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School based mental health providers' perceptions of their training in serving LGBTQI youth

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Their Training in Serving
LGBTQI Youth

ABSTRACT

This study examined school based mental health workers' pre and post-graduate training

around working with LGBTQI (Lesbian, Gay, Bisexual, Transgender, Questioning,

Intersex) youth. This qualitative, exploratory study aimed to explore the gaps and barriers

in existing training for those working with LGBTQI youth in schools and discuss the

possible outcomes for creating change in historically heterosexist, homophobic, and

transphobic learning environments where professionals are trained and where young

people come learn. Twelve participants who have worked in high school settings were

interviewed about their graduate training and their current work with meeting the needs

of LGBTQI youth in schools. These school-based mental health workers mostly reported

that they had minimal instructional training on LGBTQI populations during their time in

graduate school. They also stated that unless specifically sought out, LGBTQI

populations are not included in the professional development trainings available to

practitioners. Implications for clinical training and supporting youth in schools are: to

incorporate LGBTQI population topics into graduate level training and high school

curriculums and to make such trainings consistent and required as part of professional

requirements. Suggestions for further research include an expansion of the literature on

the training needs of those working with LGBTQI youth in schools.

SCHOOL BASED MENTAL HEALTH PROVIDERS' PERCEPTIONS OF THEIR
TRAINING IN SERVING LGBTQI YOUTH

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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CHAPTER 1

INTRODUCTION

In a day and age when people of different sexual orientations are entering the

media with more visibility, as laws surrounding gay marriage are in transition, and as the

idea of transgressing gender is entering into the public sphere more publicly, the current

generation of adolescents is becoming more aware of the diverse possibilities of

developing its own identities. Questions surrounding the development of one's own

gender identity and sexual orientation at a younger age are in progress. However, just

because society may be starting to recognize the sexual and gender diverse population

more publicly, this does not mean that the experiences of the Lesbian, Gay, Bisexual,

Transgender, Queer, Questioning, and Intersex (LGBTQI) populations in the United

States are being treated with less hatred or derogation.

Homophobia, heterosexism, and transphobia combined with other forms of

oppression such as racism and sexism still run deep, stemming from oppression that

trickles down from the government, through to religious institutions, local school and

work environments, into social services, and to families and children. This trickle down

effect plays a huge role in an institution's awareness and ability to provide training on

issues pertaining to queer young people and also then impact a clinician's ability to

provide services. This pattern prevents students from accessing services they may need to

support them through their individual processes of queer identity formation. The limited

services specifically geared toward LGBTQI populations impact one's ability to feel safe in home, social, personal, professional, and educational environments and can have a severe impact on a person's sexual, gender identity development and one's self-esteem.

Youth are especially vulnerable surrounding this process of development. Entrusting adults to talk to about their sexual and gender identity formations can run far and few between because of the power dynamic between generations, because of the limited number of adults who are open to being a resource for such a population, and because resources in general are less so and often excluded from general information that is available on supporting young people. One of the key places where youth can seek mental health support is in school.

School is where young people spend most of their days. It can be viewed as a kid's "second home" environment. However, because of the highly political and religious state of discussing sexual orientation and gender expression, schools are often quite limited in their ability (and openness) to address the needs of LGBTQI identifying students and families. The trickle down of oppression, governmental and educational bureaucracies, ignorance and bias, little training on the inclusivity of this population, and lack of general awareness on LGBTQI youth's mental health needs, may inhibit a school counseling office from providing services or making services visible for LGBTQI youth. This may also inhibit a school from understanding the need to bring in outside agency mental health staff to address the needs of such a population.

In addition, the political environment may prevent LGBTQI students and family members from feeling comfortable and safe enough to access services even if they are being provided. Risks of exposure surrounding the stereotypes and biases around

LGBTQI populations can most of the time be a key factor in preventing a school counselor or social worker from being open about his or her willingness to provide outreach for services to this population. These same factors can also impact an adolescent questioning one's identity from feeling the confidence to wade through the oppressive forces that make questioning one's identity an issue in the first place.

However, a large role that school mental health teams have is to reach out across cultural barriers to help students in need. LGBTQI students and their families are considered to be a student population that is "high risk" for retention, school incompletion, suicidal ideation, substance abuse, sexual risk taking, and homelessness (Fontaine and Hammond, 1996). It is essential that counseling staff receives inclusive training on the risks and needs of this student population and tools to help support putting their learned information into practice in their school working environments (Fontaine, 1996).

A process to help answer how the needs of LGBTQI youth are being met in public high schools is to take a closer look at the ways in which school social workers and counselors are receiving training and practicing in ways that support the needs of LGBTQI youth. Questions asked upon embarking on such research include: What current services or supports exist in schools for LGBTQI youth? How much are public school counselors and social workers utilizing resources available to LGBTQI youth in helping to support such a population? How are the training tools being put into practice, made visible, and being accessed by the (queer) student body?

For the purposes of this paper, I will use the terms "LGBTQI" and "queer" interchangeably to refer to members of the LGBTQI population. I will also refer to the

school social work and mental health field broadly and refer to those working in such fields as: counselors, clinicians, therapists, social workers and mental health providers. Throughout the paper terms such as "homophobia," "heterosexism," and "transphobia" will be referred to as systematic and personal forms of oppression in United States culture. For a more extensive list and definitions of terms used throughout this paper, please see the GLSEN website. However, here, the definitions are as follows and were retrieved from GLSEN (Gay, Lesbian and Straight Education Network, Inc website: www.glsen.org, on 8/2/2008):

> **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.
>
> **Transphobia:** Fear or hatred of transgender people; transphobia is manifested in a number of ways, including violence, harassment, and discrimination.

While there is research done on youth identity development, little is done on sexual orientation and gender identity formation. While there is some research done on LGBTQI populations, most writings focus on the adult white gay male middle to upper class populations and there is little focus on queer populations of lower socioeconomic status, racial diversity, women or transgender people identifying as LGBTQI. While there is research on the training available to the field of school mental health, there is little that specifically addresses the needs of the LGBTQI population (Russell, 2006).

I have created an interview guide for a qualitative study. I have interviewed twelve school guidance and adjustment counselors, as well as school-based social workers in the

states of Massachusetts and Rhode Island. I have interviewed them on their experience

with receiving training and how they are currently practicing with LGBTQI youth in their

school(s). In the questions I hope to address how these clinicians see, understand, and

express the need to serve queer youth in public schools. From the interviews, I have

examined more of what gaps exist in the field of social work, specifically in training

school service providers. Through this study, I hope to raise awareness about some of the

needs of those serving LGBTQI young people. I have found interview participants

mostly through word of mouth and professional networking. The audience for my study

is students and professionals in the field of (school-based) mental health, general

professionals working with queer youth, and those who are on counseling staff training

committees.

This study is important for the field of social work because it targets research on a

population that experiences oppression and that is underserved and under explored in the

sense of clinical practice. The research on the existing training for school mental health

workers will help to provide an inside look at not only meeting the needs of this

underserved population of students but also meeting the training needs for school social

workers and counselors. The hope is that more awareness will be brought to the attention

of school mental health workers who can then move forward in their outreach of services

to LGBTQI young people and their families in the school sphere. This project looks to

benefit the field through fostering conversation, introducing suggestions for focused

ongoing training, and improving access to school-based services queer youth.

CHAPTER II

LITERATURE REVIEW

Introduction

The review will present on the gaps in the literature that fail to address the needs of this population. Looking at literature that represents queer youth and the types of graduate and post-graduate training that is available in general for clinicians is important for learning more about the barriers that school mental health professionals face when providing services in school settings that aim to reach stigmatized and marginalized populations.

This literature review hopes to raise awareness of the pervasive heterosexism, transphobia, and homophobia that continues for adolescents in school settings. It also aims to look at the ways in which such oppressive forces impact what is included in the clinical training for those working with queer questioning and identified youth in schools. This paper hopes to examine the gaps in research on this population, take a closer look at the present need for school-based clinicians to learn more about the risk factors for queer youth, and examine the perceived need for school based services in the first place.

This paper will review literature that discusses (a) risk factors and lack of resources for LGBTQI youth, (b) research on this student population's need for support in school, (c) issues relevant to school culture, (d) an example of a school specifically designed to meet the educational needs of LGBTQI youth, (d) training needs for school

based clinicians who serve queer youth, (f) a summary of the literature reviewed including gaps in the research, and (g) suggestions for inclusion on these subjects of counselor training and serving queer youth. In order to connect the literature reviewed to my broader research questions, I will discuss the gaps in the research including the minimal research available on the topic of training professionals to work with LGBTQI populations. Suggestions for improving what is included in the training that pre-professionals and professionals receive will be written about.

This researcher begins by introducing some background information on the cultural context for LGBTQI youth in the United States. This is necessary because it will lend some understanding to the readers who may have not learned about these aspects for this population before.

Risk Factors and Lack of Resources

LGBTQI youth populations are known for being an at risk population in the United States. They are a population that is often labeled as "the sexual minority" in the social work and mental health fields and amongst the general population. There is much national statistical evidence that social workers and advocates for LGBTQI youth have compiled supporting evidence that queer young people are at higher risk for unsafe and harmful behaviors. LGBTQI youth are at risk for increased rates of suicidal ideation, suicide attempt, depression, substance abuse, truancy, unsafe sexual activity, homelessness, being perpetrators or targets of violence and crime, physical health risks, high school retention and dropout (Harper, Jamil, &Wilson, 2007).

These categories and risk factors are often what youth, regardless of their sexual orientation and gender identity, are facing. However, youth who identify or who are

going through the process of discovering their LGBTQI identities are three to four more times likely to experience being at risk under these categories (Harper et al., 2007). Over the last twenty years, there has been more progressive inclusivity of LGBTQI youth in social and media related conversations of adolescents and their development. Since the nineteen-nineties, Gay/Straight Alliances (GSA's) have popped up more in public high schools and become more visible on college campuses (Harper et al., 2007). However, with homo and transphobia and heterosexism being so consistently present in today's society and culture, queer youth are still not receiving equal support in the field of social work, at home, in the work place, or in schools. For queer youth of color, low-income youth, youth in geographic regions without public transportation or much social services, and youth of families who are not exposed to or accepting of people with LGBTQI identities, risk factors increase and access to resources becomes more challenging (Harper et al., 2007).

Combating the lack of resources and the lack of visibility of resources for LGBTQI youth in communities is challenging in a society and culture governed with homophobia, transphobia, and heterosexism. Despite the increasing concerns in the field of social work surrounding LGBTQI communities at risk, the research conducted for the purposes of this literature review revealed minimal professional literature on queer youth, their counseling needs, and the available training for school based clinicians working with this specific population are minimal (Russell, 2006).

The lack of published material on this population and the trainings available to those wanting to support this population speak to the need for more visible and accessible services for under-served (LGBTQI) populations (Harper et al., 2007). One of the easiest

ways to reach this population of adolescents is in the public school arena (Gutierrez, 2004). However, under the sway of institutional heterosexism, homophobia, and transphobia, many schools do not provide specifically geared services in relation to sexual orientation or gender identity development.

Having resources including educational programming on queer issues and providing GSA's can help make counseling supports in schools appear more visible and as a result, more accessible to LGBTQI students. It is an important part of decreasing the risk factors for these youth. Without such visible support in schools, the alienation and marginalization that these youth experience amongst their peers, continues.

What Has Been Researched Thus Far and The Need for Accessible Resources in

Schools

Generally, when research discusses LGBTQI youth's identity formation, a discussion of at risk behaviors is included, such as the ones discussed above. Risk factors are talked about because this population is subject to oppression and is highly stigmatized, similar to other at-risk youth populations. However, because of such stigmatization and lack of visible outside-of-home support, this population is often categorized as having even higher measures of being "at risk" than other groups. In the case of LGBTQI youth, for example, Crowley, Harre, and Lunt (2007) state that the population is subject to homophobia and heterosexism. When there is exclusion, non-recognition, and miseducation of people who are non-conforming in their sexual orientation and gender expression, oppression persists. This includes school environments, some of the most the common places where youth look for and learn from adult role models. The lack of visibility in school history books and classroom

curriculums, as well as the limited number of adult role models and mentors who are "out" in the public sphere, all contribute to the lack of visibility and opportunity for developmental mirroring that this group of young people misses out on.

Crowley et al. (2007) contend that LGBTQI youth populations do not have access to the visibility of the population's history nor people who they can model themselves after in regards to these parts of themselves. This can lead to feelings of alienation, damaged developmental identity formation, and exhibition of risky behaviors. This makes having emotional support visible and accessible for this population all the more critical. Crowley et al.'s research states that in order to develop a healthy sense of self, succeed academically in school, and reduce high school drop out rates, queer adolescents need to have access to role models and mentors who can support them in their own coming out process. In addition, adolescents need support in other life areas, such as racial, gender and socio-economic oppression, as well as academic and peer pressured concerns. Given these factors, one can only imagine the impact on mental health and stability that a young person might have who is homeless or without family contact, thus making this an even more needed support in school, especially for those who do not have built in support with their families or caregivers (Harper et al., 2007).

Day (2006) states that, for youth who must deal with combating forms of oppression as they develop their intersecting social and personal identities, having the opportunity to be exposed to mentoring programs and other emotional support systems is essential to contributing to the development of a healthy sense of self. Furthermore, she states that youth need mentors in their home community who contradict the stereotyped or actual risk-taking behaviors that youth often fall into (Day, 2006). Having a mentoring

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program or adult role models visible in one's community ultimately affects and compensates for previous bad experiences that youth may have had. For many youth, going to school is their everyday practice. This is where they spend most of their time for learning and also most of their social and peer group time. Peer groups are an important influence on adolescent identity development. For queer youth, straying from the norms of their peer groups' and general society's heterosexist and gender-biased expectations is risky and a lot of times unsafe. When cultural and peer pressures are so great and there are not many outlets in schools for visible queer friendly support, LGBTQI youth can often be overlooked and their more internal, emotional needs related to these parts of themselves can often go unnoticed.

A lot of what contributes to this group of teens being glossed over is also contributed to by the general "feel" of a school. How educated, aware, and open the adults of a school are to the role that sexual orientation and gender identity formation play in young people's identity development has a large impact on the general knowledge and openness that a student body may have to being accepting of its LGBTQI peers, teachers, and families. The adults in a school, thus, largely contribute to a school's culture and this then also has a big influence on how emotionally present a student may be in school, which can also affect academic progression.

Issues Relevant to School Culture

In seeking to provide school mental health services to this population, it is very important for school counseling staff to consider that in addition to representations of themselves being minimal and excluded from what is considered the social norm, there are virtually no visible examples of LGBTQI people or social movements included in

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public school classroom curriculums. For example, there are no representations of this

population in public school history books. Also, during awareness raising events that

take place in schools, this population is often purposely forgotten. Although the media is

starting to include images of queer people, these are far and few between and are usually

based on stereotypes of white, middle to upper class, gay male culture (Ryan, 2002). It is

precisely in these spheres like school and the media that youth gather most of their ideas

about identity and find people for mirroring.

In order to understand the ways in which schools reach out or are offering

different emotional support programs to queer youth, it is important to learn of the

programs that are connected to schools that reach out to youth in general. There seems to

be literature representing at risk youth utilizing mentoring programs. However, just as

queer youth do not appear amongst research done on general at risk adolescent groups,

they are also excluded from the research conducted that looks at school-attached services,

such as mentoring programs.

> We need more scholars to grapple with the ways theories of stigma, identity,
> intimacy, and sexuality can be extended to better include same-sex sexualities
> in adolescence. Ironically, while a field of queer theory exists, research studies
> of sexuality during adolescence have not caught up. (Russell, 2006, p. 60)

It seems that the lack of research on this population contributes to the narrowness of

resources that school social workers and counselors are aware of and trained with

(Russell, 2006). Moreover, if researchers are not including this population in the

literature and advocates for queer youth are the ones using this literature as

recommendation for how to serve young LGBTQI people at-risk, then advocates such as

school based clinicians are going to have to seek out information and trainings that

support their interest in serving queer youth in additional places. This presents a dilemma, because this literature seems to suggest little awareness about queer youth cultures, and lack of awareness seems to imply minimal inclusion of this population in trainings for people who want to serve this population but do not know how or where to begin.

One example of excluding queer youth in the discussion of programs that serve youth at risk is found in the "Power of Social Support" (Day, 2006). Day writes with a focus on youth impacted by the oppressive forces of abuse and neglect, about the positive impact of mentoring programs for these youth. She includes several narratives by youth and their experiences in mentoring programs. In her research, she presents risk factors very generally and fails to include a discussion of risk factors that are focused on trauma impacted youth who may also be tied to unsupportive and abusive family environments that are homophobic and transphobic. Another article by Keating, Tomishima, Foster, and Alessandri (2002) [that presents research on a similar topic] does manage to include information on specifically oppressed populations. That article does not include discussion of LGBTQI youth. Day (2006) and Keating et al. (2002) broaden the narratives they use from youth who were mentees in mentoring programs to include a focus also on how teens who identify as experiencing the "isms" of society respond to the benefits of taking part in mentoring programs. This writer recommends that both authors include specific mention of how homophobia, transphobia, and heterosexism in United States society intersect with other forms of oppression.

The impact of sexual and gender oppression on young people's development needs to be included into the conversations of youth targeted by social abuse. This will

help break the patterns of heterosexist and gender binary bias that is so present in the education and practice of helping professions. It will also aid school counseling offices and mentoring program facilitators think more concretely about how, where, and to whom they should be expanding their services.

Unfortunately, it is not uncommon for research studies or those presenting information on studies to exclude discussion of sexual minority youth when talking about issues of oppression and their impact on at-risk youth populations. These authors do cover general at-risk populations. However, one could also argue that, because queer youth populations are already underserved and seen as invisible in their communities, there needs to be more LGBTQI specific research included in the general discussion of at risk populations. This suggested inclusion in published research studies is a necessity for breaking down the barriers that these youth face in accessing public support. Moreover, specific attention should be paid to how schools respond to the risk factors and needs of queer youth.

One the ways that schools can respond as advocates and allies to this population is by providing or referring their students to programs that are specifically geared to meeting the cultural needs of LGBTQI youth. These programs can include after school youth groups that operate as gathering places for mentoring, activities, academic support, and social hours, and they can also serve as a community resource, or safe haven for these young people who may be homeless or in the foster care system (such as group homes). In addition, community groups can also offer therapeutic, process oriented support for these youth in need. One example of a school providing such services is discussed below. The uniqueness of this example is that the school written about is in

itself a multifaceted support system for queer students, because it is actually identified as a population specific school.

A School that Reaches Out and Resiliency Among Youth

A notable example of how a school specifically reaches out to queer youth is in the example of one alternative school program in an Eastern state. This school has a student body made up of youth who identify as LGBTQI. As Gutirrez (2004) describes the school was developed for the purpose of serving an at-risk, brushed under the rug population. In her study, Gutirrez (2004) interviews four female transgender students of color. She does so with intent of drawing attention to the intersections of race, sexuality, socioeconomic status, ethnicity, and gender and how this can impact young people's identity development and ability to succeed in school.

Gutirrez's research presents the school's way of operating from the perspectives of its students and focusing on their experiences as queer identified students of color in the public school system. Although these youth were identified as being "at risk" by association of their identity and in relation to behavioral factors, a great deal of resiliency was also apparent in their experiences of enduring oppression in and outside school. The study included narratives that compared experiences in their alternative school setting to those being in their previous "normal," traditional public schools. In this way, Gutirrez (2004) mostly discussed how the teens have felt positively impacted in their emotional, social, and educational lives by their school environments. The author's research also brought up the discrepancies of meeting queer youth's needs even within school cultures that have well-meaning intentions of breaking heterosexist and gender binary norms.

Their experiences in a place like the alternative school described here show that creating a school around a particular, singular identity, might not be the solution. Progressive schools serving these populations must come up with other strategies for education and not rely on traditional systems in nontraditional settings. (Gutirrez, 2004, p. 76)

On the one hand, the idea of serving a segregated population of students is appealing, because it seems that allowing for this population of students to be in a segregated school environment may be empowering to their learning and personal gender and sexuality development process. Having the opportunity to learn in a segregated school may allow the freedom for such young people to express and develop their identities while feeling "normal" and positive about them in the process. This is in contrast to the majority of LGBTQI youth who are attending traditional public schools, where it is quite common for them to feel marginalized and for their intersecting identities to remain unrecognized. However, segregating this population of youth from the general youth population may only contribute to the "otherizing" of this population and could further the excuse for traditional schools to avoid addressing the needs of LGBTQI youth in their student bodies.

Although this article focuses on the youths' perspectives of their school experiences, which arguably is important when doing research on a population, the article also discusses the gaps in the awareness that the school staff has about working with such a population. The youth in the study present concerns of being labeled by the school and within their "own groups." The stories presented through interviews only make it more apparent how schools and pre-service training organizations need to require ongoing sensitivity and awareness training for their educational and counseling staff. The training cannot be general, it needs to be specific and address the complexities and intersections

of young people's identities as well as the ever-changing cultural context in which we live.

Specified training might include the introduction to terminology and language used amongst LGBTQI populations to identify themselves and their experiences, it might also include an educational breakdown of why social alienation is so present for these youth, and the reasons behind why queer and questioning youth, or those perceived to be, are at such an increased risk in comparison to their heterosexual and gender conforming peers. In addition, there should be an inclusion of conversations on the intersections of students' identities and the impact that oppressive treatment can have on young people's identity formation as a whole and also importantly in their school experiences in and outside of the classroom. Often, the format for clinicians and educators to learn about the complexities of identity are usually discussed in the format of "multicultural or diversity awareness," "cultural competency," or "cultural sensitivity" training(s). Although these titles and the trainings have their own set of discrepancies (some of which are discussed in the next section of this literature review), it seems that these venues could be the right fit for LGBTQI consciousness raising. This is because these trainings are already in place, continue to come up on the agenda for training programs and school's to address, and they are also trainings or courses that professionals are required to attend, usually on an annual or some other consistent, timely basis. Thus, if this topic is included as part of the awareness raising on cultural diversity, it is more likely that the majority rather than the minority of clinicians will begin to have some beginning sense of awareness of LGBTQI students in their schools, which is, at least a start to addressing the larger need for increased awareness.

Training Needs of Those Serving Queer Youth in Schools

> Research suggests that school experiences of lesbian, gay, bisexual,
> transgender, and questioning youth are overwhelmingly negative and
> that anti-LGBTQ violence and victimization in school lead to both acute
> and chronic negative developmental outcomes for these youth. (Whitman,
> Horn, & Boyd, 2007, p. 143)

Helping youth identify adults for support in schools that have oppressive cultural

environments can help young people to challenge how they view themselves and their

school experience. As discussed in the previous sections of this paper, it is evident that

having adult role models and mentors, as well as advocates in school, can also aid in self-

esteem development and affirming identity formation. It is therefore imperative that

school based mental health clinicians are trained and supported administratively in their

efforts to meet the needs of oppressed youth populations. This includes those who may be

struggling with issues of or relating to their sexual and gender identity formation. Part of

being a "support" to queer and questioning youth as a school based clinician is also being

an advocate for a safe learning environment and educational growth leading to

achievement (Whitman et al., 2007).

As Whitman (2007) further writes, since most clinicians working in schools have

not had trainings on issues of non-heteronormative and non-gender conforming youth

populations, it can be challenging for school based clinicians to be aware of or recognize

the issues relating to such a population. In addition, because of the lack of training and

heteronormativity in school environments, it can be even more challenging for clinicians

to reach out to such a population because of their own biases or because of the school

environment itself. In this way, providing training to mental health clinicians when they

are in their training programs and when they are working is not just an effort of

professional responsibility to serve a certain population. It is an effort of social justice, to ensure that LGBTQI youth are being served and being reached out to on an equal level as heterosexual and non-gender transgressing youth are being served in schools (Strong & Callahan, 2001).

As Whitman et al. (2007) suggest, psychologists who work in schools could be strong candidates for providing in-service and pre-service training to school based clinicians. In Activism in the Schools: Providing LGBTQ Affirmative Training to School Counselors, Whitman et al. (2007) lay out research from a report from the Massachusetts Youth Risk Behavior Survey done in 2001 (Whitman, 2007, p.145). The report noted that when adult support was given to LGBTQI students in school, the students' grades improved and rates of their participation in volunteer work and other activities after school increased (Whitman, 2007, p.146). This reported research suggests that having an adult emotional support in school can make all the difference in LGBTQI youths' academic experience and in their social lives as developing people.

Because of the unfortunate gap in training for working with such a population combined with the ever present oppressive U.S. cultural values that trickle into the school environment, even if clinicians are trained or have personal awareness, it is quite common for school clinicians to be ambivalent about trying to reach out to such a population (Strong, 2001). This can be for several reasons, including dominating cultural bias, however, it can also have to do with the focus of a school counseling team or what more inclusive pre-service or in-service trainings are including in their topics covered (Strong, 2001).

There are many ways to look at what "multicultural" training should include. Quite

often the term "multicultural" training refers to racial and cultural diversity. There is a history of counseling and educational training in the United States being ethnocentric as it pertains to white dominant culture. Multicultural education trainings are offered in attempt to move away from this western European centric training and raise awareness to the need itself of making clinician and educator trainings more culturally inclusive. Cultural diversity awareness trainings also stress the importance of valuing the cultures of all students, families, and staff of a school and specifically pay attention to trying to meet the needs of students, families, and staff of color, who are often overlooked in the public schools (Dabney, 2006). While it is imperative to equalize counseling and advocacy services supporting youth and families of color and across intersecting cultures, Strong (2001) argues that there is also a need for school based clinical education programs to also include training on LGBTQI youth and families. As is true with multicultural awareness training that is focused on the racial and ethnic cultural diversity, a further problem still lies in the openness of the counselors to receiving and taking in the training they are receiving and the openness of the school environments to support staff to put training into practice. Dabney (2006) and Strong (2001) stress the importance for inclusivity of all cultures to be valued and awareness to be brought about through clinical trainings for those working with youth in schools. History has had a large impact on the clinical school based professional's ability to implement actually supporting youth of marginalized communities including those of oppressed cultural groups, which include sexual and gender minorities. What is lacking in both authors' arguments is the need to have a blending of awareness training that addresses ethnic and cultural diversity along with the intersections of oppressed groups related to sexual orientation and gender

identity.

Dabney (2006) looks at multicultural training competencies with school counselors and educators. She reports that participating school staff defined multiculturalism very broadly "successfully educating different students" (Dabney, 2006, p. 37). However, it seems that inclusion of LGBTQI cultural issues remain absent from such trainings and also absent from this article's discussion of some of the gaps. While the thesis author describes multicultural training as being specific to race, ethnicity, and culture, it seems the participants thought of the term "multicultural" more broadly, as it may relate to different aspects of their personal identity that are privileged as well.

This may have to do with a variety of factors relating to institutional and environmental oppression, privilege, and exclusion of perspectives of people of non-dominant cultures. In Dabney (2006) identified most of her research participants as white. If their definitions of their practices are defined in white privilege and not having to think as much about cultures in terms of racially oppressed groups, it would make sense that they are not conscious of multicultural education as including cultures other than their own. In reviewing this author's findings that pre-service public school training's are being reevaluated to include and address topics for training on youth of different racial, ethnic and cultural backgrounds, I argue that populations of different sexual orientations and gender identities should also be considered and included in pre-service and in-service trainings. The inclusion of all oppressed groups and intersections of such oppression and cultures are imperative for supporting kids in their educational and emotional growth. This is especially true in addressing the needs of queer kids of color who are dealing with the intersections of oppression in their development, with their families and in their daily

lives at school (Gutirrez, 2004).

The anti-gay movement is so strong in this country and so often dictates what the public schools can and cannot do in offering support to queer and questioning students and families. Because of this there are pervasive hoops that school trainers are required to jump through, as is also true for those receiving and looking for the training. For example, in order to offer culturally diverse counseling and educational programming at the graduate or high school level that does include discussion of sexual identity and gender transgression, a school programmer or trainer might have to advertise their programming in a certain way so as not to "disturb" the general staff or the parents of the students in a school. If the programming is done in a middle school for its students, the counselor may be told by their administration that the can only advertise or present the information in their workshop to the seventh and eighth graders as opposed to the younger grades. The staff organizer of a GSA might be told that they can only host the GSA after school hours and that they have to change the name of the group to sound more heteronormative or general, such as the "diversity group." In this way, just logistically, there are a lot of bureaucracy and barriers tied in with homo and transphobia, and heterosexism that are involved in meeting the needs of LGBTQI students and meeting the training needs of those who want to learn about this young population. Moreover, because of the lack of literature discussing these training needs and the persistent institutionalized oppression in schools as well as higher institutions of education, there is clearly a lot of groundwork that needs to be done in order to provide training programs that encourage and promote teachers and counselors to provide support to diverse queer and questioning student populations, after they leave their training

courses or workshops.

Summary

As this review of literature suggests, there is an overall lack of research done on LGBTQI young populations and their need for emotional support services in schools. The gaps in the literature show the trickle down effect of institutional oppressions, specifically homophobia, transphobia, and heterosexism. This suggests how oppression has played a role in preventing service providers in schools from being open to or feeling "safe" enough to make their services specifically visible to queer youth. It also prevents queer youth from being able to feel safe enough in their every day environment of school to approach providers for support if their services are not visible. In this way, LGBTQI young people are susceptible to developing unhealthy and unfortunate coping skills that include behaviors categorizing them as at-risk, as mentioned in the introduction of this chapter. Because school is where many queer youth spend their time, form identities, and explore relationships, it is essential that school counseling offices reach out to their specific needs that have historically been unacknowledged and pushed aside.

The exclusion of this youth population from literature that discusses clinical training for those working in schools demonstrates the additional need for more research to be done on what training exists that includes the needs of LGBTQI youth. In the following chapter, this researcher will describe the methodology used for conducting a qualitative research study that looks further at the clinical training of school-based mental health professionals and their work with queer and questioning youth.

CHAPTER III

METHODOLOGY

Study Purpose and Question(s)

What training and resources do school based clinicians report receiving around supporting LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning and Intersex) youth in high school settings? What are school based counselors noticing about the relationship between the school climate in which they work and incidents of this population of students being targets of bullying and harassment? How have the training and resources that clinicians have (or have not) received helped them to meet the emotional and behavioral needs of the (queer and questioning) student body in their school(s)?

Research Method and Design

The study utilized a qualitative, flexible narrative methodology with a semi-structured interview protocol. I hoped to be able to obtain accurate, in-depth information about the training experiences and service resources of school mental health workers. Conducting in person interviews with research participants is a direct way to gather information about the gaps in training for clinicians on LGBTQI youth. Social work practice privileges the kind of narrative data that emerge from interpersonal connection. I anticipated that interviews in person offered more room for openness and depth in sharing views and experiences on the sensitive subject of working with queer youth.

As Anastas (1999) describes, qualitative studies are often used in under researched populations or when the field of social work wants to bring attention to a population's needs that are not being met. Allowing more room for discussion has also served the purpose of drawing attention to LGBTQI youth populations who have historically been under researched, under discussed, and underserved in social work practice. My research questions relate to what I imagine school based clinicians grapple with in the challenges they may face in working to serve their student and family populations effectively. As Anastas (1999) states, unstructured and flexible methods are a way to recreate meaning for the issues that the interviewees are dealing with in their profession.

Sample

In order to recruit participants I used a convenience sample as well as a word of mouth snowball technique (Anastas, 1999). In order to help obtain the target goal of twelve participants, I attended an NASW School Social Workers Conference in October 2008. There, I announced my research project and gathered the names of people who fit the criteria of having worked in any type of high school as a school-based guidance or adjustment counselor, therapist, or social worker, at some time during their professional careers, and who were interested in participating in such a study. Because I aimed to recruit not only in-school clinicians of social work and mental health counseling backgrounds but also clinicians who work for outside agencies and go into schools, I sent several recruitment emails out to colleagues and agency staff who headed school-based programs. This recruitment process of using professional networking was helpful in obtaining more of a random, diverse sample (Anastas, 1999) of participants who have different training backgrounds around working with youth, specifically queer youth in

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schools. My hope was that by having a diverse range of work setting backgrounds, I might be able to obtain a broader range of responses to questions about how school services are reaching queer youth.

In order to maintain a diverse range of participants, I looked for clinicians who had some experience working in high schools (of any type) at some point during their career. This allowed room for the inclusion of participants who may not currently be working in a high school setting, but who have had experience in the past, and therefore could share their valuable perspectives. Interviewing those from not only public high schools, but also those from private, therapeutic, or alternative high school programs, also provided room for more professional perspectives on the interview topic. Clinicians without any high school based work in their careers were excluded from participation in the study. "Counselors" includes mental health counselors, social workers, school social workers, school adjustment counselors, and school guidance counselors. School psychologists were excluded from the study because they often hold different job responsibilities in comparison to the other held positions mentioned.

Data Collection Method

In doing the qualitative study I met for interviews with the participants in confidential locations including private offices, my office, or other locations of participants' preference. Interviews took place for one hour. Responses and conversations to interview questions were recorded digitally.

Please see Appendix B covering sections of confidentiality, risks and benefits, and meeting federal guidelines for data analysis and storage.

Personal and Professional Bias

Because I self-identify as a white queer woman, and as someone who has grown up in public alternative schools, I have had to challenge my potential personal and political biases that arose in conducting such research and interviews. I have tried not to let my personal experience as a queer woman and my advocacy for queer youth get in the way of the interview process. However, my political and personal views had some influence on the ways that questions were shaped. In order to challenge this bias, it was important for me to review my interview questions with peers and colleagues first, in order to get an idea of whether my bias was showing through.

Data Analysis

Interviews were recorded digitally, and participants were informed of my informal note taking. As will be discussed in the next chapter of the research findings, any conversation that arose outside of the interview questions was considered unstructured but was recorded and analyzed as the material relates to the questions for research. These recordings and unstructured data were transcribed and coded into themes.

CHAPTER IV

FINDINGS

This study put forth an effort to answer the following questions: What training and resources do school based clinicians report receiving around supporting LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning and Intersex) youth in high school settings? What are school based counselors noticing about the relationship between the school climate in which they work and incidents of this population of students being targets of bullying and harassment? How have the training and resources that clinicians have (or have not) received helped them to meet the emotional and behavioral needs of the (queer) student body in their school(s)?

This chapter will review the data collected in interviews with twelve participants, five out of the twelve being providers working for outside agencies who go into schools to see students, the other seven being clinicians who are employed by the school in which they work. Following a description of the demographics of the sample, the following themes that arose from the interviews will be reported: (a) Participants' Training; (b) Respondents Perceptions' of Barriers to Better Pre-and Post-Graduate Training; (c) The Need for Trainings and Student Support, including programming for students on matters including LGBTQI youth, school awareness and attitudes, as well as need for specified supports; (d) Bullying; (e) Improving in-School Services; and (f) The Perspective of Outside Providers.

Demographic Data

Participants' Educational and Work Backgrounds

The sample of participants consisted of twelve school based clinicians. Five were outside providers, who were employed by outside agencies that either had partnerships with the school departments or who were contracted agencies working with the schools to coordinate direct service during school hours at the school's location. Seven of the providers interviewed worked for the schools themselves. The five clinicians working in the schools from outside agencies all identify as having earned a master's in social work. The seven clinicians employed by the schools had earned a graduate degree in clinical social work or school adjustment counseling. Of the twelve participants, two clinicians identify their titles as School Adjustment Counselors, one as a Guidance Counselor, three as School Social Workers, three as School Based Clinical Social Workers, one as a Clinical Social Worker/Psychotherapist, one as a Student and Family Worker, and one as a Teen Crisis Intervention Specialist Clinical Social Worker.

Four of the twelve clinicians identify as men, three of whom identify as white and one as bi-racial and black. Out of the seven female interviewees who identify as white, four also identify as: white/Portuguese, white/Jewish, white/Italian American, and, white and Puerto Rican. One out of the eight women identifies as Cape Verdean. Although this question was not asked in the demographic questionnaire, two of the twelve clinicians self-disclosed their sexual orientation as being Lesbians and three of the twelve interviewees disclosed their heterosexuality. Both happened during the process of the interviews and in the context of their reflections on personal or institutionalized oppression and heterosexual privilege and the role that it may or may not play into their

professional perspectives and clinical practice in schools with queer youth.

The participants range in age from the mid-twenties to late fifties. These clinicians' experience in working professionally in high school settings range from having graduated their master's programs and being fresh in the field during the last year to those who have worked for approximately forty years in school settings.

The School Types

Of the twelve interviewees, all but one work currently in public high school settings. The one private school setting is identified as an alternative/behavioral therapeutic school program that operates year round for students. There was one school social worker that works from an outside agency partnered with the school district, seeing high school students in a pilot arts high school program. Out of the eleven clinicians identifying the schools they work as public schools, one is a pilot arts high school program, two work at the same alternative/choice school, one splits her time between an alternative/behavioral therapeutic school and a traditional public school, and one clinician who works from an outside agency works in a health clinic attached to a public school building.

School Location and Number

The schools where these counselors worked at the time of the interviews are in areas of Western and Southeastern Massachusetts as well as northern and central Rhode Island. The school population varies in size with the smallest school holding approximately thirty-six students and the largest having about two thousand (plus) students. The environmental locations are in rural, small city, and urban locations. No interviews were done with school-based counselors working in suburban neighborhoods.

Graduate and Professional Training

There were common answers to the question, "*what training has been offered to you during your education and professional practice that includes discussion of youth and families who identify as LGBTQI?*" All twelve of the interviewees responded that they had little to no specified training on the topic in graduate school. If they did receive training during graduate school, it took form of events celebrating aspects of diversity in general on the campuses and was not clinically focused. When LGBTQI issues were brought up in courses, the participants stated that they were sporadically incorporated into curriculums often as case studies presented in a human behavior or cultural studies class or a course on social justice issues that happened on the weekends for extra credit. Very rarely, across the span of years during which these clinicians attended graduate school did the participants find that there was a course dedicated to the full scope of clinical issues related to queer people, and even less so when it came to looking at LGBTQI young people's identity development. The four clinicians, who mentioned that there were courses that were offered on queer clinical issues or on diversity in general, noted that these classes were electives. The extended training through outside workshops or conferences that they could attend as students were spoke of as far and few between as well as marked optional for attendance.

Lack of Visibility and Supportive Resources

All but two of the interviewees talked of the lack of visibility in graduate programs of LGBTQI issues, including one clinician who stated that people will teach what they want based on their personal interest and knowledge. Several counselors asserted that

graduate programs could be too limited in funding to hire faculty who specialize in specific areas of cultural diversity including LGBTQI culture. All the participants brought up the point that, with limited funding and existing historical and institutional heterosexist, homophobic, and transphobic trends minimizing the need to include such focus on diversity in graduate training curriculums, there is little priority put on the use of limited finances to broaden the scope of what is taught and who teaches it.

The Hot Topic

Several participants also brought up the point that often trainings that are offered in Professional Development or topics presented in coursework have to do with whatever the trend is in the field of mental health working with young people. One social worker mentioned that "teen dating violence" is currently headlined in trainings being offered for Continuing Education Units (CEU's) at the moment. One clinician spoke of the early to mid-nineties as being when Gay Straight Alliances (GSA's) were "professionally fashionable" and innovative in education. Another counselor stated that she suspects that gay issues were more of a "hot topic" during that same time period.

Administrative Backing at the Graduate Level

One adjustment counselor said that the reason training on addressing LGBTQI needs is relatively rare is that there is little administrative backing at the high school level. The same was asserted to be there at the graduate school level: "there are no administrators committed to that area, …because thy don't see it as their responsibility." Regardless of having committed administrators, however, out of the twelve clinicians, two specifically stated that they felt they learned a lot on their own in personal reflection of their positions of privileged sexual orientation, just by way of thinking about other

issues of diversity in relation to oppression and privilege that were brought up in course material and discussions. In addition, one other clinician who mentioned that she opted not to take a course that was offered on LGB/gender identity in her graduate program, also stated that personal and educational advising sessions with faculty who were publically LGBTQI themselves offered what she believed was "the most exposure that MSW students got" on the topic of clinical perspectives on LGBTQI populations.

Similarly to this belief, all twelve clinicians commonly talked about their learning to be clinically sensitive and aware to LGBTQI clients as derived from interaction with their peer and social circles and also from thinking about issues of oppression and privilege through academic discussions not necessarily specifically focusing on LGBTQI populations as course material. Some also commented on the relationship between choosing counseling as a field to work in and being somewhat aware socially already to the needs of such a population.

Post-Graduate and Professional Development Training

Asked about professional development and post-graduate training either offered by the clinicians' school or agency of employment, all twelve reported seeing minimal conferences and advertisements for workshops being hosted by the school or agency or other sources come across their desks.

Positions varied on whether the counselors found these trainings to be helpful professionally and personally. While one queer identified clinician stated that attending such a training was personally validating in terms of issues pertaining to the LGBTQI population being recognized and considered, others who talked about their past work experience with queer youth in reference to how educational they found the trainings to

be, responded differently, stating that the conferences or workshops did not broaden their scope of thinking about clinical approaches to working with queer youth in schools.

For the two participants who expressed being newer to thinking about LGBTQI identity development and issues in general related to sexual orientation difference and gender variance, the conferences or professional development trainings they attended were found to be eye opening and influence them to think differently or more intentionally about the young people that they work with. While the clinicians experienced in (thinking about, having lived as, or who have in past time) working with queer identified youth expressed their feelings on any professional development trainings having skimmed the surface on the needs of this population, all the interviewees confirmed that the trainings that included panels of LGBTQI cross generational people talking about their experiences as being most influential in helping increase or affirm their learning for clinical approaches. As with courses offered in their graduate schools, all trainings, conferences, programming at school for staff on these matters were optional attendance and often had to be individually sought out (to attend), independent of initiation from their place of employment. All participants stated that if they requested to attend an outside learning opportunity on this population, they would have the professional support of their administration behind them.

Gaps and Barriers to Satisfactory Training

All twelve therapists shared the belief that there were deficiencies in the conferences, trainings, and courses they attended. The professional development trainings offered to clinicians versus teachers were often different and not consistent year to year in what topics were covered. If issues related to working with young queer people were

discussed, they were only spotlighted for a short period of time or given minimal "lip service," as one participant remarked. All trainings of this sort were voluntary rather than part of required curriculum of staff development opportunities. The trainings that do work to raise consciousness about queer youth often leave out discussions of intersecting oppressions and privileges related to multiple identities, including those of race, class, and gender. For workshops that do talk about cultural diversity, queer culture(s) and intersecting identities are also often left out of the discussion.

For the clinicians who have longer work histories working with diverse student populations including cross sexual orientation and gender variant expression and for those who have personal awareness of such differences, the trainings were evaluated as not giving them new information to take back with them to their (personal and professional growth) work with these populations. For those with less experience or who describe themselves as coming to a more recent consciousness about LGBTQI issues, the professional development workshops were influential to their practice with youth.

Inclusion of LGBTQI Issues within Trainings on "Cultural Diversity"

When asked to what extent queer topics were included in graduate and post-graduate trainings on cultural diversity, and, separately, how common it was to learn about specific issues related to queer youth of color in trainings that addressed issues facing queer youth on the whole, all participants stated that there was minimal addressing of either. One participant stated that if she were leading an awareness raising workshop for the students in her building, she would make sure to address the intersections of how oppression around (a) sexuality, (b) gender, and (c) race can be experienced, but she expressed her skepticism about whether other group facilitators would do the same.

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Another interviewee stated that in her outside agency the staff is constantly having conversations about how to reach out to at risk populations in general, and she named queer youth of color as being one of the populations that the agency tries to keep at the forefront when talking doing outreach to young people. Another school counselor who works in a school she described as homogeneous in culture and race (the school being predominantly Caucasian) talked about there being little incorporation of the intersections of race, sexual orientation, and gender variance because the school was doing little do acknowledge the need for sensitivity for youth of different backgrounds in general. All clinicians talked about the focus in many schools as being on cultural sensitivity that excluded conversations or trainings about queer culture and queer youth of color. Most of the counselors also stated that these trainings were minimal because of other educational priorities and lack of time commitment by administration.

School Awareness and Attitudes

The following themes arose in the interviews as questions were asked about the clinician's schools' level of awareness and attitudes towards LGBTQI issues and youth: (a) the perceived need for trainings and student support, (b) specified need to serve this population, (c) existing youth programming in schools, (d) informal supports already in place, including discussion of what's accepted by school administrators, (e) incorporation into the curriculum, and (f) needed education on the confines of the gender binary.

Perceived Need for Staff Trainings and Student Support

Clinicians mentioned that the pressures of time commitment and an agency or school's budget restraints may be what contributes to barriers in more counselors attending or seeking out such trainings. Others stated that their colleagues and graduate

training institutions lacking a basic understanding about such a population, thus making it less likely that clinicians will branch out of their experiences and comfort zones to seek out trainings that may address student needs of which they are not interested or aware. Interviewees stated this disengagement and unawareness is also impacted by personal, professional, and institutional bias and quite often results in minimal attendance to these types of trainings. In addition, Department of Education (DOE) district requirements as well as standardized state testing requirements have taken priority for administrations to focus their energy when requiring teacher and other staff use additional time for professional development. The counselors reported that this has also influenced what Professional Development days they attend and where the focus of their extra time goes.

Two therapists also stated that because their student populations are dealing with high needs of violence in their communities, educational and behavioral concerns at school that focus on improving visibility of services for queer youth are not a high priority for their schools in general. For the same reason, the participants expressed that the perceived need for visible student supports for this population and perceived need for trainings to meet these students' needs are not high on administrative agendas.

Need for Specified Services for LGBTQI Youth in High Schools

All therapists spoke about their individual advocacy for queer youth through reference to independent cases of particular students who ended up dealing with aspects of their LGB sexual orientation and/or gender identity through sessions or interactions with the counselors or with other trusted adults in the schools. Common amongst all interviews, the special education teachers, school nurse, and the health teachers came up in reference to what supports were available for queer students. These are adults they

witnessed and heard about students considering for emotional support regardless of

whether they were dealing with concerns related to their sexual orientation or gender

identity. Two of the five outside providers reported that they were unsure whether there

were GSA's (Gay/Straight Alliances) at the high schools they worked at. Six of the

twelve (two being of the same school) clinicians said their schools did not have a GSA.

One of these interviewees stated that it would be no problem to start such a group with

administrative backing; two from the same school said that all student groups were

initiated and run by students themselves with faculty advising and that the potential

advisor has limited time; one counselor said that there was not a perceived need or that

attendance would be low due to safety issues for kids around disclosure of such

difference from general student population; another clinician said that she worked at the

high school during a time when GSA's were less common; and another respondent

commented that the school was an alternative program and that, in general, students went

back to their traditional and district schools for joining of student activities and groups.

Four counselors stated that there were GSA's at their schools during the time they were

working there.

Programming for Students on Matters Including LGBTQI Youth

One of the twelve school counselors stated that his school has programming for

students every couple of years on the subject that includes a community group coming in

to do a presentation or a panel of speakers talking about their coming out stories. Two

clinicians who were at the same school stated that they have an annual day on diversity in

general, and that discussion groups on issues relevant to diversity and LGBTQI people

are incorporated into that day. Similarly, the four other counselors working for the

schools described assemblies or class speakers during the health classes on occasion that were about queer issues. The five outside social workers were generally less aware of what actual programming went on for students during the school day, but they did have knowledge about whether or not the schools they worked in had Gay/Straight Alliances.

Clinicians identifying themselves as having more experience personally and professionally in thinking about and working with queer youth talked more about student programming as being beneficial for instigating conversation and change institutionally for the students and school staff. However, the therapists who were newer to learning about the details of clinical issues relating to LGBTQI young people stated that they also benefited in learning more from the student programming, especially the panels, as was also discussed when they referenced the benefits of attending extra trainings outside of work.

Informal Supports

Three of the twelve respondents brought up the theater club or theater classes as being sources of acceptance for LGBTQI identifying, questioning, or allied students. The clinician who works at an arts school described the general school environment as being acceptance of varying identities including that of kids who are variant in their gender expression or in their non-heterosexual orientation. This same counselor said that it was pointed out in his interview process for the position that the student population was diverse in this way and that openness was expected from all staff upon hire.

Across all interviews, clinicians stated that the administration, principals and vice principals are aware of the obstacles that queer youth face in school around stigmatization and bullying. These school therapists talked about how in each of their

schools there is an understanding about how these types of targeting of queer youth exist and that LGBTQI young people are at higher risk for suicide, sexual risk taking, depression, anxiety, and substance abuse. Throughout the twelve interviews, the respondents expressed their feelings that as long as the administration and teachers did not have to take on additional responsibilities that would take more of their time, they were generally supportive of the counselors doing specific programming for students in general.

However, the respondents also stated that, regardless of how supportive the administrations are in supporting the counselors in doing their job in this way, they are often hands off in their approach to handling concerns that relate to specific bullying situations based in homophobia. The nine participants working in non-behavioral therapeutic and alternative schools reported that their administration and teachers often minimize the needs of LGBTQI students. The three other clinicians working in those alternative settings talked about how they felt their administrative and staff teams were well equipped to address those needs. One counselor described, for example, that she has heard homophobic remarks made by one of the principals at her school and although her school has examples of hate crime occurrences against LGBTQI faculty and students, the administration continues to not take steps to incorporate an anti-hate crime policy into their school handbook policies. Another therapist reported that while she is on a school climate committee addressing issues of bullying, the occurrences of homophobic or transphobic targeting that goes on between students are often brushed under the rug by teachers and administration or are not seen as a priority compared to other targeting that is prevalent on the school's campus.

Acceptance with perimeters. One participant who has a long history of working in high school but who now currently works at a middle school and has been trying to start a GSA there responded that her principal would not permit hosting a GSA because of concern about "age appropriateness." This same participant and one other talked about how when they were successful in getting approval for starting either a GSA, for another type of student group, or for other programming for students about differences related to sexual orientation, they were also given specific parameters by the principals in terms of the what age groups and grade levels were invited for participation or were told they would need to change the name of their student group to be more generally inclusive and vague in terms of the group's focus.

Incorporation into Curriculum

Three of the twelve participants talked about the current health curriculums being inclusive of queer youth. It was also stated that how such course material is defined as being inclusive and in what ways it gets presented and for how long are up to each individual instructor.

One outside provider who works at multiple high schools stated in reference to the health curriculum being inclusive of queer identity issues, said: "I think, when I say, 'included,' I think that it gets 'lip service.' I don't think there's a presumption that when they're talking about sexuality that it goes beyond heterosexual. At that particular high school . . . ". This same clinician spoke about another school she works at and about its efforts to expand traditional public school curriculum:

There's actually a queer literature course that offers a lot. I think it's one of the first of its kind of a high school that has gone out of its way to offer that kind of course elective. I'm saying again, that, compared to certain pockets of the country, even the fact that the word, "gay" can, in a positive way, make its way into a health curriculum, sounds progressive compared to the other schools that have it being the focus of a class.

The ways that the counselors spoke about how their schools include LGBTQI issues into course curriculum and general awareness vary based on school location and wider community exposure to LGBTQI people and families in general.

Understanding of and Getting Past the Gender Binary

When asking the interview participants about their own awareness or the schools' awareness in general about transgender identity or the intersex population, most of the clinicians were unaware about the term "intersex" (apart from two outside clinicians and two in-school clinicians). All the counselors interviewed, with the exception of one to three of the schools (arts, alternative, and one traditional school) also stated that they did not think that their school administration, staff/teachers, or the student body had a consciousness about people who identify as transgender or intersex.

As one social worker states,

Well, I think that, I think they have an awareness about that group (population) itself. I think they do understand, they just don't want to really know about it. I think that they're educated on the fact that there is transgender. I think when you get into the transgender, and you get into the, um, when you say "a lesbian" or "a gay" everyone is well aware of it. But when you start saying "transgender," "bisexual", there's more confusion.

Awareness and education around people who identify as being transgender, queer, and intersex within the LGBTQI communities is spoken of even less so in schools in comparison to the little education that includes people who identify as lesbian, gay or

bisexual. This is because there is even less visibility of people who identify this way in the public sphere, less education done in training for adults working in schools, and also extremely little knowledge about the terminology used within these populations in order for both adults and students to learn and talk about the "T", "Q", and "I" of the "LGBTQI" acronym. While eighty percent of the interviewees spoke from this perspective of there being little knowledge in their schools in this way, there were some exceptions in individual cases. One clinician referenced a student's varying gender expression and what he saw as a lot of in-school peer/social support for that student, more so over the taunting and harassment the teenager experienced during his school day. In contrast to this example, another therapist talked about the stigma that he still sees amongst peer groups in terms of the ways that youth, boys especially, get increasingly bullied if they dress differently from the cultural expectations of how males are supposed to dress in young adulthood regardless of perceived or disclosed sexual orientation and gender identity. In talking about the differences of treatment towards boys and girls in relation to LGBTQI oppression, four of the twelve participants brought up how they saw boys being targeted in this realm more heavily than girls.

<div align="center">*Bullying*</div>

Occurrence and Perceived Need to Respond

Six participants talked about how they viewed students as being much more open and accepting towards differences, LGBTQI diversity included, than the adults in their schools or their parents. Five clinicians spoke of hearing from youth and witnessing teachers themselves ignore degrading comments made to students from other students in classes or in the hallways. One provider stated that targeting happens on a regular basis in

the hallways, between classroom instruction, and that this behavior is not necessarily meant to target a specific individual based on LGBTQI identit(ies), but rather has become such a common put-down language amongst peers that it gets used in a generalized way to denigrate and put individuals down in a given moment. One clinician mentioned that such humiliation and denigration feeds into adult minimalization of such bullying and oppression for queer youth. She expressed that students use of swear words is quite often taken more seriously by teachers and administration in terms of disciplinary action than are instances of calling another student a "fag." This same counselor reported:

> Bullying in general is hard to identify. Because there are a lot of things that people don't necessarily tell adults. Teachers just let it happen. They will see things and say "oh, they're just kidding around," or, "oh, Joey's just kidding around," or, "oh, he really didn't call you a   fag." You know, um, brushing it off, minimizing the action, that happens… I think a lot of teachers minimize, it's almost as if it never happens. It's almost turned into the, "kids will be kids" mentality. And that's how it's dealt with. I think that if they're caught, or someone is pushing them into a locker, or someone is punching someone in the face because they called them a… that will, get the results, a detention, suspension, whatever the administration decides. But I think that a lot of things go unreported and they go unnoticed.

Stigma Still Lingers

When asked how students deal with responding to bullying, interviewees responded in a variety of ways. Amongst their responses arose three patterns: that of students being afraid of peer retaliation if they told, that of students assuming that adults would not support them, and that of not wanting to be the focus of attention from adults or peers. The common thread between these patterns is that of stigma still being heavily attached to anything having to do with LGBTQI identity. Two people stated that the school administration and teachers often have the mentality of "boys will be boys," "kids will be kids." One outside provider stated that:

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> Ignorance can be fueled by lack of knowledge. So, I think, in some aspects, if you have administrators or directors who may be in the mainstream schools, who may not be open to that, that trickles down to where we are or they are the models to the youth.

With this mentality, students learn from adult behavior about not reporting or calling out behavior. Students are less likely to report harassment when being bullied in general, let alone if they feel they are being targeted for being part of a group they do not identify with, are unsure about, or connect with further targeting and oppression. In one school where there has been more of a focus by the counselors on dispelling such stigma, two of the counselors described situations in which peers were calling each other out on their derogatory language and also called out principals for using such derogatory terms.

When asked how such situations were dealt with at the counseling department's level, one of the clinicians spoke about a student being held accountable not only to the teacher she lashed out at with homophobic remarks but to the entire school. A formal apology at a school assembly was organized, and the student had to serve her detention via volunteering at a local queer youth after school group. This was the only school reported in the interviews to use school wide response: accountability and psycho-education within disciplinary action. Two other counselors spoke about their counseling departments steering away from use of peer mediation for conflict resolution as modes for response to bullying and oppressive language. Others talked about the need for supporting bullying students on an individual basis, in counseling sessions, by protecting confidentiality and meeting such students where they are at emotionally when dealing with such targeting.

Zero Tolerance

Five clinicians said that their schools' counseling departments were actively raising consciousness with administration and amongst students of what a "zero tolerance" for bullying means and advocating that it should be expanded to include language (if it is a written document) that specifies anti-bullying of LGBTQI people. The seven therapists employed by their school talked about various statements or policies written for students and families as well as employees that address a school wide policy of openness to diversity. To the best of their knowledge these written documents do not specify LGBTQI staff, students, and families as persons to whom such anti-harassment policies include. This writer will go further to argue that not including this population in the written language of Zero Tolerance policies not only makes the policies themselves lack credibility, but also poorly influences practice in schools. Thus, resulting in poor follow through of a supposedly well thought out document and set of school rules that ends up leaving those students out who it aims to protect.

Safety First

The theme of safety came up in the process of clinicians talking about primary concerns that they face in their job and that students bring to their attention. All clinicians stated that their primary job as school based therapists was to help students deal with social, behavioral, and academic concerns and thus to help the high schoolers feel safe in talking about what they needed to in order to progress in these areas in school. One clinician referenced her graduate training as being very focused on taking a holistic approach to working with kids in school. She said that over time and with state

standardized testing this approach has been overtaken by study habit concerns that do not pay as much attention to the "whole child" in terms of school, home, and other environments.

Three clinicians raised the point that if the most pressing community needs involve poverty and violence and if these clients are worried about those issues in their neighborhood or family, then that is where the school's counseling department and school's administration's focus will be. However, these same counselors mentioned that this does not mean the needs of LGBTQI students within such communities should be ignored. It just means that the school may have less consciousness about these aspects of student's identit(ies) and may not put these needs as high as a priority.

Case Examples

While LGBTQI identity formation issues have entered counseling sessions with respondents' students, it was rare for this to be students' primary presenting concerns. Students may have been referred, or walked in themselves, with concerns related to study skills and decreasing academic performance, in-class behavior, depression and anxiety, self-harming behavior, sexual risk taking, etcetera. While all the participants had at least one or two case examples where LGBTQI related concerns were brought up at some point during the counseling relationship, all but three cases were of students presenting for counseling with their primary concerns being other than aspects of their LGBTQI identit(ies). It was over time that disclosure of such concerns came about. The clinicians attributed any such disclosure being dependent on first assessing safety in relation to fear of being judged and incurring social stigma.

Of the situations reported in the interview process, four cases had to do with students dealing with aspects of or reactions to their gender expression at school or home. The other thirteen case examples were around parts of students' sexual orientation development. Common themes among the cases include: the coming out process, family responses, bullying, stigma, risk taking behaviors, cultural and religious context, difference in understanding queer subculture(s), and having queer parents. Two of the cases referred to the school counselors were from teachers projecting the student to be struggling with such aspects of identity, which the counselors found not to be the case upon meeting the student and assessing his or her needs. Two of the cases were of youth who had to change schools because of extensive bullying and harassment. Two cases presented were of students exhibiting bullying behavior to peers or staff (teachers).

The therapists did not make a clear connection between those who were initially presenting as struggling academically, socially, or at home and aspects of the youths' sexual orientation or gender expression and identity formation.

Improving In-School Services and Increasing Access

> The biggest thing is that we just need to make it a safe place for kids to come out and until that happens, there's not really much we can do, except help kids on an individual basis if we hear about them and in that case, you know, the services that we're gonna provide to them, are not going to be groups, they're going to be giving them referrals to if there is a group in the community or doing individual sort of check-ins.

Increasing Visibility

One clinician spoke about there needing to be inclusion of LGBTQI people and topics into school curriculum:

> Well, I think, um, because it would be good to also take a look at health educators and how they address, just in the language, how it is acceptable to talk about this,

but also just through the curriculum and, in terms of, like social studies, are they talking about people in history, who were, gay, lesbian people, do they address that? Do they mention that? Do the note that? Like, giving kids, it's much like, you know, I don't think we have to have like, I've always felt that, we don't have to have things like, "black history month," I think it's ludicrous how we just focus on black history one month a year. So I'm not proposing that we have "gay history month," but that it's included and that it again comes to adults being aware and addressing having that consciousness. So, it would be sustainable only as much as discussed.

Needs Assessment

Three counselors spoke of the idea of doing a needs assessment to all students bringing up the topic of what young people's visions are for existing and additional specified support in school surrounding LGBTQI topics and needs. One of these social workers said:

It would be advisable to do a survey, to do a needs assessment type thing to not just be mine or other counselors' statement of need. But it might also kind of require some data and stuff, that you know, it might be helpful to say we "surveyed a hundred kids" and "kids say we should have this [start a support or GSA group], you know?".

Making Trainings Required

Five interviewees talked about increasing the number of mandatory attendance trainings offered to staff in school, including teachers, and making these trainings something that happens on a consistent basis through staff meeting time, PD time, suggested CEU time, etcetera.

Trainings to Include…

Two clinicians brought up their experiences of teachers coming to them for help on how to respond to students' homophobic comments. One of these therapists expressed interest in doing a training that would be available for teachers to attend in order to practice the "how-to's" of putting their new learned LGBTQI awareness into practice

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when working with kids. Another counselor said that "an overall emphasis on how all issues of identity intertwine" would be important for helping clinical staff and teachers come to learn more about LGBTQI identity issues including terminology used in LGBTQI culture. Another outside clinician shared this belief and stressed how:

> It's useful to have trainings that are specifically focused on taking care of, protecting, supporting queer identified students. But I think you can only have so many of those. I feel like all of the trainings for counselors, whether you're talking about bullying, whether you're talking about harassment, or you're talking about counseling, working with the parents, I feel like all the trainings, again, need to have queer students or kids of queer parents and examples of who you're working with. When there is only just the one queer training, it's helpful, but you have eight other trainings about working with all the different kinds of families and none of them are queer, again you're basically isolating, just like if you have a training on queer families you really want to make sure that the families you're talking about are of different classes and different races and different religions. Um, you really need to thread together different kinds of identity on an ongoing basis for people to really start to recognize the importance of all these issues.

Sustainability with a Top Down Approach

The majority of the clinicians stated that creating consistency throughout school-wide policies and procedures that staff, faculty, students, and families see would be helpful to broadening inclusivity for diversity. Four therapists suggested that the administration of the school needs to be on board for all of the above suggestions. If the expectation is set from the "top down," there is more impetus for school climates to put effort toward meeting those expectations of openness and awareness to diversity in all respects. One counselor said: "I think the administration needs to own it. You know, it needs to be built into the [policies]." Another clinician stated: "everybody needs to look at the whole system and what's important to meet the needs of the population and if it doesn't happen from up top... it...[doesn't happen as much]. It's hard to make it happen."

The five school-based clinicians interviewed who are working for outside agencies were asked what they viewed as the benefits and challenges of their position of not being employed directly by the school(s) whose students they work with.

Benefits

Four of the five clinicians stated that they felt welcomed into the schools they see students in. One stated: "I don't feel like an outside provider. Even though I'm at the high school only one day a week, I'm kinda a part of the school. Except for the ID I wear, that says [place of work]." Another provider said: "depending on the school, I have an ongoing connection that's been built over time, where, I'm seen as credible or my concerns are seen as valuable . . . Both the schools I've worked in for several years, so, they know me."

One counselor stated that he found benefits to having an "outside eye" because:

> You can say, even though I'm not here all the time, these are the things that I feel as soon as I walk into the school, and these are the things to be aware of just in terms of the visitors that may come to the school or the new students that will come to the school.

Another clinician shared a similar belief that there is added benefit to being able to help school staff along with eyes focused on mental health:

> They [educators] come from a different world…the traditional schools have, "oh, [agency name] will take care of that at the clinic, the child's place in school is to be on the academics. . . " (The traditional schools are not equipped, but I think they're trying to, from what I've seen, but they need a lot more [equipped on thinking about the mental health front] . . .).

Two therapists mentioned confidentiality as being a benefit to being able to also provide counseling services outside of the school setting for students. Similarly to this comment,

two clinicians also stated that they felt being outside providers gave them direct contact with outside referral sources with which they could provide the schools, students, and families.

One outside provider talked about the "clout" that she felt the hospital she works for has with the school. Because of the respect earned by her institution, her efforts at connecting with students are well received, and the other school social workers use this clinician as a resource.

In cases of sensitive decisions or calling for attention to a subject that the school may not want to focus on, three interviewees stated that working for an outside agency is to their benefit because they do not run the risk of shaking things up as much as they might if they were directly employed by the school itself. One expressed:

> When you work for an outside agency, you definitely have more protecting you. It's just different. When you are part of the school, the expectation is, that you do what they want. Um, you do what the need is for them, not what the need is from what you see it as. When you come in from an outside agency, you can say "well . . . ," they don't know you as (part of them), that's where the difference lies.

One participant talked about the benefits to working year round and at an off-school site location as well, and the opportunity to continue working with some students over the summer after the school year has ended.

Challenges

Two outside providers talked about the fact that they were not working on the school site full-time being a challenge initially to learning the school environment as well as making connections with school staff and faculty. Two of these counselors also mentioned feeling not as welcomed by school staff. Three of the clinicians stated that

they have felt at times the schools expresses a "what do you know?" message, when the

participants are raising concern about a student or a school related issue. One therapist

stated, "system wise, they [schools] really just want to be more involved, whereas when

you come [in] from an agency, they're kinda like, 'oh, ok, you're not one of us'."

One clinician brought up the school's narrow focus on academics, which she felt

narrowed the school's openness to her clinical work with students. Another counselor

talked about how by very set-up of where she meets students (in a health clinic attached

to the school building), she feels excluded from the actual school environment.

One therapist expressed that as an outside provider, she does not have ongoing

communication with the school other than when she is there a seeing student individually

or in groups. She expressed how sometimes this can hinder the quickness of her response

from the school on matters that arise including logistics of use of space and time.

One respondent described the biggest challenge as

> Just not being in the school all the time. Not having a good, you know, it's not possible to have a picture of the school just being there only one day a week. It's not possible even, if I was there four days a week, it's obviously different. It's kind of only a challenge, especially in the high school where there is so many different things going on.

CHAPTER V

DISCUSSION

This study put forth an effort to answer the following questions: What resources and trainings do school based clinicians receive around supporting LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning and Intersex) youth in high school settings? What are school based counselors noticing about the school climate that they work in related to how they see or hear about this population of students being targets of bullying and harassment? How has the training that clinicians have (or have not) received helped them to meet effectively the emotional and behavioral needs of the (queer) student body in their school(s)? Some of the findings included respondents' perceptions that: (a) little specified training on this population is offered at the graduate level and through professional development opportunities in (or outside of) the work place, (b) school atmosphere in relation to LGBTQI awareness varies by school location, population, priorities and perceptions of student and outside community need, (c) understanding of the needs of queer students depends on one's personal and professional exposure, personal and institutional bias, or personal openness and connectedness to valuing diversity in LGBTQI young populations.

This chapter will discuss the findings in relation to how the literature discusses mental health risk factors for LGBTQI youth and training implications for those working with them in school-based mental health. Most of the findings confirmed the points made

in the literature and some did not. The researcher's interpretations of the findings and the implications for clinical research will be discussed in the following order: (a) graduate and post-graduate training, including a discussion of cultural awareness training, and the gaps and barriers in existing training, (b) school environment and awareness, including the impact of school's location, priorities and perception of need, influence of the public sphere, mentoring and mirroring, and personal and professional bias on serving LGBTQI youth in schools, (c) suggestions for making sustainable improvements to clinical training and school programming, and finally, (d) some remaining questions on creating change in clinical training and in schools in order to better meet the needs of LGBTQI young people.

<div align="center">*Graduate and Post-Graduate Training*</div>

Given the Risk Factors of the Identified Population

As Fontaine and Hammond (1996) report, LGBTQI youth are considered to be a student population that is "high risk" for retention, school incompletion, suicidal ideation, substance abuse, sexual risk taking, and homelessness. Given this categorization, the call for training that addresses the risks and needs of queer young people is essential to meeting the needs of youth in school-based mental health practice. However, contrary to this expressed need, Russell (2006) states that there still remain wide gaps in graduate and post-graduate training.

The findings of this study support the above conclusions in a couple of ways. One way is that all the clinicians report students they worked with who fall under at least one of the "high risk" categories that Fontaine (1996) described. The other is that each clinician reported feeling that topics of queer populations were left out of being fully

incorporated into their graduate curriculum; whether this means the subject(s) being fully excluded, overlooked, or skimmed over on the surface. Less than half of the participants spoke of their graduate training as doing a more inclusive job of specified population and related topic course offerings. One clinician described discussion of case scenarios and reading material as being helpful to his learning in this area:

> The readings. And they were also incorporated into the classes, the classes that I enjoyed the most, the professors addressed it, so it wasn't just like, "oh, here's a few articles on the syllabus," the professors actually, you know, made sure, that these issues were addressed and they were kinda out in the open to create dialogue, and the students for the most part, were, I would say, all around in my experience, would be the ones to bring these issues up.

This therapist's experience was in the minority. Participants in this study contend that when courses were offered to them in graduate school or as continued education/professional development training that were dedicated to the meeting the needs of LGBTQI populations, they were elective courses or optional trainings. They are also offered inconsistently. One counselor's reasoning for this is as follows:

> I think that, just like, that people have their own comfort zone and their own passion and expertise, so in our program, we had three professors and each of them has their thing that they might bring to the table. One might be research, one might be "I'm an individual counselor," they sort of focused on that and unless there is something that's passionate about LGBTQ-whatever topics, then, they're not gonna make that big effort. . .and I think it's sort of the same for, like I look into the curriculum stuff that we do in school and there are certain things that we focus more on that we do in school, because or I do, because that's what I'm more passionate about and comfortable with. So, comfort is a big thing.

> Yeah, and knowledge too, they not only need to be comfortable about it, but have experience and, you know, if, they don't know their best ways of working with this population, then how are they going to teach it?

With the exception of some trainings on cultural sensitivity, most professional development training workshops are always optional and attendance is often dependent on agency or school funding and participants time. The majority of interviewees referred

to the trainings that they've attended on this subject as having been voluntary. They also

said they found out about the opportunities on their own accord. In addition, for trainings

that are centered on diversity awareness, the majority of participants stated that LGBTQI

diversity was not a part of the discussion. The school counselor quoted above, stated:

> In grad school, I took, yeah, there was not much. So, I took a curriculum class and
> they would like take three seconds to talk about each topic, they'd be like,
> "suicide blah, blah, blah…" and ten seconds later they'd probably talk about
> something else. So, in my class, that was probably to the extent, like the actual
> school counseling program what they did. But, through [another department
> program], one of the social justice workshops on weekends, I took one on
> heterosexism and sexism, and that was actually really helpful, but that was, again,
> more about exploring your own biases and prejudices within yourself, like a
> personal growth thing, than really working with you know, how to work with
> students, that identify that way or families; there was really none. And even, like
> that curriculum class, where they went over each topic for ten minutes, they
> probably didn't even touch on any of that stuff, and not even how to work with
> kids, certainly not. So, like, even in the individual counseling, I don't remember
> talking about that at all.

Another clinician commented:

> So, um, a cultural diversity class, I don't remember what it was called, was
> offered, and it only touched on LGBT issues. The only time a student would get
> that is if they reached out and took an elective and most of the time, not all, but
> most of the time you're preaching to the choir. The students who are taking those
> classes are already exposed to LGBT issues which is why they took it, so the
> people who *really* need to get that work often aren't the ones who are signing up
> for those classes.

As the twelve participants agreed and this writer believes, this non-requirement status of

curriculum inclusivity continues the pattern of "skimming the surface" on this population

in educational settings. This cycle of overlooking marginalized groups limits the general

training for clinicians in terms of broadening their scope of learning about issues of

diversity. The oppressive trend of heteronormative clinical trainings does not assist

counselors in training to expand the ways that they approach working with diverse

populations. Here, the social worker quoted above gives an example of her experience supervising current graduate level clinicians:

> I have two MSW students right now, clueless about LGBT issues. So, I reached out to my graduate program, do you have a workshop? How can we work it into curriculum because "you're graduating, people" [who] really are clueless. Is that the kind of reputation that you want to have as a graduate school that you're sending people out to field placements who don't have any idea? I mean, like [interns saying], "what do you mean gay people get married in Massachusetts, and so are you saying that you like gay people?" I mean, clueless, from clueless all the way to homophobic. [I got] really no response [from graduate programs], " I don't know how to work it in, we don't have the resource, um we already have one elective…" it's just not top priority [for training programs].

As a result of not setting a precedent for inclusivity around diversity, and this population in particular, clinical approaches stay narrow in awareness and language when working with and doing education around LGBTQI clients. Moreover, clients questioning their sexual orientation and/or gender identity continue to be overlooked and silenced themselves and continue to struggle through their process of identity formation with less attention given in their counseling relationships that may be given otherwise if there were more education and exposure for professionals.

Three counselors gave case examples of students who either changed school districts or were dealing with issues living independently due to either school peer harassment or lack of familial acceptance. Just as Russell (2006) notes the gaps in clinical training in this manner, the participants of the research study agree in their responses that what would help improve school-based clinical services for LGBTQI students is more trainings on this specific population for not only clinical staff but for school staff as a whole, especially for teachers. This researcher adds that having lack of this training to begin with can greatly impact a student's experience and feeling of safety in reaching out

for help if needed. One school-based counselor stated she started to see more attention being paid to queer youth and being at risk in the mid to late nineties. This participant was one of the only interviewees who specifically named the research in the field that stuck out to her: "I've read so many studies that have been examining the mental health of queer identified teens in relation to the level of visibility they had and level of depression it caused." It is clear that without education and awareness, risk factors for these teens persist or increase, access to resources continues to be hindered because of lack of response and visibility to need, and everyday school experiences are generally negatively impacted as a result.

As Russell (2006) also discusses, not providing inclusive trainings for clinicians inhibits resources that counselors have to utilize for their own sources of knowledge and for what they can offer their students outside of school in their communities. This study's participants support this finding. More than half of the participants talked about how they wish that the training that they did have that covered the population would have included a bigger list of resources for outside of school supports that they could utilize to help connect students and families to. They also stated that having discussions about community resources and local queer groups would have helped bring them a broader understanding of queer culture(s) and the diversity of need within this population.

Given the interview participants' responses, it is clear that although the clinicians hoped for more resources/referral lists to be able to offer their students, the increase in more focused trainings on this population would in fact serve as a resource in itself to the counselors.

Trainings of Cultural Awareness

Dabney (2006) did a study done on multicultural training programs for clinicians

and educators. The respondents in her study reported that they did not understand the

general need for multiple perspective learning. Nor did the author or her study's

participants explore the idea of including discussions of queer culture within such

trainings. This study's findings, however, were quite contrary to Dabney's (2006) report.

While all twelve participants of this study share Dabney's belief (2006) that training

programs are increasingly dedicated to raising awareness about cultural diversity as it

pertains to race and culture, they also talked about the simultaneous importance of

including information on intersecting identities and cultural aspects of LGBTQI

populations, which did not come up in Dabney's (2006) study. One school-based social

worker who values discussions of cultural diversity in clinical training stated the reasons

she thinks LGBTQI people are often not part of the discussions:

> I think that the queer community is seen here [school where employed] as such a
> small segment that it's often overlooked. Um, but counseling issues regarding
> LGBT folks are so important for [high school] kids to get at school, and in
> people's practice, whether they do non-profit, macro, micro; they're gonna see
> [LGBT] folks. And I feel like we overlook it, we do a much better job at looking
> at cultural and ethnic differences in counseling. I just don't really feel like it's a
> priority, and I feel like people are a little bit scared of it. Um, or, you try to pull
> from your staff and who would be the best. Not just, "who is really good at it and
> let's hire an adjunct," but, "hey who do we have that could do this?" And so you
> end up with a half-assed curriculum with a professor that maybe, sort of has some
> of the answers. I mean I had a professor talk to me about sexual, gender identity,
> like, just absolutely clueless. Did not have a clue at what he was talking about, I
> just don't think it's a priority.

This researcher would add that racial diversity within the queer community is overlooked

and minimalized in the same ways that queer issues as a whole are overlooked and

minimalized in high schools, in clinical training programs and in the larger society.

Moreover, what is included in such diversity trainings so often has to do with how "cultural diversity" is defined. This makes it all the more important for training programs, and clinicians themselves to have an awareness to the complexities of how issues of oppression and privilege can affect one's multiple identities. As the clinician above also pointed out, it is quite often the case that the topics of gender and sexuality are included in clinical programs but that the scope of how the subjects are taught does not go far as to include non-heteronormative sexuality and gender past beyond the identification of binary categories. In addition, this researcher will add that often in school settings (including at the levels of higher education), queer identified faculty members or counselors in the school will be asked to take on additional responsibilities in work load just because of their perceived identity. They may, for example, be the one that other clinicians turn to when they need help figuring out how to support an LGBTQI student or family. They may also be the one that the school administration selects to cover queer awareness raising in trainings whether or not the individual has volunteered, expressed interest, or feels qualified to do so.

Intersecting Identities

Several therapists presented in this study expressed their thoughts about the essential need for clinicians to think about the intersections of identity and oppressions and how they affect youth in their development with their families and in their daily lives at school. One social worker stated: " you really need to thread together different kinds of identity on an ongoing basis for people to really start to recognize the importance of all these issues." Another therapist stated that he thought having

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> More trainings, workshops…and I think it's an overall emphasis on how all issues of identity intertwine like I said in the beginning . . .if there were more emphasis on how these issues are connected, there would be more dialogue, more dialogue and it would be taken into consideration, I don't know if this is the right way to say it, but in a more present way. Or more visible way.

The thought behind this notion is that because we all have more than one way that we define ourselves and are asked by U.S. culture to lean into one or more of those identities daily, it is not enough just for those in training to look and learn about one aspect of how a person relates without connecting that piece of his or her identity to the other parts of the way that person may (or may not) identify. It is essential to take in the connections between these multiple pieces of someone's identity to how the outside world sees him or her, and how that person sees his or herself in that world. Being trained to have this awareness will more likely enhance a social worker's perspective on appropriate ways to support one's clients, including young people who are in the midst of developing their identities.

School Environment and Awareness

Regional Impact

The participants in this study made reference to how the population and landscape of their schools' communities play a part in how aware, educated, and accepting the in-school environment is to diversity. This includes diversity of sexual orientation and expression of gender. For example, three clinicians interviewed spoke of one of the school districts that historically has had a large population of lesbians and lesbian parents. They each talked about the strong influence the acceptance of this district has had on surrounding towns and the impact as a result, that it has had on the general fabric of the

schools' social awareness. The researcher would go further to say that it is not only the historic visibility of this specific city that has leaked into public awareness across county and school district, but that gentrification of some wealthier self-identified queer families moving into these areas of lower-income living has played a large role in spreading the awareness of diversity as such. In addition, this researcher believes that if interviews were conducted more cross-regionally or in parts of the country in addition to progressive small cities, surrounding towns, and urban east coast environments, the findings and level of awareness depending on clinical training may have differed from how these participants responded. However, these interviewees in total had a common general awareness mental health issues related to LGBTQI populations. They also all had knowledge of how their schools' communities' exposure to such diversity has affected the school atmosphere for queer students, staff, and families, and were able to talk about the perceptions of need for queer and questioning students in training programs and the schools that they work in quite openly with a critical eye of what improvements need to be made in order to better serve these young people.

Priorities and Perceptions of Need

A common theme that arose across all interviews was that doing therapy, adjustment counseling, and academic guidance in schools takes on the priority of focusing on in-class behavior and academic performance. In addition to stating that their job responsibilities often center around the academic performance of the students they work with, these counselors all talked about the priority in their work being about the "whole child." They all expressed the importance of paying attention to or questioning what is going on for these young people in *and* outside of the classroom: in the halls, with

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peer groups, after school in their neighborhoods and communities, as well as at home, and how these aspects of adolescents' lives affect their school experiences including in-class behavior and academic performance. For example, three therapists spoke of the pervasive amount of violence and issues of poverty that youth and their families are faced with in their neighborhoods. Quite often the school's administration and counseling offices are trying to figure out how best to respond to their issues in terms of helping emotionally and academically supporting all students. One stated:

> Maybe one of the other reasons why [LGBTQI] issues are not focused on and given as much attention as they should be is because there is such a great need, especially within the elementary and middle school, and also the high school, and the need, like most of the programs are based on behavioral concerns or academic concerns. Again, the school, the focus, or a lot of time the focus is on how we can help support students and meet their need in a way that we can help them kind of academically, and I think because issues of poverty are so huge and issues of community violence for students are so big, um, that I guess, people don't really think about how along with those other issues that are going on with families or students, that there can also be another layer that's not being looked at.

Another social worker stresses how oppression coupled with the impact of pressure on a school district and administration often trickles down and what happens to a school staff's training as a result:

> [Priorities in a school are] everything else, helping teachers learn different teaching strategies, the testing requirements, making up mission statements that takes up a lot of time, and um, you know, learning how to remedy other special needs. And then, I guess it goes hand in hand, minimizing those needs, minimizing the concern, and minimizing the lack of sense of priority and the significance, I should say, of how these troubles impact kids' functioning at school. So, you know, probably everybody has heard about or read an article about the higher rate of suicide and mental health issues [for queer youth], but, uh, either not repetitively, or it's not emphasized enough. Or, it's not talked about.

Speaking about the student population at this counselor's alternative school and how the school might respond to LGBTQI psycho-educational programming, the counselor shared the above perspective:

Kids being at risk for expulsion and not coming to school. Just because of the struggles of that particular population it would be a struggle to get the school on board, to say, "this is an important thing," and I, again can only speak from my own experience, because the youth at risk, whether they're gay or lesbian, or whatever, it doesn't appear to be a priority [for the school]. "We don't have time to fix this problem," "let somebody else fix it," so, my take is that there'd be some resistance [from the school administration and teachers, the general atmosphere responding to counselor initiation of LGBTQI educational programming].

This same social worker talked about parental involvement in a young person's educational and in-school counseling experience. She spoke about how what a family may be going through outside of school can often override a caregivers' involvement in their child's life at school. She also spoke of how a family's general concerns in this way can also impact how in touch they may be to LGBTQI identity development, or how much space they may have to offer support for their adolescent going through a coming out process:

Particularly with the population that I work with. I work with a lot of at risk youth, I think, I'm just assuming, and again, which I probably shouldn't do, is that, I'm not sure, it would be a priority for them [parents] because they have "all this going on," and when I say, they have "all this going on," I'm not sure that their interest would be heightened either way

And so, they're getting arrested every other day, so, you know, if they're getting arrested and they're having, they're confused about their own identity, and this, and transgender, most likely the priority becomes the behavior in terms of the arrests, and the other stuff becomes less, less of an issue. Just coming from that, and on most occasions, it's difficult to get a parent to come to school to see how the child is doing academically in school. So, and I'm talking, very tough population perspective.

This participant continues to talk about the general cultural implications for LGBTQI youth sharing these parts of themselves at school, in their social circles, and with their families. These two clinicians additionally speak of individual community, family, cultural, and religious contexts as having an impact on a teenager's experience of coming

out about his or her LGBTQI identity and his or her varying experiences in school. One states:

> It just really depends on the person's cultural background and what is a priority and what isn't and the approach [by the clinician or student bringing it up with parents]. There is so many other issues, and what has to do with their own background, the whole situation, and so, it could actually be viewed as shame.

This writer will go onto say that the fact that it is an essential part of counseling to look at the bigger picture and "the whole situation" that the client is going through. It is all the more necessary to include assessment tool training and education around how each part of a person's identity pie and one's in-school and outside world experiences come together. Making training that is consistent by incorporating more detailed information on LGBTQI populations into trainings offered to professionals will better help them think of ways to help support LGBTQI students in their process of dealing with how all their pieces of the pie fit together.

Having experience in being able to see the whole pie and work with the "whole child" will help those supporting queer and questioning students in the school setting deal with things like comfort level around feeling safe and comfortable coming out in school: As one participant put it,

> I'm saying that there are layers that kids have to deal with, that there is stress, in an urban environment; poverty, family dynamics, there are numerous stressors that the kids are dealing with or not dealing with. In terms of kids coming out with their sexual orientation, I think that school is a safe place in general. But for those who are not coming out and for those who are struggling with their orientation, how to say, how to live it.

> I can see where a kid wouldn't offer that information [of coming out], even given the positive, accepting climate. Because of the stigma that society puts on, the cultural stigma, plus safety. …our kids are always looking over their shoulder to keep themselves safe, so why risk information that could be potentially harmful to them, if it's not necessary?

One's cultural and/or community context may have a strong influence on queer identity formation and possible internal struggle. A youth's school environment and social/support network, including one's family relationships, can also have a large impact on whether s/he feels supported, validated and encouraged in his or her individual identity development:

> Again, the school, the focus, or a lot of time the focus is on how we can how we can help support students and meet their need in a way that we can help them kind of academically, and I think because issues of poverty are so huge and issues of community violence for students are so big, um, that I guess, people don't really think about how along with those other issues that are going on with families or students, that there can also be another layer that's not being looked at. It's something that I look at because I went to [graduate program name], I think, and because of my life experience more importantly. Um, but I would say, in general, from school staff and administration, it's not something I've heard from them.

Though these clinicians stated that LGBTQI identity forming issues are addressed in their work with clients in schools, whether they arise in peer conflicts, after a school presentation, or in individual sessions, they commented that these concerns commonly may fall on the back burner in terms of a full school commitment to doing more education for students and school clinical and teaching staff.

> I work with people, that if we put our heads together we could really make sure these issues are addressed more, but um, but it's just not happening, but it's just like, I'm not sure if it's an issues of, like just the pressure you feel doing the clinical work you feel working in schools. And there's so much other stuff that you're trying to deal with, it's kind of, but, that's why I think if there were just more emphasis on how these issues [of identity] are connected, there would be more dialogue, more dialogue and it would be taken into consideration, I don't know if this is the right way to say it, but in a more present way. Or more visible way.

The writer would go further and state that because topics including education around how the different parts of one's identity intertwine, and because the topic of queer identity and concerns for queer youth are especially marginalized and already overlooked in

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educational institutions (including institutions of training) and in the public sphere, it is clear that the pervasiveness of heterosexism, homo and transphobia continues to be overlying school atmospheres along with other forms of oppression. The counselors interviewed agree that although their individual awareness about needs of queer youth does not escape them in their work of addressing larger community needs, they also contend that their counseling offices, agencies, and schools need to do more work to help increase visibility for these students. The interviewees also stated that these students' additional concerns need to be brought into the consciousness of their schools' atmospheres and the administrations that influence them.

All the clinicians responded that for the LGBTQI students whom they see or who are referred to them, it is often that issues surrounding these aspects of their identities do not come up until relationships form or unless the student themselves or the school is responding to a specific incident where the kid(s) were targeted via bullying or as part of a hate crime. To be accountable to this population and help them come out more easily about being targets of bullying, for example, means that counseling and school staff need to become more educated on this population in general

Influence of Public Sphere

In addition, as one counselor stated, because LGBTQI identified people and issues are more and more common to see in the public sphere, such as in the news, in movies and on television (Ryan 2002), children have started to become exposed to such visibility at an earlier age, thus making it less common for high school students to be unaware of queer people existing in their neighborhoods. One school adjustment

counselor states: "I think the kids themselves, just what I'm seeing, you know, it's ludicrous to not address these issues, the media, television, it's out there."

However, despite kids having an increased awareness, there is still need for education and moving towards acceptance. Many of the interviewees spoke about how it was the adults in their schools that were verbally more resistant to open discussions that incorporate queer awareness into education for students. The school adjustment counselor quoted above continued to talk about how the school's location and school staffs' generational differences play a part in training and exposure to such aspects of young people's identity formation. She spoke of how adults are being supportive to students around recognizing safety and coming out, stating: "… it's also that we have a very veteran, heterosexual staff and so, it doesn't get, it doesn't come to the forefront." The other participants shared this belief and talked about the heavy influence that adults' personal awareness has on a school's general atmosphere and how it often influences how sensitive peer groups are to one another. Moreover, the findings suggest and the literature supports that the value placed on diversity in a community and the awareness and sensitivity to different aspects of diversity in the school environment such as in the principal's office, the classroom, in the hallways, in the lunch room and in the counseling office, can either help or hinder youth's experiences of identity formation and academic growth (Gutierrez, 2004). If therapists in training and those currently practicing do not begin to receive more adequate and full training that stresses this importance of looking at the full picture when providing services in schools, then queer and questioning youth will only continue to be hindered in their social, educational, emotional, and personal development.

One clinician also expressed the isolation of the predominantly white, working

class, rural district that she works in, and the impact of its isolation on its unawareness of

any type of diversity, beyond the community's understanding of class differences. Here,

she expresses how she sees the lack of exposure to any kind of diversity as negatively

impacting the school's perceived need for specified services, such as starting a GSA or

other school organized programs that could increase awareness around difference,

learning, and acceptance:

> In terms of the kids? There is none exactly [awareness]. They are not accepting of
> anybody who is different as the above things, or if they look different, they dress
> different, if they are not from the same place. Like, we have kids who move in
> from other districts and if they have anything that makes them stand out and if
> they're not the "all American kid," they give them a really hard time at school, so,
> um, as far as I know there's not one openly gay male at our school, and the two
> females I was talking about before, [they] are the only two girls that I know of
> that are out. So, it's definitely not safe, the kids who do, you know, a guy that
> might seem more effeminate that gets the assumption that he's gay, definitely gets
> targeted. Um, and I don't know, like, that there life, is like, "awful," like it's
> happening all the time, but um, you know kids calling kids "gay" and "fag"
> happens, pretty much all the time.

She goes onto talk about the adults in her school:

> Well, I think that the teachers are sometimes clueless, like, I've been [here] since
> a year ago in October working with the school climate staff, and the hardest thing
> was convincing the teachers that it was even a problem. So, I think that they're a
> lot of times pretty oblivious to what is going on. I mean they hear the language,
> they try, some of them, hopefully most of them at this point try to address
> language when it happens, but I don't think that they, and you know, I guess I
> don't have conversations with people about this, but I don't think they have a lot
> of awareness of what's going on.

While several of the other clinicians shared this point of view, they also drew attention to

how in a school atmosphere support and encouragement from above (from the school

administration) greatly influences a school's general climate and their commitment to

providing a safe environment for students all around.

How sensitive a school is and where a school is, has a lot to do with the leadership in a school and how committed the administration is to those topics. And I can remember at the high school, [it] really not being very positive, "of course they're gonna call each other gay, that's what boys do." "Boys will be boys" kinda thing. How sensitive a school is has to do with how sensitive the administration is to raising awareness of being sensitive.

Another school-based counselor shared this thought:

I think that a lot of the attitude that goes on down from the directors to the teachers to the staff to the whomever, it's that person, who's in the leadership role to make sure that they convey the right message.

If the awareness and education are not there from above and as a result encouragement for counseling staff to go ahead with such educational programming or specified in-school therapy services is lacking, it is quite often that students continue to go undereducated around queer awareness and LGBTQI students continue to go under supported and silenced around those aspects of their identities.

Mentoring, Mirroring, and Incorporation into the Curriculum

Just as Crowley et al. (2007) discuss the need for queer youth to have adult role models who can mirror their identity development, the authors' research also stresses the importance of an inclusive curriculum to increase visibility for LGBTQI students. Supporting Crowley et al.'s research were several participants who spoke about the need and importance of including queer identified people and social movements into history, social studies, and literature class syllabi to help instigate conversations and continued education that is less heterosexist and that goes past a tokenized recognition.

It would be good to also take a look at health educators and how they address, just in the language, how it is acceptable to talk about this, but also just through the curriculum and, in terms of, like social studies, are they talking about people in history, who were, gay, lesbian people, do they address that? Do they mention that? Do the note that? Like, giving kids, it's much like, you know, I don't think we have to have like, I've always felt that, we don't have to have things like, "black history month." I think it's ludicrous how we just focus on black history

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> once a month a year. So I'm not proposing that we have "gay history month," but that it's included and that it again, comes to adults being aware, and addressing having that consciousness. So, it would be sustainable only as much as discussed.

This participant's thoughts as well as the common thread that came up between the majority of the interviews supports the literature that addresses the need for schools to catch up to the times and meet their students' level of awareness on such topics and populations (Gutierrez, 2004).

In addition, supporting authors Crowley et al. (2007) and Day's (2006) discussion of young (queer) adults needing role models and mirroring in their developmental process of forming their identities, three of the interviewees talked about how they see it as very important that young people have adults in their life that are out about their queer sexuality and gender identity.

> So, I feel like what the school and counselors can do is to really educate themselves in a way in which they become fully in the issues, and they have to talk about them. ….and this is sort of a political thing to say, but whatever, I feel like if teachers and counselors were to come out, um, as GLB or T, I personally think that would be incredibly powerful.

The researcher argues that although this notion can be clinically complicated around issues of self-disclosure when working with identity forming youth, doing mental health work in a school environment often lends itself to using different psycho-educational approaches including the use of self.

In the school environment there often seems to be more flexibility for counselors to serve not only as emotional support and advocates, but also as mentors just as may the teen's teachers. Having adults in the school building who are out can also bring an awareness and recognition amongst school staff and administration to think LGBTQI issues not just as they relate to children, but as they relate to adults. Because adults often

do not understand that LGBTQI identity formation can begin for some at an early age, having adults who are out in a school setting can also serve the purpose of educating other adults in the building to understand more about the developmental process of queer identity formation. In other words, out staff in a school can give validation, voice, and visibility to younger populations: if there are adults who are queer, then surely there are kids who are. Moreover, because there is minimal non-stereotypical visibility of queer people presented in general media and queer people usually do not appear in classroom material nor in school programming around diversity awareness and sensitivity, it is all the more important for young people to be able to identify and possibly form relationships with out adult individuals within the larger LGBTQI communities (Day, 2006). This can be done through personal relationship forming with schoolteachers, counselors, tutors, or through mentoring programs.

The Personal Meets Professional

While personal experience and personal exposure outside of academic and professional training is not something that the literature discusses as being influential in how equipped clinicians are to working with queer people as clients, the participants all largely agreed that personal experience has overridden their clinical and professional development training regardless of what it may have included in terms of exposure and clinical approaches to helping meet LGBTQI people's needs. The different areas of personal exposure and experiences that the interviewees reported were informed by their social or family networks, self-identification or personal relationships, self-education, or previous internship or work experience with LGBTQI populations. Though the literature did not specifically talk about how the personal, social, and relational lives of clinicians

can influence clinical training and practice, there is an existing parallel between what the previous research states on what contributes to a developing queer or questioning youth's mental health (Crowley et al., 2007), and how exposure or personal connection can influence how therapists (and schools) become aware to issues of the LGBTQI community regardless of their education. In other words, this writer will go so far as to say that the same ways that the research supports the fact that young people need education in the form of realistic portrayal of non-heteronormative and gender binary media, history, and culture in order to develop a healthy awareness of difference and a healthy sense of self, the same is true in the educational setting for those serving these youth's needs. If adults are not exposed through their personal lives, the only opportunity they may have to learn about people other than themselves is through their surroundings; including the media, their work place, and their schooling. As this school social worker states, lack of exposure for people results in personal bias. Personal bias creates an obstacle for how open a counselor may be to queer students and to meeting their needs. This obstacle also greatly impacts greatly the ways in which LGBTQI populations enter the picture of school environments and professional training for those working in schools:

> Um, again, I think [LGBTQI culture and needs are] a sensitive subject. It's a personal subject, it's a debated subject, there's a moral flavor given to it by some people that makes it kind of easy to be a topic that's inflammatory for some. There's such diverse opinions, there's cultural, there's religious, it's just loaded, and it's personal. Um, so, there are plenty of obstacles to over come as I'm sure you're aware of as a young person today. There are plenty of attitudinal and um, value judgments and assumptions that people make, so I'm giving you the standard answer, ok. But those things are real. And, uh, I've lived it, I've seen it. When the guy said to me, "was this program ok'd by the administrator?" I saw and felt, the, um, the disdain that came in his question for the group, the people, the whatever, or [the question] that it should be raised in school.

Just as young people need to see themselves, and not only themselves, in the mirror in order to develop themselves as active learners in a school setting, clinicians in training need to be required and given the opportunity to learn more about other people's experiences in relation to their own. Because meeting queer young people's needs so often unfortunately is weighed down by personal bias, politics, and religion, it is imperative that there be more consistent education on this population specifically, and also room for clinicians to examine their own biases. However, as Russell's (2006) research supports, because specified training is not being offered in a consistent way is not getting specific enough in its course or professional development material, clinicians are left to draw from their own personal experiences and connections, which, for the majority of counselors in training, generally are wrapped up in ignorance, unless they have had previous interpersonal or educational exposure around queer people and issues relevant to the queer communit(ies). While working from personal connections is not necessarily a problem, it does exemplify the greater need to fill the holes in current clinical training that continues to create barriers for promoting awareness and sensitivity working with youth who identify as LGBTQI.

Training that Requires Personal Examination

Findings supporting these points are seen in the following examples: One therapist, who disclosed her heterosexual identity in the process of the interview talked about the coursework she had that was dedicated to personal examination of aspects of privilege and oppression. She spoke about how this influenced her to reflect on her own biases as well as her heterosexual privilege. This time for her as well as her interpersonal relationships with non-heterosexual friends has helped her learn more about different

identity issues and has also, in turn, helped her in her clinical approaches. When responding to the question of how typical the participant's training was around this population, she responded that she thought it was typical for her experience as a heterosexual student newly learning to draw connections to her own heterosexuality and how she may have benefited from that part of her identity in day to day life.

Another clinician stated that although she felt the amount of dedication in her graduate level training was primarily focused around "celebration of difference and not clinical training," she did express that in addition to her own personal experience as a queer identified person, she had "…informal training, just by chance, [and had] a number of gay and lesbian supervisors over the years." She explained having such experiences in school was validating to her experience as a queer identified clinician. Having supervisors who identified as such and were aware about such issues was also helpful to her development in her professional work. She went on and expressed that: "…I felt like informally in my supervision process, I got to discuss some issues, but it was never a part of my formal training." Another clinician who did feel he was prepared in his graduate school spoke about his work experience after graduating:

> It's actually hard to remember what training I had [in graduate school] specifically, but the, um, staff and the student population was well represented by the gay community and I felt like the work that I did in HIV care, like I felt like I got training in my grad. program to prepare me for that, but I don't remember what it was, but I remember saying in the interview that [university name] had prepared me to do that work.

He continued to talk about his experience with high school students and other clients as his teachers:

I do feel that in my experience there's, um, I've just had so much exposure to people with HIV and AIDS, and I feel like even then, it [LGBTQI identity issues] wasn't kind of [included], but there was so much experience in the population, that it was almost like they were teaching the professionals. That the professionals were open to learning. I feel like the kids are training me all the time, and that I'm the student.

Though the timeline varies of when each clinician felt he or she gained additional perspectives and new or more awareness, all the interviewees shared the point of view that because they had such personal awareness in thinking about the complexities of identity formation (from being required to do so via a course or as a side effect to taking a course that triggered them to do so in their personal learning), and because any training on queer populations that they did have was often minimal and skimmed the surface of detailed information, their personal/social relationships have remained the biggest eye openers and have continued to be what has broadened their awareness to issues that queer young people face.

The researcher would go further and argue that because clinical training is rooted in the actual practice with real people, whether or not someone has training that includes certain populations in their education does not outweigh the actual face to face experiences with a client or community. Moreover, because not all counselors have the background of personal experience with their own queer identity formation or being in touch with their heterosexual identity development, it is all the more important that education on this population is increased. It is important at least as a starting out point to increase clinical awareness on all aspects of people's identities, especially when learning about child and adolescent development, so that services can become more accessible for diverse populations including queer and questioning youth.

Implications for the Field

The value placed on diversity and the awareness to it in an educational institution, the time dedicated to incorporating it into school curriculum, school assembly, extra curricular activities, and student group recognition can greatly impact one's freedom of expression. This can impact how safe school feels for students to be able to also talk about these aspects of their identity, resulting in increased possibility for these adolescents to become at continued higher risk for depression, anxiety, and academic struggle among other things (Harper, Jamil, & Wilson, 2007). The literature and the findings of this project have clearly supported this statement. The need for adequate training that places value on, allows space for, and naturally incorporates LGBTQI issues, culture, and people into clinical training curriculums and clinical conversations is imperative for the prevention of queer and questioning youth being at such high risk.

Existing Parallels

This researcher will begin to conclude by drawing another parallel between the value placed on such diversity at the high school level and the level of commitment to incorporating LGBTQI issues into graduate and post-graduate levels of training. Another parallel between institutional and systematic oppression plays out through the silencing and minimal visibility for LGBTQI persons in high school and in institutions of professional training where their counselors come from. This form of institutional oppression reinforces cultural and personal bias and overlooks how the level of consciousness to issues of oppression and privilege can influence the clinical relationship. Moreover, both the lack of visibility and voice for queer students and the lack of training

that gives voice to the same population can significantly impact one's educational experience (for professionals and for youth). This lack of inclusivity leads to the continuation of institutional and systematic oppression. If there is not more of an emphasis on building exposure through increased opportunity for learning at the graduate and professional level and there is also not adequate time dedicated for clinicians to examine the complexities of their own identities and how this may impact their own or their clients' experiences, then it seems that institutions training those supporting marginalized populations including queer youth will remain underserved in schools.

Through the interview process, clinicians were asked what they think would help create change to improve training opportunities and bring more awareness to high schools for meeting LGBTQI students' needs. While responses varied in what participants thought would be effective approaches to change including steps they could do as individuals (as opposed to school-based mental health professionals), the majority of the responses linked the needed improvements to wider issues of need for social change and the need for equality. Although hopeful and somewhat optimistic, several clinicians answered the questions with skepticism in terms of thinking about the reality of the bigger picture of institutional decision making. One school guidance counselor stated:

> The biggest thing is that we just need to make it a safe place for kids to come out and until that happens, there's not really much we can do, except help kids on an individual basis if we hear about them and in that case, you know, the services that we're gonna provide to them; are not going to be groups, they're going to be giving them referrals to if there is a group in the community or doing individual sort of check ins. But, um, beyond that I don't see us being able to really give them more services and support in the way of making it more safe for them. Like, meeting with a kids' teachers and saying, "you know this is what's going on," and making sure that they're safe in the school. We could do that, but um, I don't' see us being able to do really much open work with that group and that population…I

think that we have a long, long haul to make the school safe for these kids, but I think we're on the right track anyway.

One school-based social worker doubtfully discusses the lack of dedication to implementing protocols that address issues that LGBTQI students and families face in schools:

> We react [to] as opposed to be proactive in our solutions. Um, the hate crime protocol, I don't think it's going to be instituted [on our high school campus] until we have a major hate crime on this campus that takes us back to a place where we revisit the conversation.

This reactionary way of responding to things "when" things happen exemplifies the way that the larger U.S. society operates when it comes to recognizing injustice and the need for social changes. This clinician's example of how her school's administration has (not) responded to including LGBTQI hate crimes in their existing school protocols shows how schools exist as a microcosm of society and therefore shows that it is all the more important to pay attention to the ways that youth are treated in schools and the ways that the adults in school settings also serving as role models. Another study participant speaks about what is needed in order to improve and make services sustainable for queer kids in schools:

> [Laughs]. Change the entire curriculum, have a mushroom cloud, start over, grown zero. Um, Obviously, it would have to be extreme. . . And administration and faculty that understand why it is so important and they're willing to put in the time, that would not necessarily be funded by the state public school system, to really make this happen. So, there has to be commitment form top to bottom, so, a commitment to standing up to or taking on or talking to parents who think it's inappropriate to have classroom material that has everything to do with sexuality. And maybe even doing some really basic queer 101 stuff with parents and communities, if they'd be willing to participate. Just sort of that very basic social justice way about taking apart that assumption and talking about the difference between promoting and pushing something versus looking at the assumptions that are made…I mean every population has it's own needs and how you work with parents depends on how you work with your students. So, there's some tailoring

that has to go on, but I really think that it has to be all of those things in order for it to happen.

In stating why she thinks more trainings and school programming for students are not being offered, another adjustment counselor spoke about how first, the oppression that exists has to be recognized:

Because there are no administrators committed to that area, because um, I think that schools don't believe that this is their responsibility. That education, and, um, is not education around social issues, but academics is the focus. But you know, they're just starting to teach about the holocaust, you know what I mean? I mean, they're teaching about the holocaust, it's just… Kids, you know, the school that I work in? They don't really understand Jews. They don't know what Jewish people are. So, just the issue of oppression, and, kids are probably the most oppressed population in terms of their rights and even what you want to learn, you don't get to choose that. Don't get me started.

The above responses stress the need for change in high school atmospheres and in professional training programs to begin to happen from above. The statements clearly draw a connection between what is being taught in schools to students and the ways that kids take in that information and respond to it. There is another parallel here to what is being included in clinician training and how clinicians are practicing from what limited education that may be offered. At the high school level and at the graduate and professional level of training, there is a very clear pattern of oppression that is continually perpetuated by excluding LGBTQI populations from conversations at an institutional level all around. This shows up in the ways that the needs of LGBTQI people are not integrated into counseling modalities, services, training opportunities, and the curriculum or school-wide policies and decisions. In the end, this (lack) of incorporation has been and will continue to influence negatively levels of risk, and feelings or perceptions of safety on both the student and clinicians' ends.

Suggestions for Change and Sustainability

The respondents agreed that change has to happen at the institutional level. They

responded largely with the suggestions of incorporating LGBTQI topics into the general

curriculum. In order to promote recognition and awareness of this population and protect

around issues of safety for queer students, the participants equally suggested that change

happen in the form of institutional policy as well. The researcher can conclude from the

majority of responses suggesting these changes at the high school level, that the

respondents would also vote for such changes at the graduate and professional training

levels. The suggestions for implementing such changes showed up in following ways:

> An institutionalized curriculum that includes an LGBT component…Um, I think,
> implementing LGBT policies and regulations into ones that already exist would
> be helpful. I think, uh, implementing a hate crimes protocol around LGBT hate
> crimes and I think mandating LGBT one-on-one trainings for all students and all
> staff annually…Um, having mandated staff and student training days in the
> beginning of the year (student orientations that we have before the first week of
> school). But again, I don't think that's going to happen until there's a sort of
> insight into how important that is. As evidence about what happened last year,
> until people can get on the same page about, this is what a huge impact this kind
> of thing can have on our community. And, again, I think we do a really good job
> of giving an LGBT 101 training and then translating it across isms. "Like, if you
> can stop LGBT bullying then you can use these exact same tools to stop racist
> comments, sexist comments, etcetera."

And:

> I think that there could be more training for staff. I think that there could be more
> out adults; I think that there could be GSAs starting at the middle school level, not
> just at the high school level. I don't know, I think we do, whenever we address
> diversity issues we include that issue, so I don't know if other schools do that. But
> more work around respecting differences, period. Training for adults, more
> awareness, more work around differences in general, and including issues of
> queer youth in the diversity trainings and more GSAs.

Another adds on a perspective that looks not just at the curriculum or the political component but zeros in on the physical school setting being key in helping this population of young people develop a healthy sense of self:

> Well, this is sort of a passive solution, not passive, but sort of a back door answer. I think that the best things a school can do is to show questioning, straight and queer identified students that it's committed to having queer folks feel welcome and accepted, is to have a curriculum that naturally weaves in material about queer related movements, or identified public figures into it, both. That, I feel like is the way that students begin to feel like this may be an ok place. Anyone can slap a pink triangle on their door, and yet, that might make some people feel more eased, but it doesn't necessarily mean anything. You know, someone might say, "oh, this really makes people feel at ease." You know, I think that the things that schools can do the most has to do with academics. I feel like when you have an academic [setting] that exposes kids to themselves or a version of themselves that mirror back, then you've got kids who are starting to relax and to feel like this place might be ok. I mean, you know, in an ideal world, we wouldn't need a gay/straight alliance, right? Because, you wouldn't need to go out of the way to talk about the problems and the differences.
>
> But if you want to do activism, I think that gay/straight alliances are wonderful, making sure that there is sex ed. that sexuality, gay and lesbian sexuality is talked about. And, to have a really strong policy against any derogatory language that is harmful to the queer community.

An additional perspective to the one above again talks about how the physical environment and what images are up around the school (or in the public sphere) can affect one's sense of belonging:

> And I would say, not advertisement, but, "hey, don't smoke," posters [laughs]. So posters in the school, mission statements, statements [of]: "it's ok, everyone is different," like you would put up any other type of poster. You know, I haven't seen it, I'm going to actually keep my eyes open to see if I do see more stuff like that, because I don't see it. I wish I could sit here and say, "whoa, that school they're really on top of it." I haven't seen it, like I see the, "stay in school," "no guns.

One counselor talked about the need for implemented institutional change and the

positive effects it could have on rural communities of less exposure, including the one

she works with:

> I think that not more than half of our teachers have never sat in the room with a panel of LGBTQ community talking about their experience and what it would be like for them in school. So, that would maybe be helpful for them. In terms of the kids, they really need that too, 'cuz they just don't see that. They're just such a closed community that there's no ethnic diversity, they don't ever, they're beliefs aren't ever challenged, they aren't ever put in situations where they feel like they are uncomfortable because they are different, you know, so…it's more like, just what we're doing, like, to continue the conversations about diversity.

She continues to add:

> The kids, for sure would need to have some sort of panel, because, we did that panel for, uh, teachers, and I'm trying to think now, if there were any kids that talked openly. . . well there were kids that talked about being called a "fag," and there were others who, but I don't think that they identify as gay. That was brought up and that was one turning point for the teachers, 'cuz they were like, "oh, this is really like a problem." There were kids who were up there that were talking about being suicidal and how they hated to come to school every day. And talked about the different experiences they had, and it was like, really powerful. So, you know, continuing to do those [panels], whether it's once a year, to let them sit and hear from the kids what is happening.

A social worker who works with students at an urban arts high school suggests:

> I think the first step would be with the clinical staff, myself and my colleagues, taking a more active role in addressing the issues with the school administration, and I think the next step would have to be creating a dialogue with the clinical staff, the administration, the faculty, first off, to kind of find out what the needs are as well as talking to the students, they need to be a big part of it also. And finding out what the need is, the attitude is with having these trainings and workshops, both with the clinical and the faculty and administration and from the students' perspective. I think after that dialogue, or meetings or whatever, I think, um, the next step would be, giving out some kind of survey to the general student population to find out what the attitudes and perspectives are around these issues and having a little more awareness. And, then, um, I think after that, one of the actions would be to actually have some trainings and workshops that could address some of the issues of the current year, and addressing how these issues impact the school just in general. And finding out, with the students being a part, in my idea, having them be the major leaders in figuring out how to start more

programs and the clinical staff figuring out being the leaders and figuring out more trainings for staff and faculty.

This clinician brought up how the relational and professional context of one's work plays into how steps for change happen:

> But I think that in general, the one thing that takes a lot of the energy to do all that is, um, patience, um, 'cuz as much as I respect the people that I work with, I also, um, you know, it doesn't mean that we won't see eye to eye on everything-I feel like we see eye to eye on a lot of things-but, being in a class in [graduate school name], someone in your class will say something and you're like "I can't believe this person is about to be a social worker." And to work with actual understanding with people you work with, so, yeah, I think it would take a lot of patience. And I think that the process would have to be slow, in order to make it sustainable.

This researcher would add that along with taking the time to acknowledge differences of opinion and approaches to creating such change, there is a need for interpersonal dialogue amongst agency or school administrators, teachers, and counselors about personal bias, apprehensions, and visions. Change cannot happen professionally unless the ones suggesting and implementing it have worked through their own limitations of getting there on a personal level. Supporting this idea, comes another school-based clinician's ideas for what should be included in clinical training:

> [LGBTQI cultural] terminology, the personal interactions, the bullying, actually, um, the support services, [in the larger community], sort of [students] getting out there alone and getting into the groups and whatnot, but more specifically, heightening person's awareness to safe and unsafe assessment. Assessing somebody where they're at; the cultural… And making sure, doing trainings where being in tune with your own biases, your own prejudice. . . And I also think, that not every model is for everyone and that's just the reality of things. . . I don't think that there is enough acceptance [in training programs] to be able to accept professionals to be able to [speak their biases openly]. Obviously, one should not project their own biases onto anyone, but I think there should be a training that says: "it's ok if you do have these own biases," it's ok, just as, it's ok if someone has a specific orientation, and not to feel shamed, I guess. So, I just think a whole awareness and education, and the tools and everything that can come out of a workshop would be helpful.

Allowing more room for people to admit their personal biases and ask curiosity questions in order to move through their lack of knowledge and begin to broaden their perspectives, is part of what it means for an institution to act responsibly in its field and more fully to educate its students. In the field of mental health and social work there is a code of ethics that supports meeting clients authentically where they are at emotionally. This message easily translates for the teaching-learner relationship and should be readily incorporated into the teaching of clinical practice when it comes to examining one's own identities and the complexities of oppression, privilege, and internalized isms.

In addition, this fashion of giving space for those in training to look at their own prejudices should also be transferred to the primary and secondary levels and should include the adults of the school. This includes holding the student body (and staff) responsible for their behavior, regardless of intention. One school based clinician of an alternative "choice" school, gave an example of how taking responsibility and holding individuals accountable to their community can be modeled in a high school setting. When a student says a homophobic remark, for example, even if said to one person, or not said directly to any individual for their actual or perceived LGBTQI identity, the school responds to the individual one-on-one and to the party involved and then also holds the perpetrator accountable to making a community apology through a student assembly. The student held responsible for the act or remark receives a disciplinary action that is focused around education versus detention or suspension. This student was required to do volunteer work with a local queer youth group as opposed to getting detention or being suspended without any educational conversation on emotional, political, and historical implications of derogatory language. This assembly format

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models owning up for actions and also sets an example for how staff and students can carry responsibility and openness to each other when homophobic comments are made.

Using this format encourages education around LGBTQI awareness. It also serves the important purpose of breaking the pattern of school staff (and students) ignoring acts of homophobia. As a result, silence is broken and voice is given to the issue(s), to a community, and to a group of people that have historically been silenced. Furthermore, clinically speaking, leaving this student room to take ownership for her actions and give back to her school and the wider community, more than likely provides the student with an opportunity for learning and less room for shame. Some might say that making a student stand up in front of her peers could in fact have the reverse effect of giving more voice to the perpetrator and thus continuing to play into the minimalization that happens around giving victims voices. Some might also argue that this approach may cause the student high anxiety, resulting in increased shame and plausible increased resentment toward the queer population. However for a school such as this alternative program, it is clear that this clinician's approach with students is one that also makes sure to attend to the individual's feelings of resistance and shame as well as the community's reaction in the process of holding the individual and community accountable to each other.

While this process does also run the risk of all parties' confidentiality, this school's culture and small size is one that sets itself up to prepare its students to handle issues of conflict in a group format such as this one presented. This school's approach tries to meet the students where they are at and aims to challenge them sensitively, appropriately, educationally, emotionally, and socially. For this situation, the homophobia was exposed and processed, creating a possibly greater chance for change in

the school's social and academic culture. Moreover, this student's act of taking such responsibility and giving back to the wider community served as a catalyst for change for everyone else at the school. Moreover, in this situation the school found confrontation in the clinical sense to be necessary.

Because this way of raising awareness and creating change is complex, it is all the more important to have adult facilitation, and that is where training comes in the picture. One of the ways that institutions of higher education and mental health training agencies can help build adult facilitators able to manage practices such as the one described above is to hold themselves accountable in similar ways to their community, which includes specifically: LGBTQI faculty, queer clinicians in training, and the clients they serve. One way of doing this is by breaking the cycle that excludes marginalized groups from being part of clinical discussions:

> I feel like all the trainings, again, need to have queer students or kids of queer parents and examples of who you're working with. When there is only just the one queer training, it's helpful, but [when] you have eight other trainings about working with all different kinds of families and none of them are queer, again, you're basically isolating. Just like if you have a training on queer families you really want to make sure that the families you're talking about are of different classes and different races and different religions. Um, you really need to thread together different kinds of identity on an ongoing basis for people to really start to recognize the importance of all these issues.

The more real life examples that are incorporated into the curriculum, the more likely people will be able to draw connections to their own experiences of identity and come to empathize with other people's, and the more likely clinicians will be better at facilitating conversations about isms and their community effects.

Remaining Questions

Essentially, as the literature discusses and the findings report, training programs are not holding to the roots of their field which began in the area of social justice and self-knowledge. The continued leaving out and looking over of including a wider and more detailed discussion of LGBTQI people go against the original aim of social work, to give voice to underprivileged people. This leaves the remaining questions: How can it be expected that at the high school level, such awareness will exist for kids amongst peer groups if it is not existing at the level at which those kids' teachers, counselors, and administrators are being trained? How can change be expected to happen in supporting queer youth through their identity development when clinicians are not being intentionally challenged in their own academic and professional training to examine their own biases? Moreover, how can therapists working in schools be expected to dedicate large portions of their time, energy, and work to focusing on LGBTQI youth's needs when the schools and agencies supporting them are not committing to taking on that task which includes being dedicated to making schools safer and accepting of queer youth?

I suggest that if schools, school social workers, and counselors can work together to provide trainings and services specifically geared to breaking patterns of queer and questioning youth from being excluded in the ways discussed in this study, these questions will begin to be answered. When these questions begin to be answered, LGBTQI youth will gain more access to support aspects of their sexual and gender identity development and will become less at risk and more served in mental health.

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Appendix A

Human Subjects Review Committee Approval Letter

January 19, 2009

Sarah Eley

Dear Sarah,

Your second set of revisions has been reviewed and all is now in order. We are happy to give final approval to this interesting and useful project.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your study.

Sincerely,
Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Michael Hayes, Research Advisor

Appendix B

Informed Consent

March 23, 2009

Dear Research Interview Participant,

My name is Sarah Eley and I am currently working towards a Master's Degree in Social Work at the Smith College School for Social Work. For my thesis and for possible presentation and publication, I am conducting a research study exploring the training and support that high school counselors and social workers receive around working with students who identify as, or who are children of, the Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning (LGBTQI) population. I am also exploring how school counseling departments are reaching out to this student population, how resources are accessed and received by the schools themselves, and how school administrations are supporting such efforts.

At the current place in time, schools are paying closer attention to multicultural education and culturally sensitive and aware counseling. In my research thus far on clinical training of this nature being offered to clinicians who are working in schools, I have noticed that there is less written on trainings that include the needs of LGBTQI adolescents. Given the increasing visibility of LGBTQI people in the public sphere and the increasing number of articles being written on the topic of supporting such youth in schools, the lack of published writing on inclusive training seems to suggest a lack of study about specific training being offered around LGBTQI youths' needs. It is quite possible that there is a need for more effective training and support relevant to this population for clinicians working in schools prior to going into the field and during their practicing careers.

The purposes of this study are to begin to explore clinicians' perceptions about training on the needs of LGBTQI students and families and about resources being provided in schools to this population and their efficacy.

You are being asked to participate in an interview for the purpose of sharing experiences about the school environment in relation to the treatment of LGBTQI students and students of other diverse backgrounds. This includes being asked some questions in relation to your professional training.

Participants will be social workers and counselors who work in high school environments or who have previously worked in such schools. Interest in the topic of LGBTQI student and family populations is not required for the research study, however experience in school based counseling services is required. Interviews will be conducted on an individual, confidential, and private basis. I am looking for twelve interview

participants. The interviews will be scheduled at your convenience, in a private location (such as a rented space in a library), for a one-time, one-hour interview.

Demographic data such as age, ethnicity, socioeconomic status, education of the respondent, and the setting, level, and student characteristics of school(s) in which you practice will be collected at each interview. Information on your counseling or psycho-educational training background will also be collected. You will also be asked to discuss your experiences of serving students and families in the high school setting(s) where you have worked and how professional training has been helpful or could be improved in serving students of marginalized populations including LGBTQI youth. In addition, you will be interviewed on topics of and relating to school administrative responses to providing service outreach to this student and family population, as well as how you see the general student and staff body responding to addressing the needs and cultural differences of LGBTQI students.

The interviews will be recorded digitally, with a voice recorder. I will take notes during the interview session(s), and I will include these notes in the compilation of the interviews for the purpose of data analysis. The information collected in the interviews will be transcribed and analyzed. If a transcriber is used, the transcriber will sign confidentiality agreement and a signed copy will be given to you.

There is minimal risk in your participation in this study. Discussing your experiences of training and facing possible barriers to serving LGBTQI students and families in schools, may feel uncomfortable to talk about in front of someone else. Confidentiality will be reviewed again in the interview, as it is discussed in this consent form.

The benefit of participating in this study is that you may learn more about the needs of LGBTQI populations in the school environment. Participation will help me in my current research and as a result, may assist those working in schools raise further awareness to the service needs of LGBTQI student and family populations within public school systems.

You will not receive financial compensation for participating in the interviews. However, I will be happy to give you resources on and for LGBTQI youth and their families.

All information collected from the interviews will be used solely for the purpose of data analysis in order to report findings on the research topic. If a transcriber is used, s/he will be asked to sign confidentiality oath. Recordings will be transcribed in a confidential, private location. Information will be presented in confidential, professional, and educational settings and in online publications. Information will be presented with no identifying information and any quotes or vignettes used will be carefully disguised. All notes, consent forms, written material, and audio recordings will be stored confidentially

in a secure location and destroyed after three years as predetermined by the governmental guidelines for conducting research.

This study is completely voluntary. You have the right to decline participation before the interview takes place and before the interview is transcribed. Please tell me by a week after your interview date if you want to withdraw. Should you decide to withdraw, all materials relating to your participation will be destroyed.

Don't hesitate to contact the researcher or the Chair of the Human Subjects Review Committee at the Smith College School for Social Work by email or phone for any questions or concerns related to this study.

Thank you for your time and willingness to participate in this study.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND ADDRESS CONCERNS ABOUT THE INTERIVEW AND RESEARCH STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.
Signature of Participant:_____
Date:_____
Signature of Researcher/Interviewer:_____
Date:_____

Researcher's Contact: **Chair of the SSW HSRC:**
Sarah Eley   Ann Hartman, DSW
26 Tower Street, Apt. 1   413.585.7974
Jamaica Plain, MA 02130
413.559.7250
seley@email.smith.edu

Please keep a copy of this consent for your records.

Appendix C

Interview Guide

Participant's Work

- Please describe your professional background.
- Are you employed by a school or do you work for an outside agency, going into the school to do clinical work?
- What grade levels have you or do you currently work with?

Participant's Training

- What training has been offered to you during your education and professional practice that includes discussion of youth and families who identify as LGBTQI?

> Prompt: 1. How typical or atypical do you think your experience is in this regard?
>   2. What do you think is the reason for (or not) training be offered?

- How have you found this training to be helpful?
- What have you felt the gaps or limitations have been around including this population in training you received prior to your professional practice in schools?
- What training or ongoing development does your school provide or support on the needs of LGBTQI students and families?
- What did this training look like or include? Did you find the training helpful to your work with students who identify or may be questioning their gender identity or sexual orientation?

School Environment and Awareness

- What is the school's level of awareness of and attitudes toward students who may identify as LGTBQI or who are questioning their sexual orientation and gender identity?

> Prompts: 1. What about the students' level of awareness?
>   Faculty?
>   Staff Administration?

- When awareness raising programs are offered in the school to students around supporting cultural diversity, what inclusion is there of diversity of sexual and gender identities?

Prompt: 1. Ho have you found the student body, their families/caregivers, school staff, teachers and administrators respond to such in – services training or student programming?

- If you have or were to run a group geared to supporting LGBTQI students, what do you think the response would be?
-       Prompt (if not addressed): 1. Administrative response? Departmental? Student?
- How do you think the school counseling department would respond to this typed of group being started?

Bullying

- How is bullying around sexual orientation and gender identity dealt with in your school?

      Prompt: 1. How do students deal with it?
                2. Faculty/teachers deal with it?
                3. Counseling department?
                4. Administration?

- What is its prevalence?

      Optional Prompt: 1. For students of same sex parents, how do you see them being targets of or participants in the bullying that may happen around non-conforming gender and differing sexual orientation?

LGBTQI (Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex) Case(s), Services and Supports at School

- Would you describe an example that the counseling department encountered in which an issue related to the needs of LGBTQI students and families was brought to the department's attention. What was the nature of the issue and the department's response?

      Prompt: 1. How was the administration's supporting relation to this issue or the student or family's needs?
      2. How do you find the students of non-traditional families are (or are not) disclosing their family's orientation in sessions and/or amongst their peers?

- Would you give an example of a student identifying as LGBTQI who sought out or who was referred in terms of his/her primary concerns and how s/he was dealt with?
- What student club(s) or support group(s) offered at your school support kids around their sexual or gender identity(ies)?

- What is or would be the response from the general student body, administrators, teachers, counseling staff and families/caregivers about such groups getting started?

       Prompt: 1. How do you see peers of students belonging to such groups responding?

Needed and Improved Services

- How could student support services for LGBTQI students be improved at the school?
- What steps do you think need to be taken in order to reach these goals of improvement or to keep the sustainability of already existing services and programs at the school?

       Prompt: 1. What suggestions for ongoing trainings do you have?
              2. What do you think would help in moving toward such improvements?
              3. What do you think would be helpful in making services more accessible to LGBTQI student populations?

- So referring back to my beginning questions, what do you think of why there hasn't been more trainings offered that include or that's main focus is on the needs of LGBTQI youth?

Outside Provider Questions: 1. How do you think not working for the school directly could benefit or be a challenge for improving services?

In order to set your experiences in context, I would like to collect the following information from each participant. Identifying names of participants and places of work and exact location will be confidential. Any identifying information used in presentation of vignettes or quotes will be carefully disguised. If you prefer to pass on filling in the following information, please feel free.

1. Please describe how you identify your cultural background:
2. Racial and ethnic identity:
3. Age:
4. Gender:
5. Socioeconomic status:
6. Level of education:
7. Job title and position:
8. Years working in public (or private) schools and in your current position?
9. Is the school in which you work in an urban, rural, small city or suburban setting?
10. What is the student body population (number)?
11. Are there any other describing factors to describe the program and curriculums (i.e.: charter, public, private, parochial, alternative, etc.)?
12. What grade levels are at the school?
13. What is the area of and the state in which you work?