
POI Total	4.99 (.65)	4.99 (.55)	5.05 (.80)
SOCCS Total	4.41 (.67)	4.31 (.66)	4.94 (.82)
SOCCS- Knowledge	4.54 (1.07)	4.97 (.95)	5.17 (1.04)
SOCCS-Awareness	6.32 (1.02)	6.34 (.92)	6.44 (.95)
SOCCS- Skill	2.50 (1.04)	2.36 (.97)	3.66 (.97)

Note. Standard deviations are presented in parentheses following mean estimates.

References

- American Counseling Association. (2000). ACA Briefing paper: Discrimination based on sexual orientation. Alexandria, VA: Author.
- American Counseling Association. (2005). ACA code of ethics. Alexandria, VA: Author.
- American School Counseling Association. (2007). ASCA position statement: The professional school counselor and LGBT youth (originally adopted 1995, revised 2000, 2005, 2007). Alexandria, VA: Author.
- American School Counselor Association. (2005). *The ASCA national model: A framework for school counseling programs* (2nd ed.). Alexandria, VA: Author.
- American School Counseling Association (2004). Ethical standards for school counselors. (originally adopted 1984, revised 1992, 1998, 2004). Alexandria, VA: Author.
- Bart, M. (1998, September). Creating a safe school for gay students. *Counseling Today*, 26, 36, 39.
- Bello, M. (2010, May 21). Cities across the USA to observe Harvey Milk Day. *USA Today*, p. 3A.
- Berger, C. (2005). What becomes of at-risk gay youths? *Gay and Lesbian Review Worldwide*, 12, 24-25.
- Bidell, M. (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, 267-279.
- Bieschke, K. J., Paul, P. L., & Blasko, K. A. (2007). Review of empirical research

- focused on the experience of lesbian, gay, and bisexual clients in counseling and psychotherapy. In K. J. Bieschke, R. M. Perez, & K. A. DeBord, (Eds), *Handbook of counseling and psychotherapy with Lesbian, Gay, Bisexual and Transgender Clients* (2nd Ed. pp. 293-315). Washington, DC: American Psychological Association.
- Black, J., & Underwood, J. (1998). Young, female, and gay: Lesbian students and the school environment. *Professional School Counseling, 1*, 15-21.
- Borowsky, I., Ireland, M., & Resnick, M. (2001). Adolescent suicide attempts: Risks and protectors. *Pediatrics, 107*, 485-93.
- Buhrke, R. A., & Douce, L. A. (1991). Training issues for counseling psychologists in working with lesbian women and gay men. *The Counseling Psychologists, 19*, 216-234.
- Burkard, A. W., Knox, S., Hess, S. A., & Schultz, J. (2009). Lesbian, gay and bisexual supervisees' experiences of LGB-affirmative and nonaffirmative supervision. *Journal of Counseling Psychology, 56*, 176-188.
- Burrow-Sanchez, J. J., Lopez, A. L., & Slagle, C. P. (2008). Perceived competence in addressing student substance abuse: A national survey of middle school counselors. *Journal of School Health, 78*, 280-286.
- Callahan, C. J. (2001). Protecting and counseling gay and lesbian students. *Journal of Humanistic Counseling, Education and Development, 40* (1), 5-11.
- Carroll, L. (2010). *Counseling sexual and gender minorities*. Upper Saddle River: Pearson Education, Inc.
- Carroll, L., Gilroy, P. G., & Ryan, J. (2002). Counseling transgendered, transsexual and

- gender-variant clients. *Journal of Counseling and Development*, 80, 131-139.
- Carver, P. R., Egan, S. K., & Perry, D. G. (2004). Children who question their heterosexuality. *Developmental Psychology*, 40, 43-53.
- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, 4(3), 219-235.
- Cass, V. C. (1984). Homosexual identity formation: Testing a theoretical model. *Journal of Homosexuality*, 20(2), 143-167.
- Christianson, C. L., & Everall, R. D. (2009). Breaking the silence: School counsellors' experiences of client suicide. *British Journal of Guidance and Counselling*, 37, 157-168.
- Chung, B., & Katayama, M. (1998). Ethnic and sexual identity development of Asian-American lesbian and gay adolescents. *Professional School Counseling*, 1, 21-26.
- Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112, 155-159.
- Coleman, E. (1982). Developmental stages of the coming out process. *Journal of Homosexuality*, 7, 31-43.
- Conoley, J. C. (2008). Sticks and stones can break my bones and words can really hurt me. *School Psychology Review*, 37, (2), 217-220.
- Cook, A.T. (1991). Who is killing whom? *Issues paper No.1, Respect All Youth Project*. Washington, DC. INSITE and P-FLAG.
- Cooley, J. J. (1998). Gay and lesbian adolescents: Presenting problems and the counselor's role. *Professional School Counseling*, 1 (3), 30-35.
- Creswell, J. (2009). *Research design: qualitative, quantitative, and mixed methods approaches*. (3rd ed.). Thousand Oaks: SAGE Publications, Inc.

- D'Augelli, A., Hershberger, S., & Pilkington, N. (2001). Suicidality patterns and sexual orientation-related factors among lesbian, gay, and bisexual youths. *Suicide and Life-Threatening Behavior*, 31, 250-64.
- D'Augelli, A.R. (2002). The cutting edges of lesbian and gay psychology. In A.Coyle & C. Kitzinger (Eds.), *Lesbian and gay psychology: New perspectives* (pp. xiii-xvi). London: British Psychology Society/Blackwell.
- D'Augelli, A. R. (2003). Mental health problems among lesbian, gay, and bisexual youth ages 14-21. *Clinical Child Psychiatry and Psychiatry*, 7, 439-462.
- Davis v. Monroe Board of Education, 526 U.S. 629 (1999).
- Deisher, R.W. (1989). Adolescent homosexuality: Preface. *Journal of Homosexuality*, 17 (1/2), xiii-xv.
- 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), p. 300-308.
- Espelage, D. L., Aragon, S. R., Birkett, M., Koenig, B. W. (2008). Homophobic teasing, psychological outcomes, and sexual orientation among high school students: What influence do parents and schools have? *School Psychology Review*, 37, 202-216.
- Espelage, D. L , & Swearer, S. M. (2008). Addressing research gaps in the intersection between homophobia and bullying. *School Psychology Review*, 37, 155-159.
- Fassinger, R. E., & Richie, B. S., (1997). Sex matters: Gender and sexual orientation in training for multicultural counseling competency. In D.B. Pope-Davis & H. L. K. Coleman (Eds.), *Multicultural counseling competencies: assessment, education*

- and training, and supervision* (pp. 83-110). Thousand Oaks, CA: Sage.
- Fein, A. H., Carlisle, C. S., & Isaacson, N. S. (2008). School shootings and counselor leadership: Four lessons from the field. *Professional School Counseling*, 11, 246-252.
- Fineran, S. (2001). Sexual minority students and peer sexual harassment in high school. *Journal of School Social Work*, 11, 50-59.
- Finkel, M., Storaasli, A., Bandele, A., & Schaefer, V. (2003). Diversity training in graduate school: An exploratory evaluation of the safe zone project. *Professional Psychology: Research and Practice*, 34, 555-561.
- Fontaine, J. (1998). Evidencing a need: School counselors' experience with gay and lesbian students. *Professional School Counseling*, 1, 8-15.
- Frank, D. A., II, & Cannon, E. P. (2009). Creative approaches to serving LGBTQ youth in schools. *Journal of School Counseling*, 7, 1-25.
- Gagne, P., Tewksbury, R., & McGaughey, D. (1997). Coming out and crossing over: Identity formation and proclamation in a transgender community. *Gender & Society*, 11, 478-508.
- Garofalo, R., Wolf, C., & Wissow, L., Woods, E. R., & Goodman, E. (1999). Sexual orientation and risk of suicide attempts among a representative sample of youth. *Archives of Pediatric and Adolescent Medicine*, 153, 487-493.
- Gates, G. J. (2006). Same-sex couples and the gay, lesbian, bisexual population: New estimates from the American Community Survey. UC Los Angeles: The Williams Institute. Retrieved from: <http://www.escholarship.org/uc/item/8h08t0zf>
- Gaughan, E., Cerio, J., & Myers, R. (2001). *Lethal violence in schools: A national*

- survey. Final report.* Alfred, NY: Alfred University.
- Gibbs, N., & Roche, T. (1999, December 20). The Columbine tapes: In five secret videos they recorded before the massacre, the killers reveal their hatreds- and their lust for fame. *Time*, p. 40.
- Gibson, P. (1989). Gay male and lesbian youth suicide. In M. Feinleib (Ed.), *Prevention and intervention in youth suicide (Report to the Secretary's Task Force on Youth Suicide, 3, 110-142)*. Washington, D.C: U.S. Department of Health and Human Services.
- GLSEN (2006). *From teasing to torment: A report on school climate in Virginia*. New York: GLSEN.
- GLSEN (2006). *GLSEN safe space: A how-to guide for starting an allies program*. New York: GLSEN.
- Goldfried, M. (2001). Integrating gay, lesbian, and bisexual issues into mainstream psychology. *American Psychologist*, 56, 977-88.
- 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, 573-589.
- Goodrich, K. & Luke, M. (2009). LGBTQ responsive school counseling. *Journal of LGBT Issues in Counseling*, 3 (2), 113-127.
- Gonsiorek, J. (1988). Mental health issues of gay and lesbian adolescents. *Journal of Adolescent Health Care*, 9, 114-122.
- Gould, M., Greenberg, T., & Velting, D., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: A review of the past 10 years. *Journal of the American*

- Academy of Child and Adolescent Psychiatry*, 42, 386-405.
- Greene, B. (2007). Delivering ethical psychological services to lesbian, gay and bisexual clients. In K. J. Bieschke, R. M. Perez, & K. A. DeBord, (Eds), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual and transgender clients* (2nd Ed. pp. 293-315). Washington, DC: American
- Hansen, A. (2007). School-based support for GLBT students: A review of three levels of research. *Psychology in the Schools*, 44, 839-848.
- Harris, M. B., & Bliss, G. K. (1997). Coming out in the school setting: Former students' experiences and opinions about disclosure. In M.B. Harris (Ed.), *School experiences of gay and lesbian youth* (pp. 85-100). New York: Harrington Park Press.
- Harrison, T. (2003). Adolescent homosexuality and concerns regarding disclosure. *Journal of School Health*, 73, 107-112.
- Hays, D. G., Chang, C. Y., & Decker, S. L. (2007). Initial development and psychometric data for the privilege and oppression inventory. *Measurement and Evaluation in Counseling and Development*, 40, 66-79.
- Heimberg, R., & Safren, S. (1999). Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *Journal of Consulting and Clinical Psychology*, 67, 859-866.
- Herek, G. M. (1998). The attitudes towards lesbians and gay men (ATLG) scale. In C. M. Davis, W. L. Yarber, R. Bauserman, G. Schreer, & S. L. Davis (Eds.) *Handbook of sexuality-related measures* (pp. 392-394). Thousand Oaks, CA: Sage.

- Hermann, M., & Herlihy, B. (2006). Legal and ethical implications of refusing to counsel homosexual clients. *Journal of Counseling and Development, 84*, 414-418.
- Human Rights Watch. (2001). Hated in the hallways. Violence and discrimination against lesbian, gay, bisexual, and transgendered students in U.S. schools. U.S.: Human Rights Watch.
- Hunt, B., Matthews, C., Milsom, A., & Lammel, J. A. (2006). Lesbians with physical disabilities: A qualitative study of their experiences with counseling. *Journal of Counseling and Development, 64*, 163-173.
- Israel, T., & Hackett, G. (2004). Counselor education on lesbian, gay, and bisexual issues: Comparing information and attitude exploration. *Counselor Education and Supervision, 43*, 179-191.
- Jeltova, I., & Fish, M.C. (2005). Creating school environments responsive to gay, lesbian, bisexual, and transgender families: Traditional and systemic approaches for consultation. *Journal of Educational and Psychological Consultations, 16*, 17-22.
- Kim, B. S. K., D'Andrea, M. J., Poonam, K. S. & Gaughen, K. J. S. (1998). A multicultural study of university students' knowledge of and attitudes toward homosexuality. *Journal of Humanistic Education and Development, 36*, 171-182.
- Kinsey, A. C., Pomeroy, W. B., & Martin, C.E. (1948). *Sexual behavior in the human male*. Philadelphia: W.B.
- Kissinger, D. B., Lee, S.M., Twitty, L., & Kissner, H. (2009). Impact of family environment on future mental health professionals' attitudes toward lesbians and

- gay men. *Journal of Homosexuality*, 56, 894-920. doi: 10.1080/00918360903187853
- Kitts, R. (2005). Gay adolescents and suicide: Understanding the association. *Adolescence*, 40, 621-627.
- Kocarek, C. E., & Pelling, N. J. (2003). Beyond knowledge and awareness: Enhancing counseling skills for work with gay, lesbian, and bisexual clients. *Journal of Multicultural Counseling and Development*, 31, 99-112.
- Kosciw, J. G. (2004). *The 2003 national school climate survey: The school-related experiences of our nation's lesbian, gay, bisexual and transgender youth*. New York: GLSEN.
- Kosciw, J. G., & Cullen, M.K. (2001). *The 2001 national school climate survey: The school-related experiences of our nation's lesbian, gay, bisexual and transgender youth*. New York: GLSEN.
- Kosciw, J. G., and Diaz, E. M. (2008). *Involved, invisible, ignored: The experiences of lesbian, gay, bisexual and transgender parents and their children in our nation's K-12 schools*. New York: GLSEN.
- Kosciw, J. G., Diaz, E. M., and Greytak, E. A. (2008). *2007 national school climate survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.
- Lamme, L. L., & Lamme, L. A. (2002). Welcoming children from gay and lesbian families into our schools. *Educational Leadership*, 59, 65-72.
- Lemoire, J., & Chen, C. (2005). Applying person-centered counseling to sexual minority adolescents, *Journal of Counseling and Development*, 83, 146-160.

- Lipkin, A. (1999). *Understanding homosexuality, changing schools: A text for teachers, counselors, and administrators*. Boulder, CO: Westview Press.
- Lock, J., & Steiner, H. (1999). Gay, lesbian, and bisexual youth risks for emotional, physical, and social problems: Results from a community-based survey. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 297-304.
- Macgillivray, I. K. (2000). Educational equity for gay, lesbian, bisexual, transgender, and queer/questioning students: The demands of democracy and social justice for America's schools. *Education and Urban Society*, 32, 303–323. doi: 10.1177/0013124500323003
- Matthews, C. R., & Bieschke, K. J. (2001). Adapting the ethnocultural assessment to gay and lesbian clients: The sexual orientation enculturation assessment. *Journal of Humanistic Counseling, Education and Development*, 40, 58-73.
- McCabe, P. C., & Robinson, 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.
- McFarland, W. P., & Dupuis, M. (2003). The legal duty to protect gay and lesbian students from violence in the school. In T. P. Remley, Jr., M. A. Hermann, & W. C. Huey (Eds.), *Ethical and legal issues in school counseling* (2nd Ed., pp. 341-357). Alexandria, VA: American School Counselor Association.
- McWhirter, J. J., McWhirter, B. T., McWhirter, E. H., & McWhirter, R. J. (2007). *At risk youth: A comprehensive response for counselors, teachers, psychologists, and human services professionals* (4th ed.). Belmont, CA: Brooks/Cole.

- Melchert, T. P., Hays, V. L., Wiljanen, L. M., & Kolocek, A. K. (1996). Testing models of counselor development with a measure of counseling self-efficacy. *Journal of Counseling and Development, 74*, 640-644.
- Mufioz-Plaza, C., Quinn, S. & Rounds, K. (2002). Lesbian, gay, bisexual and transgender students: perceived social support in the high school environment. *The High School Journal, 52-60*.
- Murdock, T. B., & Bolch, M. B. (2005). Risk and protective factors for poor school adjustment in lesbian, gay and bisexual (LGB) high school youth: Variable and person-centered analyses. *Psychology in the Schools, 42*, 159-172.
- Myers, J., Sweeney, T., & White, V. (2002). Advocacy for counseling and counselors: A professional imperative. *Journal of Counseling and Development, 80*, 394-402.
- Nabozny v.Podlesny, 92 F.3d 446 (W.D. Wisc. 1996).
- Paul, J., Catania, J., Pollack, L., Moskowitz, J., Canchola, J., Mills, T., Binson, D., & Stall, R. (2002, August). Suicide attempts among gay and bisexual men: Lifetime prevalence and antecedents. *American Journal of Public Health, 92*, 1338-1345.
- Pearson, Q. M. (2003). Breaking the silence in the counselor education classroom. *Journal of Counseling and Development, 81*, 292-300.
- Pedersen, P. (2000). *A handbook for developing multicultural awareness* (3rd. ed.)
Alexandria, VA: American Counseling Association
- Phillips, J. C. (2000). Training issues and considerations. In R. M. Perez, K.A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 337-358). Washington, DC: American Psychological Association.

- Ponterotto, J. G., Gretchen, D., Utsey, S. O., Rieger, B. P., & Austin, R. (2002). A revision of the multicultural counseling awareness scale. *Journal of Multicultural Counseling and Development, 30*, 153-180.
- Pope, M., Bunch, L. K., Szymanski, D. M., & Rankins, M. (2003). Counseling sexual minority students in the schools. In B. Erford (Ed.). *Handbook for professional school counseling*, (p.221-245). Greensboro, NC: ERIC/CASS.
- Proctor, C. D. & Groze, V. K. (1994). Risk factors for suicide among gay, lesbian and bisexual youths. *Social Work, 39*, 504-513.
- Remafedi, G. (1987). Adolescent homosexuality: Psychological and medical implications. *Pediatrics, 79*, 331-337.
- Remafedi, G. (1999). Sexual orientation and youth suicide. *Journal of the American Medical Association, 282*, 1291-1292.
- Remafedi, G., Farrow, J.A., & Deisher, R.W. (1991). Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics, 87*, 869-875.
- Roesler, T., & Deisher, R.W., (1972). Youthful male homosexuality. *Journal of the American Medical Association, 219*, 1018-1023.
- Rudolph, J. (1988). Counselors' attitudes toward homosexuality: A selective review of the literature. *Journal of Counseling and Development, 67*, 165-168.
- Russell, S., & Joyner, K. (2001), Adolescent sexual orientation and suicide risk: Evidence from a national study, *American Journal of Public Health, 91*, 1276-1281.
- Ryan, D., & Martain, A. (2000). Lesbian, gay, bisexual, and transgender parents in the school systems. *School Psychology Review, 29*, 207-216.

- Saewyc, E. M., Bearinger, L. H., Blum, R. W., & Resnick, M. D. (1999). Sexual intercourse, abuse and pregnancy among adolescent women: Does sexual orientation make a difference? *Family Planning Perspective, 31*, 127-131.
- Saewyc, E.M., Skay, C. L. Pettingell, S. L., Reis, E.A., Bearinger, L., Resnick, M., Murphy, A., & Cook, L. (2006). Hazards of stigma: The sexual and physical abuse of gay, lesbian, and bisexual adolescents in the United States and Canada. *Child Welfare League of America, 85*, 195-213.
- Saltzburg, S. (2004). Learning that an adolescent child is gay or lesbian: The parent experience. *Social Work, 49*, 109-118.
- Saltzburg, S. (2007). Narrative therapy pathways for re-authoring with parents of adolescents coming-out as lesbian, gay, and bisexual. *Contemporary Family Therapy, 29*, 57-69.
- Savage, T., & Harley, D. (2009). A place at the blackboard: LGBTIQ. *Multicultural Education, 16*, 2-9.
- Savage, T., Harley, D., & Nowak, T. (2005). Applying social empowerment strategies as tools for self-advocacy in counseling lesbian and gay male clients, *Journal of Counseling and Development, 83*, 131-142.
- Savin-Williams, R. C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology, 62*, 261-269.
- Scales, P. C. (2005). Developmental assets and the middle school counselor. *Professional School Counseling, 9*, 111-118.

- Schneider, M. (1989). Sappho was a right-on adolescent: growing up lesbian. *Journal of Homosexuality*, 17 (1/2), 111-129.
- Singh, A. A. & Burnes, T. R. Creating developmentally appropriate, safe, counseling environments for transgender youth: The critical role of school counselors. *Journal of LGBT Issues in Counseling*, 3, 215-234.
- Smith, S. D., & Chen-Hayes, S. F. (2004). Leadership and advocacy for lesbian, bisexual, gay, transgendered, and questioning (LBGTQ) students: Academic, career, and interpersonal success strategies. In R. Perusse, & G. E. Goodnough (Eds). *Leadership, advocacy and direct service strategies for professional school counselors* (pp. 187 -211) Belmont, CA: Brooks/Cole.
- Stacher, J., & Legget, M. (2007). Homonegativity among professional school counselors: An exploratory study. *Professional School Counseling*, 11, 10-16.
- Stoddard, J. T., Dibble, S. L., & Fineman, N. (2009). Sexual and physical abuse: A comparison between lesbians and their heterosexual sisters. *Journal of Homosexuality*, 56, 407-420. doi: 10.1080/00918360902821395
- Stone, C. (2003). Counselors as advocates for gay, lesbian, and bisexual youth: A call for equity and action, *Journal of Multicultural Counseling and Development*, 31, 143-152.
- Strawser, S., Markos, P. A., Yamaguchi, B. J., & Higgins, K. (2000). A new challenge for school counselors: Children who are homeless. *Professional School Counseling*, 3, 162-171.
- Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist*, 45, 440-448.

- Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttall, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist, 10*, 45-52.
- Sue, D. W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice* (2nd ed.). New York: Wiley.
- Sullivan, P. (1989). Sexual identity development: The importance of target or dominant group membership. In R. C. Sanlo (Ed.). *Working with lesbian, gay, bisexual, and transgender college students: A handbook for faculty and administrators* (pp. 3-12). Westport, CT: Greenwood Press.
- Swearer, S. M., Turner, R. K., Givens, J. E., & Pollack, W. S., (2008). "You're so gay!": Do different forms of bullying matter for adolescent males? *School Psychology Review, 37*, 160-173.
- Talburt, S. (2004). Constructions of LGBT Youth: Opening up subject positions. *Theory Into Practice, 43*, 116-121.
- Teasdale, B. & Bradley-Engen, M. S. (2010). Adolescent same-sex attraction and mental health: The role of stress and support. *Journal of Homosexuality, 57*, 287-309.
doi: 10.1080/00918360903489127
- Telljohann, S. K., & Price, J. H. (1993). A qualitative examination of adolescent homosexuals' life experiences: Ramification for secondary school personnel. *Journal of Homosexuality, 26* (1), 41-56.
- Tharinger, D. & Wells, G. (2000). An attachment perspective on the developmental challenges of gay and lesbian adolescents: The needs for continuity of caregiving from family and schools. *School Psychology Review, 29*, 158-172.

- Troiden, R. R. (1989). The formation of homosexual identities. *Journal of Homosexuality*, 17, 43-73.
- Udry, J., & Chantala, K. (2002). Risk assessment of adolescents with samesex relationships. *Journal of Adolescent Health*, 31, 84-92.
- U.S. Department of Health and Human Services. (2004). *Ten leading causes of death by age group, United States, 2004*. National vital statistics system: Office of Statistics and Programming Atlanta, GA National Center for Injury Prevention and Control.
- Uribe, V., & Harbeck, K.M., (1993). Addressing the needs of lesbian, gay and bisexual youth: The origins of Project 10 and school-based intervention. *Journal of Homosexuality*, 22, 9-28.
- Vare, J. & Norton, T. (1998). Understanding gay and lesbian youth: Sticks, stones and silence. *The Clearing House*, 71, 327-331.
- Van Leeuwen, J. M., Boyle, S., Salomonsen-Sautel, S., Baker, N. B., Garcia, J.T., Hoffman, A., & Hopfer, C. J. (2006). Lesbian, gay and bisexual homeless youth: An eight-city public health perspective. *Child Welfare League of America*, 85, 151-170.
- Wagner v. Fayetteville Public Schools. (1998). Administrative proceedings, U.S. Department of Education.
- Walker, J. A., & Prince, T. (2009). Training Considerations and suggested counseling interventions for LGBT individuals. *Journal of LGBT Issues in Counseling*, 4, 2-17.
- Wall, V. (1995). *Beyond tolerance: Gays, lesbians and bisexual on campus*. A

handbook of structured experiences and exercises for training and development.

Washington, DC: American College Personnel Association.

Walters, A. S., & Hayes, D. M. (1998). Homophobia within schools: Challenging the culturally sanctioned dismissal of gay students and colleagues. *Journal of Homosexuality*, 35, 1-23.

Weiler, E. (2004). Legally and morally, what our gay students must be given. *Education Digest: Essential Readings Condensed for Quick Review*, 69, 38-43.

Worthington, R. L., Savoy, H., Dillon, F. R., & Vernaglia, E. R. (2002). Heterosexual identity development: A multidimensional model of individual and group identity. *Counseling Psychologist*, 30, 496-531.

APPENDICES

Appendix A: Application for Exempt Research

Appendix B: Informed Consent

Appendix C: Participant Demographic Sheet

Appendix D: Participant Generated ID Sheet

Appendix E: Sexual Orientation Counselor Competency Scale (SOCCS)

Appendix F: Privilege and Oppression Inventory (POI)

Appendix G: Letter to Graduate Program Directors

Appendix H: Letter to Previously Recruited Participants

APPENDIX A**APPLICATION FOR EXEMPT RESEARCH**

Dr. Hays:

Your proposal submission titled, "**Evaluating the Effects of a Safe Space Training on Professional School Counselors and School Counseling Trainees**" has been deemed EXEMPT by the Human Subjects Review Committee of the Darden College of Education. If any changes occur, especially methodological, notify the Chair of the DCOE HSRC, and supply any required addenda requested of you by the Chair. You may begin your research once the committee receives a signed copy of your ODU Exempt Application. **Please send a signed hardcopy of your application submission to the address below.** Thank you.

Edwin Gómez, Ph.D.
Associate Professor
Chair, Human Subjects Review Committee, DCOE
Recreation & Tourism Studies, ESPER
Old Dominion University
2010 Student Recreation Center
Norfolk, VA 23529-0196
757-683-xxxx (ph)

OLD DOMINION UNIVERSITY APPLICATION FOR EXEMPT RESEARCH

Note: For research projects regulated by or supported by the Federal Government, submit 10 copies of this application to the Institutional Review Board. Otherwise, submit to your college human subjects committee.

Responsible Project Investigator (RPI) The RPI must be a member of ODU faculty or staff who will serve as the project supervisor and be held accountable for all aspects of the project. Students cannot be listed as RPIs.		
First Name: Danica	Middle Initial: G	Last Name: Hays
Telephone: 757.683.xxxx	Fax Number: 757.683.xxxx	E-mail: dhays@odu.edu
Office Address: 110 Education Building		
City: Norfolk	State: VA	Zip: 23529
Department: ELC		College: Counseling
Complete Title of Research Project: Students' Perspectives of Experiential Learning: A Qualitative Analysis of Student Journals during a Two Week Abstinence Project		Code Name (One word): Abstinence
Investigators Individuals who are directly responsible for any of the following: the project's design, implementation, consent process, data collection, and data analysis. If more investigators exist than lines provided, please attach a separate list.		
First Name: Rebekah	Middle Initial: J	Last Name: Byrd
Telephone: 828-275-xxxx	Fax Number:	Email: rbyrd@odu.edu
Office Address: 250-2 110 Education Building		
City: Norfolk	State: VA	Zip: 23517
Affiliation: <input type="checkbox"/> Faculty <input checked="" type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Staff <input type="checkbox"/> Other		
First Name:	Middle Initial:	Last Name:
Telephone:	Fax Number:	Email:
Office Address:		
City:	State:	Zip:
Affiliation: <input type="checkbox"/> Faculty <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Staff <input type="checkbox"/> Other		
List additional investigators on attachment and check here: <input type="checkbox"/>		

Type of Research

1. This study is being conducted as part of (check all that apply):

☐ Faculty Research
☒ Doctoral Dissertation
☐ Masters Thesis

☐ Non-Thesis Graduate Student Research
☐ Honors or Individual Problems Project
☐ Other _____

Funding

2. Is this research project externally funded or contracted for by an agency or institution which is independent of the university? Remember, if the project receives ANY federal support, then the project CANNOT be reviewed by a College Committee and MUST be reviewed by the University's Institutional Review Board (IRB).

☒ Yes (If yes, indicate the granting or contracting agency and provide identifying information.)
☐ No

Research Dates

3a. Date you wish to start research (MM/DD/YY) 6 / 20 / 09
 3b. Date you wish to end research (MM/DD/YY) 6 / 20 / 10

Human Subjects Review

4. Has this project been reviewed by any other committee (university, governmental, private sector) for the protection of human research participants?

☐ Yes
☒ No

4a. If yes, is ODU conducting the primary review?

☐ Yes
☐ No (If no go to 4b)

4b. Who is conducting the primary review?

5. Attach a description of the following items:

- ☒ Description of the Proposed Study
☒ Research Protocol
☐ References
☒ Any Letters, Flyers, Questionnaires, etc. which will be distributed to the study subjects or other study participants
☐ If the research is part of a research proposal submitted for federal, state or external funding, submit a copy of the FULL proposal

Note: The description should be in sufficient detail to allow the Human Subjects Review Committee to determine if the study can be classified as EXEMPT under Federal Regulations 45CFR46.101(b).

Exemption categories

6. Identify which of the 6 federal exemption categories below applies to your research proposal and explain

why the proposed research meets the category. Federal law 45 CFR 46.101(b) identifies the following EXEMPT categories. Check all that apply and provide comments.

SPECIAL NOTE: The exemptions at 45 CFR 46.101(b) do not apply to research involving prisoners, fetuses, pregnant women, or human in vitro fertilization. The exemption at 45 CFR 46.101(b)(2), for research involving survey or interview procedures or observation of public behavior, does not apply to research with children, except for research involving observations of public behavior when the investigator(s) do not participate in the activities being observed.

☒ (6.1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

Comments:

Advocating and being an ally for all students are ethical and legal obligations for professional school counselors. This can be of particular concern when all students are not being assisted. Charged with implementing change within a system, school counselors are faced with myriad challenges daily. The purpose of this study is to evaluate and examine the impact of Safe Space training on PSC's and SCT's.

Participant selected ID's will be utilized to ensure confidentiality. Participants will produce their own ID's according to the instructions on the sheet provided and will use this ID on all collected materials. This will also serve to match pre and post test packets for accuracy.

____(6.2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) Information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; AND (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Comments:

____(6.3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if:

(i) The human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

Comments:

____(6.4) Research, involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

Comments:

____ (6.5) Does not apply to the university setting; do not use it

____(6.6) Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

Comments:

PLEASE NOTE:

1. You may begin research when the College Committee or Institutional Review Board gives notice of its approval.
2. You MUST inform the College Committee or Institutional Review Board of ANY changes in method or procedure that may conceivably alter the exempt status of the project.

APPENDIX B

INFORMED CONSENT

Dear Sir or Madam,

It is an honor to invite you to participate in a research study. The project title is: *Evaluating the effects of a Safe Space training on professional school counselors and school counseling trainees.*

The purpose of this form is to provide you with information on the study so that you can decide to participate or decline involvement. There is no penalty for declining participation. A possible foreseeable risk is mild discomfort discussing discrimination. Please keep this form for your records.

If you wish to take advantage of this **free** training opportunity, please complete the attached demographic sheet. This will also serve as confirmation of your consent.

The purpose of this study is to evaluate and examine the impact of Safe Space training on professional school counselors and school counselor trainees.

Participation will include a pretest, a post-test three weeks following for half of the participants, and a free three hour training the following week. This training is intended to promote multicultural competency. A demographic form and two survey instruments will also be utilized. Participants may withdraw at any time with no penalty. All information for this study will be kept confidential and identification numbers will be applied to all documents to keep all identifying information confidential unless otherwise required by law. The results of the study may be used in reports, presentations, and publication.

The primary investigator for this study is Rebekah Byrd, M.S.Ed., LPC, NCC, a doctoral candidate in the Department of Educational Leadership and Counseling in the College of Education at Old Dominion University. This study is approved by ODU's IRB board on exempt status and is under the direction of Dr. Hays (dhays@odu.edu). Feel free to contact me with any questions or concerns related to this study at rbyrd@odu.edu or 828-275-xxxx.

Thank you for your consideration!

APPENDIX C

PARTICIPANT DEMOGRAPHIC SHEET

Demographic Sheet

Age: _____ **Gender:** _____ Female _____ Male _____ Transgender _____

Race/Ethnicity:

African American _____ Asian American _____ Hispanic _____ Native American _____

White/European American _____

Biracial/Multiracial _____ Other not specified: _____

Sexual Orientation: Bisexual _____ Gay/Lesbian _____ Heterosexual _____ Questioning _____

Other not specified: _____

Have LGBTQ relative or close friend? Yes: _____ No: _____

Religious/Spiritual Orientation:

Buddhist _____ Christian _____ Hindu _____ Jewish _____ Muslim _____ Agnostic/Atheist _____

Other not specified: _____

Are you: Non-Practicing _____ Somewhat Practicing _____ Practicing _____

Highest Degree Completed:

Bachelors _____ Masters _____ Educational Specialist _____

Doctorate _____

Current Educational Level:

Bachelors _____ Masters _____ Educational Specialist _____

Doctorate _____ N/A _____

Program attended/attending CACREP Accredited? _____ Yes _____ No _____

_____ Unsure _____

Program Track: School _____ Community _____ Mental Health _____ College _____

Did you have a class on multicultural counseling? _____ Yes _____ No _____

_____ Unsure _____

Have you ever attended a workshop or training specific to sexual orientation concerns?

_____ Yes _____ No _____ Unsure _____

Counseling Experience (before masters): _____ Years _____ Months

Counseling Experience (post-masters): _____ Years _____ Months

Approximate total number of clients seen during the past academic year with LGBTQ or sexual orientation

concerns? _____

Approximate total number of clients seen per week (past academic year):

Approximate total number of clients on caseload? (past academic year):

Credentials (Certifications/Licenses):

Current Work Setting:

K-12 school _____ Community Agency _____ Private Practice: _____

Counselor Ed. _____ College Counselor: _____

Current School Level: (including practicum/internship):

Elementary Middle High Alternative

Other not specified: _____

APPENDIX D

PARTICIPANT GENERATED ID SHEET

Participant Generated ID

As part of this study the information you provide on the first assessment will be linked to the information you provide on the second assessment. In order to provide you with assurance of confidentiality, you are being asked to generate your own identification code. Using a self-generated identification code eliminates the need to link names with specific ID codes providing additional assurance that confidentiality can be strictly maintained. You do not need to remember your code. The instructions will be provided at each assessment.

The information you furnish below will amount to your own self-generated identification. Please CAREFULLY furnish the following information.

To answer these questions:

MOTHER means the person you call your mother (she could be your biological or adoptive mother).

FATHER means the person you call your father (he could be your biological or adoptive father).

BROTHERS AND SISTERS include those who you consider to be your siblings.

Please write your self-generated code on the space provided on your assessment packet

1. Please CIRCLE the letter below that represents the FIRST LETTER of your MOTHER'S FIRST NAME.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

2. Please CIRCLE the letter below that represents the FIRST LETTER of your FATHER'S FIRST NAME.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

3. How many OLDER BROTHERS do you have? _____

4. How many YOUNGER SISTERS do you have? _____

5. Is the LAST LETTER of your FIRST NAME (circle one)

in the FIRST half of the alphabet (A through M)? 1 or
the SECOND half of the alphabet (N through Z)? 2

6. Look for the month that you were born in and place a CIRCLE the number on the line beside the appropriate row.

- 3 January, April, July, October
4 February, May, August, November
5 March, June, September, December

Your ID Code Is: _____

APPENDIX E

SEXUAL ORIENTATION COUNSELOR COMPETENCY SCALE

Using the following scale, rate the truth of each item as it applies to you by circling the appropriate number.

	1	2	3	4	5	6	7
	Not At All True			Somewhat True		Totally True	
1. I have received adequate clinical training and supervision to counsel lesbian, gay, and bisexual (LGB) clients.	1	2	3	4	5	6	7
2. The lifestyle of a LGB client is unnatural or immoral.	1	2	3	4	5	6	7
3. I check up on my LGB counseling skills by monitoring my functioning/competency-via consultation, supervision, and continuing education.	1	2	3	4	5	6	7
4. I have experience counseling gay male clients.	1	2	3	4	5	6	7
5. LGB clients receive "less preferred" forms of counseling treatment than heterosexual clients.	1	2	3	4	5	6	7
6. At this point in my professional development, I feel competent, skilled, and qualified to counsel LGB clients.	1	2	3	4	5	6	7
7. I have experience counseling lesbian or gay couples.	1	2	3	4	5	6	7
8. I have experience counseling lesbian clients.	1	2	3	4	5	6	7
9. I am aware some research indicates that LGB clients are more likely to be diagnosed with mental illnesses than are heterosexual clients.	1	2	3	4	5	6	7
10. It's obvious that a same sex relationship between two men or two women is not as strong or as committed as one between a man and a woman.	1	2	3	4	5	6	7

1	2	3	4	5	6	7
Not At All True		Somewhat True			Totally True	
11. I believe that being highly discreet about their sexual orientation is a trait that LGB clients should work towards.						
1	2	3	4	5	6	7
12. I have been to in-services, conference sessions, or workshops, which focused on LGB issues in psychology.						
1	2	3	4	5	6	7
13. Heterosexist and prejudicial concepts have permeated the mental health professions.						
1	2	3	4	5	6	7
14. I feel competent to assess the mental health needs of a person who is LGB in a therapeutic setting.						
1	2	3	4	5	6	7
15. I believe that LGB couples don't need special rights (domestic partner benefits, or the right to marry) because that would undermine normal and traditional family values.						
1	2	3	4	5	6	7
16. There are different psychological/social issues impacting gay men versus lesbian women.						
1	2	3	4	5	6	7
17. It would be best if my clients viewed a heterosexual lifestyle as ideal.						
1	2	3	4	5	6	7
18. I have experience counseling bisexual (male or female) clients.						
1	2	3	4	5	6	7
19. I am aware of institutional barriers that may inhibit LGB people from using mental health services.						
1	2	3	4	5	6	7
20. I am aware that counselors frequently impose their values concerning sexuality upon LGB clients.						
1	2	3	4	5	6	7
21. I think that my clients should accept some degree of conformity to traditional sexual values.						
1	2	3	4	5	6	7

1	2	3	4	5	6	7
Not At All True			Somewhat True			Totally True

22. Currently, I do not have the skills or training to do a case presentation or consultation if my client were LGB.

1 2 3 4 5 6 7

23. I believe that LGB clients will benefit most from counseling with a heterosexual counselor who endorses conventional values and norms.

1 2 3 4 5 6 7

24. Being born a heterosexual person in this society carries with it certain advantages.

1 2 3 4 5 6 7

25. I feel that sexual orientation differences between counselor and client may serve as an initial barrier to effective counseling of LGB individuals.

1 2 3 4 5 6 7

26. I have done a counseling role-play as either the client or counselor involving a LGB issue.

1 2 3 4 5 6 7

27. Personally, I think homosexuality is a mental disorder or a sin and can be treated through counseling or spiritual help.

1 2 3 4 5 6 7

28. I believe that all LGB clients must be discreet about their sexual orientation around children.

1 2 3 4 5 6 7

29. When it comes to homosexuality, I agree with the statement: "You should love the sinner but hate or condemn the sin".

1 2 3 4 5 6 7

Thank you for completing this scale.

© Markus P. Bidell, Ph.D.

APPENDIX F

PRIVELEDGE AND OPPRESSION INVENTORY

The Privilege and Oppression Inventory (Adapted Version)

(Hays, Chang, & Decker, 2007)

Directions: The following instrument examines an individual's attitudes toward various social issues. Please respond to the following statements as they apply to the current United States Society. Rate each item within the range of (1) *strongly disagree* to (6) *strongly agree*. Please rate each item *honestly* so various attitudes toward social issues can be further understood.

- | Strongly
Disagree | Disagree | Somewhat
Disagree | Somewhat
Agree | Agree | Strongly
Agree |
|----------------------|----------|----------------------|-------------------|-------|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
1. Heterosexuals have access to more resources than gay, lesbian, and bisexual individuals.
 2. Women experience discrimination.
 3. Some individuals are devalued in society because of their sexual orientation.
 4. Heterosexuals are treated better in society than those who are not heterosexual.
 5. I am aware that women are not recognized in their careers as often as men.
 6. Many gay, lesbian, and bisexual individuals fear for their safety.
 7. There are different standards and expectations for men and women in this society.
 8. Gay, lesbian, and bisexual individuals experience discrimination.
 9. Gay, lesbian, and bisexual individuals lack power in the legal system.
 10. Women are disadvantaged compared to men.
 11. Openly gay, lesbian, and bisexual individuals lack power in today's society.
 12. Femininity is less valued in this society.
 13. Gay, lesbian, and bisexual individuals do not have the same advantages as heterosexuals.
 14. I am aware than men typically make more money than women do.
 15. The media negatively stereotypes gay, lesbian, and bisexual individuals.
 16. I think gay, lesbian, and bisexual individuals exaggerate their hardships.
 17. Women lack power in today's society compared to men.
 18. Advertisers set standards for how women should appear.

APPENDIX G

LETTER TO GRADUATE PROGRAM DIRECTORS

Dear Sir or Madam,

It is an honor to invite your counselors in training to participate in a research study. The project title is: *Evaluating the effects of a Safe Space training on professional school counselors and school counseling trainees*.

The purpose of the form is to provide you with information on the present study so that you can decide to participate or decline involvement. There is no penalty for declining participation. A possible foreseeable risk is mild discomfort discussing discrimination. Please keep a copy of this form for your records.

If you wish to take advantage of this **free** training opportunity, please complete the attached sheet that will also serve as confirmation of your consent.

The purpose of this study is to evaluate and examine the impact of Safe Space training on professional school counselors and school counselor trainees. Advocating and being an ally for all students are ethical and legal obligations for professional school counselors. Charged with implementing change within a system, school counselors are faced with myriad challenges daily.

Participation will include a pretest, a post-test three weeks following for half of the participants, and a free three hour training the following week. This training is intended to promote multicultural competency. A demographic form and two survey instruments will also be utilized. Participants may withdraw at any time with no penalty. All information for this study will be kept confidential and identification numbers will be applied to all documents to keep all identifying information confidential unless otherwise required by law. The results of the study may be used in reports, presentations, and publication.

The primary investigator for this study is Rebekah Byrd, M.S.Ed., LPC, NCC, a doctoral candidate in the Department of Educational Leadership and Counseling in the College of Education at Old Dominion University. This study is approved by ODU's IRB board on exempt status and is under the direction of Dr. Hays (dhays@odu.edu). Feel free to contact me with any questions or concerns related to this study at rbyrd@odu.edu or 828-275-xxxx.

Thank you for your consideration!

APPENDIX H

LETTER TO PREVIOUSLY RECRUITED PARTICIPANTS

Dear Sir or Madam,

It was a privilege to meet you at this year's VSCA conference. I am so glad you signed up to participate in this study and free training. It is an honor to invite you to participate in a research study. The project title is: *Evaluating the effects of a Safe Space training on professional school counselors and school counseling trainees*.

The purpose of this form is to provide you with information on the study so that you can decide to participate or decline involvement. There is no penalty for declining participation. A possible foreseeable risk is mild discomfort discussing discrimination. Please keep this form for your records.

If you wish to take advantage of this **free** training opportunity, please complete the attached demographic sheet. This will also serve as confirmation of your consent.

The purpose of this study is to evaluate and examine the impact of Safe Space training on professional school counselors and school counselor trainees.

Your participation will include a pretest, a post-test three weeks following for half of the participants, and a free three hour training the following week. This training is intended to promote multicultural competency. A demographic form and two survey instruments will also be utilized. Participants may withdraw at any time with no penalty. All information for this study will be kept confidential and identification numbers will be applied to all documents to keep all identifying information confidential unless otherwise required by law. The results of the study may be used in reports, presentations, and publication.

The primary investigator for this study is Rebekah Byrd, M.S.Ed., LPC, NCC, a doctoral candidate in the Department of Educational Leadership and Counseling in the College of Education at Old Dominion University. This study is approved by ODU's IRB board on exempt status and is under the direction of Dr. Hays (dhays@odu.edu). Feel free to contact me with any questions or concerns related to this study at rbyrd@odu.edu or 828-275-xxxx.

Thank you for your consideration and I look forward to seeing you!

VITAE

Rebekah Byrd received her bachelor's degree in Psychology in 2003 at the University of North Carolina at Asheville. She received her master's degree at Old Dominion University in Norfolk VA in 2007 with a concentration in School counseling while also completing classes for licensure. She is currently a Licensed Professional Counselor in North Carolina. Rebekah was also a doctoral student at Old Dominion University in the Department of Counseling and Human Services. During her doctoral studies, Rebekah presented over thirty times at the international, national, regional, state, and local level. She also served as the Human Rights and Social Justice Chair for the Virginia School Counseling Association (VSCA), was President of the ODU chapter of Chi Sigma Iota International, and currently serves on other association committees.

Over the last few years as a doctoral student she published two book chapters and also published five articles. Rebekah won a competitive research grant from the Association for Counselor Education and Supervision and won another grant from the Association for Specialist in Group Work. Other prestigious awards include the O'Hana award from Counselors for Social Justice and the Young Emerging Leader award from Association for Multicultural Counseling and Development in 2009. This year she was selected to be a Chi Sigma Iota International Leadership Fellow. While working on her studies Rebekah was the In-School Director and developer of a character education program in a local middle school. She continues to work with this program and will assist in further development and research initiatives pertaining to this project.