Awareness is Not Enough: An Examination of the Relationship Between School Social Worker and School Counselor Cultural Competency and Practice Behavior in Working With LGB Youth

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Abstract

ABSTRACT

AWARENESS IS NOT ENOUGH: AN EXAMINATION OF THE RELATIONSHIP BETWEEN SCHOOL SOCIAL WORKER AND SCHOOL COUNSELOR CULTURAL COMPETENCY AND PRACTICE BEHAVIOR IN WORKING WITH LGB YOUTH

Kerryann Spaulding Silvestri, MSW, LSW
Phyllis Solomon, PhD

Objective: Despite increasing acceptance of individuals who identify within sexual and/or gender minority, troubling data shows that depression, anxiety, self-harm, suicidal ideation, suicidal attempts, bullying victimization, and mood disorders are more common among LGBTQ youth population than heterosexual youth. However, Human Rights Coalition LGBTQ Youth Report noted that youth do not feel school counselors and social workers are trained or equipped to meet their needs regarding their sexual/gender identity. The purpose of this study is to examine the extent to which school counselor/social worker cultural competency, including attitudes toward and beliefs, knowledge, and skills regarding LGB youth, impact practice behavior when working with LGB youth. This study was to expand upon limited existing research related to school counselor/social worker competency and its potential impact on practice behavior.

Methods: With a sample of 313 professionals employed as school social workers or school counselors with grades K-12, this cross-sectional study used an online anonymous survey delivered on Qualtrics platform and included the Sexual Orientation Cultural Competency Scale (Bidell, 2005), Queer Youth Cultural Competency Scale (Gandy-Guedes, 2018), Marlowe-Crowne Social Desirability Scale- Short Form C (Reynolds, 1982) and Gay Affirmative Practice Scale (Crisp, 2002). Multiple regression analysis was used to test hypothesis.

Results: Most respondents had a high Queer Youth Cultural Competency (QYCC) score and a high Sexual Orientation Cultural Competency Score (SOCCS), with the highest scores on SOCCS subscale of Awareness, with lower scores on subscales of Knowledge and Skills. Most respondents had a high Gay Affirmative Practice (GAP) score. Overall, study findings support the hypothesis that, among school counselors and school social workers, a greater degree of cultural competence, including positive attitudes and beliefs toward, as well as increased knowledge about and skills working with LGB youth, is positively associated with more affirming practice behaviors when working with LGB youth.

Conclusion: Based on increased “outness” and a rise in the number of individuals and families pursuing assistance regarding topics related to sexual orientation, the ongoing need to examine the relationship between cultural competency and practice behavior in school counseling professionals is supported. Overall, while respondents reported high awareness regarding work with lesbian, gay and bisexual students, they also indicated a lack of skills and knowledge when working with LGB youth and a desire for more education and professional development in this area.

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School Social Worker and School Counselor

Cultural Competency and Practice Behavior in

Working With LGB Youth

Kerryann Spaulding Silvestri, MSW, LSW

University of Pennsylvania
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Dedication

First and foremost, all praise and gratitude goes to my Lord and Savior Jesus Christ, without whose grace I would not be here today.

To my dedicated husband, Coach Ken. Your belief in me has been limitless for the duration of our beautiful life together. Every accolade I have received and every goal I have achieved is a direct result of your endless love for and commitment to me. No matter what my professional title has now become, there would be no Dr. Silvestri without me first having the honor of being Mrs. Silvestri.

To my beloved son, AJ. The greatest title I have, or will ever hold, is your mother. Your everyday heroism, patient temperament and nurturing heart have been the compass for my life for the past 16 years. You face every battle with a fearless spirit and a ferocious faith in Jesus. When I look at you and kiss your face, I truly see and kiss the face of God. Thank you for being the greatest gift I have ever been given.

_It truly took a village of people and generations of hard work and commitment to education for me to reach this goal._

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ABSTRACT

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Conclusion: Based on increased “outness” and a rise in the number of individuals and families pursuing assistance regarding topics related to sexual orientation, the ongoing need to examine the relationship between cultural competency and practice behavior in school counseling professionals is supported. Overall, while respondents reported high awareness regarding work with lesbian, gay and bisexual students, they also indicated a lack of skills and knowledge when working with LGB youth and a desire for more education and professional development in this area.
Chapter 1 Introduction: Background and Significance

Based on a national study completed in 2015, the Centers for Disease Control (CDC) estimated over 1.3 million adolescents identify as lesbian, gay, or bisexual, which is over 8% of the total adolescent population (Kann et al., 2016, p.77). Despite increasing societal acceptance for young individuals who identify themselves within the sexual and/or gender minority, troubling data has shown that depression, anxiety, self-harm, suicidal ideation, suicidal attempts, bullying victimization, and mood disorders are more common in the LGBTQ youth population than heterosexual youth (Russell et al., 2016, p.470). Considering this increasing need for LGBTQ-affirming schools and mental health care, GLSEN (Gay, Lesbian, and Straight Education Network) and partners (SSWAA, ACSSW, and ASCA) surveyed school mental health professionals (SMHPs) and examined perspectives on school climate, preparation in working with LGBTQ students, and school personnel’s efforts to support LGBTQ students. Overall, the comprehensive study published in 2019 asserted that more research is needed to better understand school mental health professional’s (SMHP) cultural competence related to meeting the needs of LGBTQ youth.

School counselors/social workers are ethically bound to provide culturally competent services to diverse populations. With its origin in the 1960’s, the parameters of culturally competent practice have evolved throughout the years. One author defined cultural competence as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals, and enables that system, agency, or those professionals to work effectively in cross-cultural situations” (Gandy-Guedes, 2018, p. 357). Culturally responsive counselors can successfully engage clients in services, have good therapeutic relationships
between clients and providers, and retain clients in treatment, which can result in positive outcomes for clients (Sue & Sue, 2003, p. 18).

“Programs and practice interventions born outside of the appropriate cultural context pursue erroneous targets, squander scarce resources, and help few” (McPhatter, 1997, p. 278). While clinicians are ethically obligated to provide culturally competent care to diverse populations, the lack of access to culturally competent care (Ali et al., 2017, p. 223) impacts the availability of services as well as the quality of services for LGBTQ youth. In regard to the quality of services available, a recent study assessed practitioner cultural competence in working with LGBTQ youth and concluded that fewer school counselors felt equipped to address LGBTQ issues compared to community workers (Moe et al., 2015, p. 85) and the findings of a study by Kull and colleagues (2017) had a similar outcome. As Liddle (1997) expressed the importance of a gay affirmative therapist to the therapeutic relationship, it was noted that youth may not pursue or follow through with treatment if they perceive that their SMHP (School Mental Health Professional) is not competent. Therefore, youth may not receive support needed for achieving “outness” or addressing other issues that may or may not be related to their LGBTQ status (Rutter et al., 2008, p. 109). Overall, the lack of high quality, culturally competent care is correlated with underutilization of services and poor outcomes, including increased feelings of isolation and loneliness.

In reference to the availability of mental health services for LGBTQ youth, in a recently published study by GLSEN and collaborators, 40.7% of SMHPs responded that lack of training related to working with LGBTQ students was a barrier to their engagement within the school to support that student population (GLSEN, 2018). Moe and colleagues’ (2015) findings supported this assertion and stated that practitioner competence was correlated with the availability of
services that are affirming for the populations they serve. Aggarwal (2016) also noted that, in general, a lack of culturally competent practitioners can be a barrier to receipt of care by marginalized populations.

**Research Question**

The following research question guided the exploration of the relationship between cultural competence and practice behavior among school counselors and school social workers:

to what extent does school social worker and school counselor cultural competency, including attitudes toward and beliefs, knowledge, and skills regarding LGB youth, impact practice behavior in working with LGB youth in schools when controlling for age, race, religion, gender, sexual orientation, amount of LGB specific training, years of work experience, social desirability, and political affiliation?

**Background and Significance**

Despite the significant number of youth who identify with a sexual minority status, data suggest that many are at significant risk in schools and often consider school to be an unsafe, hostile environment. While schools are required to provide a safe environment for all learners, LGBQ youth are almost two times more likely to be threatened or injured with a weapon on school property and/or injured in a fight (Kann et al., 2015, p.13). Further, 23.3% of LGBQ youth reported they did not go to school because of safety concerns compared to 4.6% of heterosexual students (Kann et al., 2015, p. 14), 50.5% of LGBQ youth reported being electronically bullied compared to 14.2% of their heterosexual peers and 59.1% of LGBQ youth indicated being bullied on school property (Kann et al., 2015, p. 15). Additionally, over 60% of youth who identified as being a sexual/gender minority noted feelings of loss of hope and sadness that significantly impacted their ability to participate in activities of daily living (Kann et
al., 2015, p. 18). Most alarmingly, 38.2% of lesbian, gay, and bisexual youth revealed serious suicidal ideation with a specified plan as compared to 11.9% of heterosexual students (Kann et al., 2015, p. 19).

Furthermore, in the largest study of its kind to date (N=23,001), GLSEN’s National School Climate Survey illustrated the struggles of students who identify as members of the LGBTQ community. Published in 2019, the study reported that 59.5% of students felt unsafe in school because of their sexual orientation, while 98.5% referenced hearing the word “gay” being used with a negative connotation (GLSEN, 2019, p. 4). Additionally, 87.4% indicated hearing negative remarks about individuals who identify as transgender, 56.6% reported hearing homophobic remarks from members of the faculty at their school and 71.0% noted hearing derogatory statements in regard to gender expression (GLSEN, 2019, p. 4). With 87.3% of respondents stating that they were assaulted or harassed based on a distinguishing characteristic (race, religion, ethnicity, gender, gender expression, sexual preference, disability), the majority of harassment expression was based upon sexual preference (70.1%), gender (53.2%), or gender expression (59.1%) (GLSEN, 2019, p. 5). While 48.7% of respondents were reportedly cyberbullied within the past year, 57.3% indicated being sexually harassed in school during the previous year (GLSEN, 2019, p. 5). Most alarmingly, 60.4% of respondents stated that, while they reported their victimization to a faculty member, no action was taken against the alleged perpetrator or victims were told to “ignore it” (GLSEN, 2019, p. 5). The comprehensive report continued to state that LGBTQ youth are more likely to miss school than their heteronormative peers, have lower grade point averages, have lower self-esteem and lower feelings of inclusion in the school community (GLSEN, 2019, p. 6). Overall, environments in which homophobic and transphobic victimization occur can exacerbate and perpetuate mental health conditions,
specifically anxiety and depressive symptoms, and have both short term and long term impact on the individual (Covin et al., 2019, p. 2).

**LGBTQ Youth and School Support Staff**

Given this troubling data, the pressing need for schools to provide affirming climates designed protect and support LGBTQ youth is evident. While schools need to anti-discrimination policies and practices as well as professional development for all staff coupled with the implementation of affirming curricula, school social workers and school counselors are in the unique position to facilitate individual and systemic change to create a safe learning environment that is inclusive for all. While the presence of supportive school staff has been identified as a protective factor for LGBTQ youth (Covin et al., 2019, p. 2), there is limited research addressing the cultural competency of clinicians who are tasked with creating change systemically while supporting youth individually (GLSEN, 2019, p. 28). In a 2017 American School Counselor Association study, the scarcity of trained mental health professionals who are skilled in supporting and addressing the needs of LGBTQ youth was identified (Kull et al., 2017, p. 13). Additionally, in the 2018 LGBTQ Report (N=12,005), a mixed methods research collaboration between the Human Rights Campaign Foundation and the University of Connecticut, one participant stated that “In my freshman year, I spoke with one of my counselors about my depression and anxiety, but I do not think they are trained to help LGBTQ kids” (HRC, 2018, p.7). Another participant stated “The counselors at my school have never said whether we can come to them about LGBTQ subjects or not. So you don’t really know if they are well educated about the LGBTQ community” (HRC, 2018, p.7).

Published in 2019, GLSEN’s Supporting Safe and Healthy Schools- A Report on Mental Health Professionals and LGBTQ Youth was a collaborative study coordinated by GLSEN in
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conjunction with partners SSWAA (School Social Worker Association of America), ACSSW (American Council for School Social Workers), and ASCA (American School Counselor Association). This nationwide study of school counselors, school social workers, and school psychologists included 1,741 SMHP (School Mental Health Professionals) working with grades 5 through 12 and assessed their views on school climate, preparation for working with LGBTQ students, and efforts to support LGBTQ students. The study concluded that 76% did not receive LGBTQ youth competence education in their graduate level program, while other portions of the sample assessed their graduate program as fair or poor in this regard, leaving them ill-prepared to meet the needs of LGB students (64.3%) and transgender students (73.7%) (GLSEN, 2019, p. xviii). Although the study identified deficits in graduate training for SMHPs, it also asserted that “over a third (37.3%) had not received any formal education or training on LGBTQ-specific student issues during their professional careers” (GLSEN, 2019, p. xviii). Rather than pursuing formalized education and professional development, the study determined that 64.9% of SMHPs rely on independent research or informal consultation with a colleague in their pursuit of information on the needs of LGBTQ youth (GLSEN, 2019, xviii).

Conversely, within GLSEN’s National School Climate Survey, the benefits of appropriate supports for LGBTQ youth are described. The advantages of a supportive school climate, including the presence of support for school staff and anti-LGBTQ discrimination policies and practices, resulted in less victimization, increased academic achievement, improved school attendance, and improved psychological outcomes of LGBTQ population (GLSEN NSCS, 2019, p. 74). In 2019, Covin et al. reported on the importance of connectedness to the school community for all youth, but specifically for sexual and gender minority youth (Covin et al., 2019, p. 2). Gower et al. also emphasized the impact that trained staff and supportive school
environments can have on creating and promoting an inclusive, positive school climate which benefits all students (Gower et al., 2018, p. 813).

GLSEN recommends that all schools develop and implement policies and procedures that are designed to create and promote an affirming school climate while simultaneously protecting the rights of LGB students. By establishing school missions and values that are inclusive of LGBTQ students, assessing school climate consistently, and integrating LGBTQ student needs into existing anti-bullying policies, schools can fulfil their obligation to create safe environments that are inclusive for all. Additionally, existing student harassment, intimidation and bullying policies, specifically for LGBTQ students, need to be utilized and enforced with consistently and with fidelity (www.glsen.org).

Overall, “counselor education has been identified as both a contributing factor to these problems as well as an ameliorating mechanism to address these inequalities” (Bidell, 2013, p. 300). Based on identified risk factors, coupled with increased “outness” and a rise in the number of individuals and families pursuing assistance regarding sexuality related topics, there is an emerging need for counseling professionals to provide culturally competent services in the areas of sexual orientation.

School Support Staff Cultural Competency

In their seminal position paper published demonstrating the importance of culturally competent service provision, Wing Sue and colleagues (1982) addressed the oppression of marginalized populations through traditional counseling practices based on the absence of interventions designed to meet the unique needs of these groups. The momentum for change began as a result of the pathologizing of ethnic minorities and the grossly inept genetic deficit model of practice (Sue et al., 2009, p. 525). It was noted that helping professionals had
historically worked within the context of existing value systems and Wing Sue and colleagues asserted that “culture-bound values which are used to judge normality and abnormality seriously hinder and distort the counseling therapy process” and “that counseling and psychotherapy are handmaidens to the status quo and transmitters of society’s values that lead many minorities to believe that the mental health profession is engaged in a form of cultural oppression” (Wing Sue et al., 1982, p. 46). As a result of the need for culturally competent services, as well as the ethical obligation for helping professionals to provide such care, these authors introduced cross-cultural counseling therapy. Using the domains of beliefs/attitudes, knowledge, and skills, their initial framework served as the foundation for the Multicultural Counseling Competencies and Standards which were later developed by Sue, Arredondo, and McDavis (1992) and ultimately adopted by the American Psychological Association. Subsequently, in 2001, the National Association of Social Workers added Standards for Cultural Competence in Social Work Practice as part of the organization’s Code of Ethics (www.nasw.org).

Social workers and school counselors are bound by a Code of Ethics to provide culturally competent care. Wing Sue et al. justified the value of providing culturally competent care, indicating that lack of cultural awareness can interfere with, and impact the quality and outcomes of, the therapeutic process. Sue et al. (2009) stated that “cultural competency has positive effects on treatment outcomes even though the precise factors that account for the effects cannot be easily specified at this time” (p. 541). Chiu and colleagues (2013) also cited the need for more understanding of the “antecedents, core characteristics, and consequences of cross-cultural competence” (p. 844). Overall, Sue et al. (2009) further asserted that cultural competency is equally as important as other clinical skills.

Cultural Competency and Working with LGBTQ Youth
Despite evidence supporting the importance of the provision of culturally competent services, research has noted that counselors reportedly grapple with developing LGBTQ competencies. Research has also attempted to identify the barriers to competency development (Israel, et al., 2008). In 1999, Mallon described conflict between an individual’s personal beliefs and their obligation to practice within the context of their professional code of ethics. For school counselors and school social workers, this includes working with individuals from all backgrounds and addressing the impact of personal attitudes on the delivery of culturally competent care, including care to LGBTQ youth (Logie et al., 2007, p. 205). Another study noted that “homophobia may lead practitioners to provide inferior treatment; minimize or exaggerate the importance of sexual orientation in a gay or lesbian person’s life; change the topic when clients talk about gay or lesbian issues; devalue client’s feelings and experiences; deny clients access to a broad range of experiences; view clients strictly in terms of their sexual behavior; assume celibate adults and adolescents cannot identify as gay men or lesbians; inform clients that they are not gay or lesbian because they fail to meet some arbitrarily defined criterion; assume that gay or lesbian relationships are phases clients will move through; or perpetuate self-hatred experienced by some gay and lesbian clients” (Crisp et al., 2006, p. 115). In a 2007 article, Logie and colleagues (2007) stated that research showed rates of bias among social workers paralleled the heterosexist views within the greater society. Conflict between practitioner personal beliefs (religious and otherwise) and their professional code of ethics can have an impact on their professional practice (Van Der Bergh et al., 2004) and discrimination and conscious / unconscious bias, including homophobia, can have a negative impact on school social worker /school counselor provision of services to those who identify within the gender / sexual minority (Logie et al., 2007).
Several recent studies have cited the importance of continued research to examine attitudes, beliefs, skills, and knowledge of school social workers and counselors when working with LGBTQ youth. In 2004, Van Den Bergh et al. examined attitudes, knowledge and skills working with individuals within the sexual and gender minority and established that “attitudes about a particular cultural group can play a significant role in motivating a practitioner to acquire the knowledge and skills needed to be effective with clients of that culture” (p. 226-227). In 2017, Shi and Doud examined school counselor competency and described their findings about attitudes and beliefs as “distressing predictors of cultural competency” (p. 10). Their study cited the lack of research in this area and concluded by stating that there is a need for more research as a continuation of their work to evaluate school counselor self-reported competency. Other studies have shown that counselors reported high attitudinal awareness of LGBT issues while at the same time indicating a lower level of competency in the areas of skill and knowledge (Bidell, 2013).

Moe and colleagues (2015) stated that further research is needed in the area of sexual orientation competence among school counselors. Kull and colleagues (2017) described the “urgent” need to continue research and “to understand the factors and dynamics underlying school counselor efforts to support and improve school climate for LGBT students” (p. 13). In their study regarding the preparation of school counselors to support LGBTQ youth, Kull and colleagues expressed concern that recent graduates reported little or no training in LGBT-related competence and continued to emphasis the importance of future research addressing the causes for these competency deficits in the field (p. 18). In a recently published article addressing cultural competency of school mental health providers (SMHP) in working with LGBTQ youth, Smith-Millman et al. (2019) stated “fewer efforts have sought to understand the ways in which
SMHP’s own experiences and pre-existing attitudes may influence their willingness or competency in providing support” (p. 381) and cited the need for more expansive research in this area.

**Cultural Competency and Cultural Humility**

Created in 1960, National Association of Social Workers Code of Ethics has addressed the cultural competence of social work practitioners since 1996. “The need for a cultural competence approach, social contact, application of the NASW Code of Ethics, self-examination, a social justice frame, and use of supervision to confront and manage bias are recommended and are consistent with existing models of cultural competency” (Dentato, 2018, p. 62). Within the same guidelines, in 2015, NASW began to expand its cultural competency lens to include cultural humility, stating that “cultural competence requires self-awareness, cultural humility, and the commitment to understanding and embracing culture as essential to effective practice.” The addition of humility within this guideline reflects a recent shift to expand upon the cultural competency model with the infusion of cultural humility. Unlike a mastery-focused and destination oriented framework that competency entails, the lens of cultural humility recognizes that “knowing” is not an endpoint, rather a journey of learning and evolving within existing environments and social contexts. Overall, “humility asks us to acknowledge that there are as many different ways of knowing and doing as there are individual human beings, and that no amount of knowledge or experience makes us more fit to decide what is right for anyone else” (Gottlieb, 2020, p. 2). While the author of this quantitative study recognizes the validity and importance of the lens of cultural humility, the valid and reliable measures used within this study examined cultural competence as there is no such measure currently available that examines cultural humility as either a dependent or independent variable.
Practice Behavior In Working With LGBTQ Youth

As potential allies for the LGBTQ community, school counselors/social workers are often tasked with the delivery of services to this marginalized population within the limited confines of the school day. By providing both direct and indirect services to support LGBTQ youth, school counselors have the capacity to operate as change agents on both an individual and systemic level. For example, these professionals are responsible for providing individual and group counseling to LGBTQ students, offering psychoeducation to students, staff, family and community members regarding LGBTQ topics including rights and policies related to gender expression and sexual orientation within school, and advocating for LGBTQ students on an administrative or district level. They are also charged with forming gay-affirmative school-based activities, including Gay-Straight Alliances, and coordinating gay-affirmative mental health services for students and families outside of school (Kelly & Brown, 2016). Counselors and social workers may also be involved in the development of LGBTQ curriculum and/or serve as advocates and allies in regard to anti-bullying policy creation and implementation (Crisp & McCave, 2007).

While early lines of inquiry regarding LGBTQ clients were conducted to solely examine homophobic beliefs among social work practitioners (DeCrescenzo, 1984, Wisniewski & Toomey, 1987, Berkman & Zinberg, 1997), research regarding practice behaviors has begun to emerge in the mental health practitioner field in last two decades (Crisp, 2006; Gandy et al., 2013; Mullins, 2012; Love et al., 2014; Crisp & McCave, 2007; Crisp et al., 2008; Crisp, 2007; Pereira, 2019; Warren et al., 2015). Because of widely-reported LGBTQ mental health disparities, it is imperative to examine the factors that impact practice behaviors, including assessment, counseling techniques, supervision, consultation, and the pursuit of professional
development in work with this at-risk population. Existing literature highlights the influence of provider knowledge, attitude and skills on practice behaviors of mental health professionals working with individuals who identify as LGBTQ. For example, Logie and colleagues (2007) stated that “social workers’ negative attitudes combined with limited knowledge of LGBTQ issues not only prevent high quality service delivery, but can also be detrimental and harmful to clients” (p. 219). When specifically examining the provision of counseling services to LGBTQ youth in the school setting, Satcher and Leggett (2007) expressed concern about the influence of personal beliefs on a school counselor’s willingness to intervene and provide supportive services, asserting that homonegative personal biases could have a detrimental impact on service delivery. Gandy and colleagues (2013) also conveyed apprehension, asserting the importance of challenging the “assumption that mental health service providers can separate their personal values from their practice behavior” (p. 178). Crisp and McCave (2007) acknowledged the impact of the lack of clinician self-awareness of their personal bias, stating that practitioner homonegative attitudes can result in ineffective services which can lead to poor outcomes for LGBTQ individuals (Crisp & McCave, 2007). Overall, “the ability of these youth to obtain effective mental health services may be compromised by the negative attitudes of providers toward this population” (Gandy et al., 2013, p. 169).

**Gay Affirmative Practice**

The framework for Gay Affirmative Practice as developed by Appleby and Anastas (1998) stated that clinicians (a) should not “assume that a client is heterosexual; (b) believe that homophobia in the client and society is the problem, rather than sexual orientation; (c) accept an identity as a gay, lesbian, or bisexual person as a positive outcome of the helping process; (d) work with clients to decrease internalized homophobia to achieve a positive identity as a gay or
lesbian person; (e) be knowledgeable about different theories of the coming out process for gays and lesbians; and (f) deal with one’s own homophobia and heterosexual bias” (Love et al., 2014, p. 86). While previous studies were conducted to examine homophobic beliefs among social work practitioners (DeCrescenzo, 1984; Wisniewski & Toomey, 1987; Berkman & Zinberg, 1997), a paucity of research exists regarding the implications of homonegative attitudes on clinical practice (Crisp, 2006, p. 116). Since its creation, the majority of use of the Gay Affirmative Practice scale has been in the field of mental health service delivery (Gandy et al., 2013; Mullins, 2012; Love et al., 2014; Crisp & McCave, 2007; Crisp et al., 2008; Crisp, 2007; Pereira, 2019; Warren et al., 2015). However, the GAP scale has also been used in medical settings for training of healthcare professionals and evaluating their beliefs and practices with gay and lesbian individuals (Cunha et al., 2017; Maruca et al., 2018; Schweiger-Whalen et al., 2019; Smith, 2015; Jabson et al., 2016; Chapman et al., 2012).

**Other Factors Associated in Working with LGB Youth**

Several other factors are important to consider in discussions of cultural competence and working with LGB youth, including religion and political affiliation.

**Religion**

Previous research has found that, despite increasing societal acceptance of individuals who identify outside the sexual and gender majority, there is the potential for religious beliefs to impact practitioner competency in working with individuals who identify as LGBTQ. Unlike biases that exist toward individuals in racial or ethnic minorities, religion “is likely to be the only category where the general population may use beliefs to substantiate prejudice, discrimination, and intolerance” (Shi & Doud, 2017, p. 2). In 2007, Logie and colleagues expanded upon existing research regarding attitudes and phobias among MSW students, finding that religious
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affiliation, particularly Protestant affiliation, was associated with higher rates of phobia and negative attitudes toward LGBT individuals (Logie et al., 2007). Also in 2007, Satcher and Leggett established that frequency of church attendance was associated with less positive attitudes. Satcher and Schumaker’s expansive regional follow-up study (N=1687) examined homonegativity among professional counselors and noted that, while no religion-specific data was ascertained, church attendance was correlated with high levels of homonegativity (Satcher & Schumaker, 2009, p. 30).

**Political Affiliation**

Previous research has suggested that homonegative attitudes were more commonly reported by members of the Republican Party versus members of other political groups (Satcher & Leggett, 2007). In a large regional study, membership in the Republican party and political conservatism was also associated with homonegativity among counselors, second only to church attendance (Satcher & Schumaker, 2009). While the most recent Gallup Poll indicated increased positive attitudes toward same-sex marriage across political groups, Republicans still reported the least amount of acceptance of same-sex marriage among major political affiliations (Gallup, 2019).

**Distinction Between Sexual Orientation and Gender Identity**

The LGBTQ communities are comprised of a spectrum of diverse identities as related to sexual preference and gender expression. Based on this premise, this current study chose to focus exclusively on cultural competency and practice behavior as it is specifically related to LGB youth as sexual orientation and gender identity are separate constructs requiring distinct competencies for mental health practitioners. Bidell (2005), the creator of the Sexual Orientation Cultural Competency Scale, noted that the scale was intentionally designed to examine
competency for work with LGB individuals only, stating that, “even though transgender individuals are commonly included as members of this community, sexual orientation and gender are different phenomena requiring different competencies for counselors” (p. 268). Additionally, as cited in Farmer et al.’s 2013 study, “the term transgender refers to a distinctly different type of identity status than sexual orientation. It is important to recognize that transgender individuals face unique challenges that differ from LGB individuals and literature is now beginning to focus more specifically on counselor competence when counselors work with transgender clients” (p. 196). Graham et al. concurred with this approach and included only LGB individuals in their study assessing perceived competency when working with LGB clients (2012). In his later work, Bidell (2012) noted “no competency instrument has been published specifically focusing on training issues concerning transgender individuals; thus transgender counselor competency represents an important area of inquiry for the counseling profession” (p. 203). While Leitch and colleagues recently introduced the Lesbian, Gay, Bisexual and Transgender Competency Assessment Tool (LGBT-CAT) in 2020, it is a qualitative measure that would not be compatible with the design of this study.

While some research has suggested that the separation of trans individuals from the LGB communities can be considered marginalizing, a 2015 article entitled “Why it’s time to take the ‘T’ out of LBGT” asserted that the inclusion of transgender individuals with the LGBTQ communities umbrella initially served as a protective factor for the transgender community. With a growing number of individuals identifying as transgender, “the time is right for the transgender community to separate from the LGB - time for us to fly the LBG nest, if you will” (Glover, 2016). In its most recent report addressing the needs of LGBTQ youth as a whole, the Human Rights Campaign separated the needs of this population in its section of the report which
described the current state and needs of “Gender-Expansive Youth” (www.hrc.org). Reinforcing the diversity of needs among individuals who identify as LGB and as transgender, the American Psychological Association has developed separate practice guidelines for LGB and T individuals (www.apa.org).

**Summary**

The goal of this study was to expand upon existing research by surveying both school counselors and school social workers nationally concerning their attitude, beliefs, knowledge, and skills regarding LGB youth as well as their practice behavior with this population. While published research has been inadequate in this domain, existing research has limitations which warranted an expansive nationwide study. In two studies, Bidell (2012; 2013) focused on counselor training and stated that more work needs to be done to address school counselor skills, attitudinal awareness, and knowledge as “counselor LGBTQ-specific training, or lack thereof, has been identified as a confounding variable to the mental health inequalities experienced by individuals who identify in the sexual/gender minority” (Bidell, 2013, p. 300). Bidell also emphasized the importance of training in the provision of competent care. In their 2017 study of school counselors, Shi and Doud made recommendations for future research and concluded that “more research is warranted to continue this endeavor by incorporating more rigorous sampling methods, increasing sample size, and examining other factors that might be related with the level of school counselors’ self-reported competence in working with students who identify as LGBT” (p. 17). Other studies have also illustrated the need for additional inquiry into the competency of counselors and social workers in working with LGBTQ youth (Moe, 2015; Kull, 2017; Gandy-Guedes, 2018; Smith-Millman, 2019). Overall, “future research should be conducted to further develop this critical line of inquiry” (Shi & Doud, 2017, p. 13).
**Hypothesis.** Based on the research examining the relationships between cultural competence and service delivery, the following hypothesis was developed to guide the design and analysis of the current study: Among school counselors and school social workers, a greater degree of cultural competence, including positive attitudes and beliefs toward, as well as increased knowledge about and skills working with LGB youth, will be associated with more affirming practice behaviors when working with LGB youth.

**Chapter Two: Research Design and Methods**

The current cross-sectional correlational study using online, anonymous surveys was designed to examine the relationship between cultural competency and practice behavior when working with LGB youth in a school setting. School social workers and school counselors are positioned to serve as a protective factor amid the mental health disparities and other risks experienced by LGB elementary and secondary student populations. Culturally responsive counselors can successfully engage youth in services, create effective therapeutic relationships between youth and school counseling staff, and retain youth in ongoing, school-based counseling services which can result in positive outcomes for LGB youth. The aim of this study was to expand upon the limited existing research related to school counselor and school social worker competency and its potential relationship with practice behavior.

**Design**

This explanatory correlational study used self-report, online anonymous surveys to obtain data from school social workers and school counselors on a nationwide basis. A cross-sectional design was selected as the strength of the relationships between variables can be examined to add to, and expand upon, existing literature (Curtis et al., 2016, p. 25). While correlations cannot
determine causation, the information yielded in the study adds to the current knowledge base regarding meeting the needs of LGB youth in the school setting.

Sample Size and Recruitment Procedures

The study employed a convenience sample which initially included members of the American School Counselor Association and other social work organizations, including the National Association of Puerto Rican and Hispanic Social Workers. Initial recruitment for the study was based on membership in these organizations. The American School Counselor Association permitted the researcher to post recruitment materials on the ASCA Scene portion of their website. Current membership of the American School Counselor Association includes over 39,750 members (S. Wicks, Personal Communication, October 21, 2020). The National Association of Puerto Rican and Hispanic Social Workers agreed to share recruitment materials with their membership via email (S. Grottol, Personal Communication, April 10, 2020) and was provided with recruitment materials for email distribution (K. Silvestri, Personal Communication, May 26, 2020). A follow up email request regarding membership total for NAPRH Social Workers did not receive a response. In an additional effort to oversample school counselors and school social workers of color, attempts were made to recruit through local chapters of the National Association of Black Social Workers, however, no response was received, likely due to the onset of the Novel Coronavirus Pandemic of 2020.

Recruitment was expanded to include individuals who self-identified as a school social worker or a school counselor within professional networks and forums available via social media, specifically Facebook. Unlike previous studies which primarily included only school counselors or school counseling students (Shi & Doud, 2017; Graham et al., 2012; Farmer et al., 2013; Bidell, 2012; Simons et al., 2016; Day et al., 2018; Rutter et al., 2008; Moe et al., 2015;
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Kull et al., 2017), this study gathered information from both school social workers and school counselors who have the potential to serve as protective factors to LGB students.

**Power Analysis**

To assure a sample size large enough to detect an effect of cultural competency on practice behavior, a power analysis was conducted. Systematic reviews assessing the impact of cultural competence on counseling outcomes have found small to medium effects. One systematic review found a medium effect of cultural competence on working alliance and general counseling competence with university students (Tao, Owen, Pace, & Imel, 2015), while another found a small to medium effect of culturally adapted interventions with at-risk children and adolescents (Soto, Smith, Griner, Rodriguez, & Bernal, 2018). Finally, a study of cultural competence of school counselors determined a small effect of multicultural knowledge competence on counselors’ reported intervening in race-based bullying (Toomey & Storlie, 2016). Using Cohen’s (1992) table 2 with four independent variables, a p<0.05, and a small to medium effect size \([599 \text{ (small)} + 84 \text{ (medium)} = 683/2]\), a sample size of \(N= 340\) was identified as necessary to attain 80% power to detect an effect. Based on the most recent data available from the American School Counselor Association, over 111,000 school counselors were employed across the United States in school year 2016-2017 (www.schoolcounselor.org), with the greatest number employed in Arizona and the lowest number employed in Vermont. This sample size was feasible to achieve based upon the initial inclusion of school social workers and school counselors from both the American School Counselor Association and the National Association of Puerto Rican and Hispanic Social Workers as well as social media outlets.

Approval for distribution of survey material was obtained from the American School Counselor Association as well as the National Association of Puerto Rican and Hispanic Social
Workers prior to submission to University of Pennsylvania Institutional Review Board. Upon initial publication of the survey, data was collected in the Spring and Summer of 2020. A total of 510 responses to the survey were received. Surveys that did not include responses based on the dependent variable were not included in the analysis of this study. Responses with incomplete data were included in the data analysis of this study if questions related to the dependent variable were completed. A total of 32 respondents did not self-identify as a school social worker or a school counselor and 87 respondents did not agree to the participation agreement within the survey. The responses from a total of 313 surveys were included in the data analysis for this study.

**Inclusion Criteria**

It was required that participants were employed in the role of school counselor or school social worker at a minimum of a part-time basis (15 or more hours) in grades K-12. Participants were required to have a minimum of a Master’s Degree in Social Work or a Master’s Degree in School Counseling.

**Exclusion Criteria**

There were no exclusion criteria for the proposed study.

**Measures**

A questionnaire comprised of four scales plus sociodemographic information was delivered via an online survey (See Appendix B). The survey delivered on the Qualtrics platform included the Sexual Orientation Cultural Competency Scale (Bidell, 2005), the Queer Youth Cultural Competency Scale (Gandy-Guedes, 2018), the Marlowe-Crowne Social Desirability Scale- Short Form C (Reynolds, 1982) and the Gay Affirmative Practice Scale (Crisp, 2002).

**Independent Variable: Cultural Competence**
Cultural competence was assessed using the Sexual Orientation Cultural Competency Scale (Bidell, 2005) and the Queer Youth Cultural Competency Scale (Gandy-Guedes, 2018).

**Sexual Orientation Cultural Competency Scale (SOCCS).** Developed by Bidell in 2005 and based on previous multicultural counselor instruments (Multicultural Counseling Awareness Scale- Form B by Ponterotto et al., 1991 and Multicultural Awareness, Knowledge and Skills Survey by D’Andrea et al., 1991), the Sexual Orientation Cultural Competency Scale (SOCCS) was created to “extend multicultural counselor competency theory and instrumentation research to lesbian, gay, and bisexual populations” (Bidell, 2005, p. 268). This scale was used to measure attitudes, beliefs, knowledge and skills related to working with individuals who identify as LGB. Since its creation, the 29-item, seven-point Likert-type scale, which includes three subscales for knowledge, attitude, and skills, has been widely used in full or as components of other surveys in the evaluation of competency when working with LGB youth (Shi & Doud, 2017; Graham et al., 2012; Farmer et al., 2013; Bidell, 2012; 2013; Simons et al., 2016; Moe, et al., 2015; Kull et al., 2017; Rutter et al., 2008). Based on the cultural competency model originally created by Sue et al. in 1982, Bidell’s measure addresses knowledge, attitudes, and skills specifically related to working with individuals who identify as LGB. The rationale for the development of the tool was identification of the variation of experiences of individuals who identify in the sexual minority in comparison to individuals in ethnic minorities (Bidell, 2005). With a coefficient alpha of .90, the SOCCS has high internal reliability and construct validity was also established (Bidell, 2005). Bidell asserted that the SOCCS is the “first valid and reliable scale for measuring counselors’ attitudes, skill, and knowledge competencies when working the LGB clients” (p. 268). For the sample in the current study, the Cronbach’s alpha for the SOCCS Scale was 0.84.
**Queer Youth Cultural Competency Scale (QYCC).** More recently, Gandy-Guedes developed the Queer Youth Cultural Competency Scale (QYCC) to address the cultural competency of direct-care behavioral health workers working with sexual and gender minority youth. Gandy-Guedes reasoned that, while direct-care workers do not have similar educational and licensure requirements, they are often tasked with responsibilities comparable to school counselors and school social workers, including the development of treatment plans, delivery of services, and supervision of youth. Therefore, the scale was developed in recognition that, like school counselors and school social workers, direct-care behavioral health workers serve as a protective factor for LGBTQ youth and “are not confined to one-hour therapy sessions but spend considerably more time on a daily basis in direct contact with youths” (p. 358).

The 41-item QYCC scale has high internal reliability with a Cronbach’s alpha of .94 and scores do not appear to be related to perceived group norms as evidenced by a lack of correlation between the QYCC and social desirability ($r = 0.09$, p>0.05) (Gandy-Guedes, 2018, p. 367). Because of the recency of its publication, no studies utilizing the QYCC other than the Gandy-Guedes 2018 study have been published as of the date of this dissertation. While the researchers of this study have recognized that psychometric properties can change by not using the measurement tool in its original form, the data obtained in this study using a combined survey has added to both the literature regarding cultural competency and LGB youth and the use of the QYCC scale with a different population of helping professionals. For the sample in the current study, the Cronbach’s alpha for the QYCC was 0.82.

**Dependent Variable: Practice Behavior**
The Dependent Variable, Practice Behavior, was assessed using the Gay Affirmative Practice (GAP) Scale. Created by Crisp in 2002, the GAP was designed to study the relationship between clinician’s attitudes and behaviors in their practice with gay and lesbian individuals. With a Cronbach’s alpha of .95, the 30-item GAP has been established as a reliable measure with multiple uses, including self-assessment for practitioners and measurement of training efficacy (Crisp, 2006, p. 121-122). Designed as a self-report measure, the scale includes two 15-question domains examining beliefs about and behavior with gay and lesbian clients based on gay affirming practice models described previously. Respondents are asked to indicate if they strongly agree, agree, neither disagree nor agree, disagree, or strongly disagree with statements regarding their beliefs in relation to the treatment of gay and lesbian clients as well as their behaviors / engagement with gay and lesbian clients. Sample questions from the assessing behavior subscale includes I educate myself about gay/lesbian concerns, I provide interventions that facilitate the safety of gay/lesbian clients and I help clients reduce shame about homosexual feelings. Only the GAP sub-scale assessing behavior was used in the current study to measure school counselor and school social worker practice with LGB youth. For the sample in the current study, the Cronbach’s alpha for the GAP Scale was 0.91.

Control Variables

Several control variables were used in this study including age, race, religion, gender, receipt of LGB-specific training, professional experience, social desirability, and political affiliation.

Age. Participants were asked to report their current age in years since they were born.

Race. Participants were asked if they identify as White, Hispanic or Latino, Black or African American, or Something Not Listed.
Religion. Participants were asked if they identify with Christianity, Judaism, Islam, Something Not Listed, or None.

Sexual Orientation. Participants were asked if they identify as gay, heterosexual, lesbian, bisexual or pansexual, or prefer not to answer.

Gender. Participants were asked if they identify as female, male, transgender female, transgender male, gender variant/non-conforming, something not listed, or prefer not to answer.

Receipt of LGB-Specific Training. Participants were asked to respond yes/no regarding their participation in LGB-specific training in graduate/post-graduate programs, professional development, and independent training, including online training and consultation with colleagues.

Experience. Two variables measured participants' experience. The first asked for the amount of time they have been employed as a school counselor/school social worker as measured in years. The second asked participants the amount of time they have worked with LGB youth as measured in years.

Social Desirability. To measure the potential impact of social desirability based on the self-report nature of this study, a brief form of the Marlowe-Crowne Social Desirability Scale was included. Developed in 1960, the Marlowe-Crowne Social Desirability Scale (MCSDS) was created to address “response distortion” (p. 349) based on social desirability (Marlowe-Crowne, 1960, p. 354). Because of concerns about potentially limited use of the MCSDS in research based on the length of the scale (33 items), Reynolds (1982) conducted a study to determine the validity and reliability of shorter forms of the measure. It was concluded that, with a reliability estimate of .76 and a validity of .93 as measured via correlation with the full MCSDS, the Marlowe-Crowne Short Form C (MC-C), composed of 13 true/false items, is “a viable short
form for use in the assessment of social desirability response tendencies” (Reynolds, 1982, p. 124). Overall, the MCSDS has been used in studies related to practitioner cultural competency (Constantine & Ladany, 2000; Constantine et al., 2001; Constantine, 2000; Gamst et al., 2004; Granello & Wheaton, 1998; Neville et al., 2006; Ohm & Rosen, 2011; Pope & Mueller, 2005; Spanierman et al., 2011; Worthington, et al., 2005). However, few studies are related specifically to LGB cultural competency. The majority of LGB research does not incorporate a measure for social desirability, rather addresses the concern of socially desirable associated with self-report responding as a potential study limitation (Bidell, 2005, 2012). Gandy-Guedes asserted that, because the QYCC is a scale to measure cultural competency and not designed as a self-assessment, the measure is “not influenced by social desirability (2018, p. 369)”. Based on previous research and the potential impact of distorted responding, the MC-C was included in the measures for this study. For the sample in the current study, the Cronbach’s alpha for the MC-C was 0.79.

**Political Affiliation.** Participants were asked whether they identify as Democrat, Republican, Independent or Minor Political Affiliations (such as Libertarian, Green Party, Constitutionalist, or other).

**Macro Elements.** Three questions were included that asked about macro-level factors that may impact practice behavior with LGB students. These questions addressed school support of LGB students, school policies supporting the rights of LGB students, and the receipt of training regarding policies related to the rights of LGB youth.

Two open-ended items were included at the conclusion of the survey. One item asked respondents to share what resources they need to be able to support LGB youth and one item asked respondents to share any other comments.
Data Analysis

To describe the sample as a whole, descriptive statistics were conducted for all variables. Means, standard deviations, and minimum and maximum scores were calculated for continuous variables: age, professional experience, Sexual Orientation Cultural Competency (SOCCS), Queer Youth Cultural Competency (QYCC), and social desirability. Frequencies were calculated for categorical variables: race, religion, gender, receipt of LGB-specific training, and political affiliation.

New Variables

Categorical control variables were transformed into new variables prior to hypothesis testing to allow for their inclusion in multiple regression analysis. RaceBinary collapsed race into either White =0 or All else = 1. The All else category included those who responded Hispanic or Latino, Black or African American, or Bi-racial or Multi-racial or Something not listed. PoliticalBinary will re-code responses as Democrat=1 or Republican=0, with all other responses coded as missing. ReligionBinary will collapse all reported religions into one category by re-coding Christianity=1, Judaism=1, and Islam=1 and code None/Other=0. GenderBinary will re-code Female=1 and Male=0, with Non-Binary coded as missing. Gender conforming responses will be collapsed and recoded as Female=1 and Male=0, with Prefer Not To Answer coded as missing. SexualOrientationBinary will be created by collapsing Bisexual or Pansexual = 1, Gay=1, Lesbian=1, Something not listed=1, and Heterosexual=0. Prefer Not to Answer will be coded as missing.

Tests of Multicollinearity

To identify possible multicollinearity among continuous variables, a multiple regression model was tested that included the dependent variable (GAP), the continuous independent
variables (SOCCS, SOCCS Awareness, SOCCS Skills, SOCCS Knowledge, and QYCC), and the continuous control variables (age, grad/postgrad LGB Training, years as School Counselor/SW, years working with LGB students, and Social Desirability). Prior to running the model, SPSS excluded the SOCCS variable because of its redundancy (i.e., perfect collinearity) with another variable. Four additional variables were identified in the output as having a VIF scores above 2.00: QYCC (2.04), age (2.89), years as School Counselor/SW (2.36), and years working with LGB students (3.0). To identify the relationships that might be driving the high VIF scores, a correlation analysis was conducted (see Table 2.1). Several relationships had correlation coefficients that were high enough as to indicate possible collinearity: 1) age with years as School Counselor/SW ($r=0.71$, $p<0.05$); 2) age with years working with LGB ($r=0.70$, $p<0.05$); and 3) SOCCS with SOCCS Skills ($r=0.88$, $p<0.01$).

**Table 2.1**

**Correlations Between Variables**

<table>
<thead>
<tr>
<th></th>
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<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Counselor/SW</td>
<td>0.71*</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Years w LGB</td>
<td>0.70*</td>
<td>0.67**</td>
<td>1</td>
</tr>
<tr>
<td>QYCC</td>
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<td>-0.08</td>
<td>0.106</td>
</tr>
<tr>
<td>SOCCS</td>
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<td>-0.01</td>
<td>0.21**</td>
</tr>
<tr>
<td>Awareness</td>
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<td>0.03</td>
<td>0.05</td>
</tr>
<tr>
<td>Skills</td>
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<td>0.07</td>
<td>0.29**</td>
</tr>
<tr>
<td>Knowledge</td>
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<td>-0.19**</td>
<td>-0.08</td>
</tr>
<tr>
<td>Social Desire</td>
<td>-0.10</td>
<td>-0.03</td>
<td>0.02</td>
</tr>
</tbody>
</table>

**p < 0.01    * p < 0.05

Additional regression models were tested and collinearity between suspected pairs of variables confirmed when VIF scores dropped below 2.0 in models with only one of the two
variables. Six pairs of variables were identified as collinear in this manner: SOCCS and QYCC, SOCCS and SOCCS Skills, QYCC and SOCCS Skills, SOCCS and SOCCS Knowledge, age and years as School Counselor/SW, and age and years with LGB students. The following changes were therefore made to the analysis plan in order to avoid biased estimates due to collinearity: SOCCS Skills and age were dropped from analysis, QYCC and SOCCS were included in separate models, and SOCCS Knowledge was included in the QYCC model only.

**Hypothesis Testing**

Multiple regression analysis was used to test the relationship between cultural competency and the provision of services using the following two models:

1. \( \text{GAPBehavior} = \text{SOCCS} + \text{SOCCS}_\text{Awareness} + \text{Grad/PostgradLGBTraining} + \text{LGBProDev} + \text{LGBIndepTraining} + \text{YearsLGB} + \text{YearsSchool} + \text{Social Desirability} + \text{Racebinary} + \text{Religionbinary} + \text{Genderbinary} + \text{SexualOrientationBinary} + \text{Politicalbinary} \)

2. \( \text{GAPBehavior} = \text{QYCC} + \text{SOCCS}_\text{Awareness} + \text{SOCCS}_\text{Knowledge} + \text{Grad/PostgradLGBTraining} + \text{LGBProDev} + \text{LGBIndepTraining} + \text{YearsLGB} + \text{YearsSchool} + \text{Social Desirability} + \text{Racebinary} + \text{Religionbinary} + \text{Genderbinary} + \text{SexualOrientationBinary} + \text{Politicalbinary} \)

**Exploratory Analysis**

Chi-square tests of independence was used to explore the relationship between the categorical control variables and practice behaviors. The GAP Behavior score (DV) was included in five Chi-Square tests, one each with: 1) Race, 2) Gender, 3) Sexual Orientation, 4) Political Affiliation, and 5) Religion. To include the continuous GAP scores a new variable, \( \text{GAP_Categories} \) was created with three categories: GAPHigh (scores that fall over 1 standard
deviations above the mean), GAPAve (scores that fall within ±1 standard deviation of the mean), and GAPLow (scores that fall over 1 standard deviation below the mean).

**Open-ended Questions.**

At the conclusion of the survey, two open-ended questions were asked. The questions asked respondents to identify the resources they need to be able to support LGB youth. Respondents were also provided space to share any additional comments. Summative content analysis was used to analyze open-ended responses.

**Administrative Arrangements**

The following associations gave permission to survey their membership.

- American School Counselor Association
- National Association of Puerto Rican and Hispanic Social Workers
- Social media groups and forums for professionals self-identified as school social workers or school counselors were also used for recruitment.

**Human Subjects**

The author obtained approval through the University of Pennsylvania Institutional Review Board to perform the study. Upon approval from the University of Pennsylvania Institutional Review Board, the study began with the dissemination of the online survey. Participation in the study was voluntary and anonymous. The survey could have been stopped at any time prior to completion. The risk to participants was minimal. Questions may have been upsetting and participants could stop the questionnaire at any time. Individuals had the opportunity to participate in a raffle via Qualtrics in which they would be eligible to receive one of four $25.00 Amazon gift cards upon completion of the study. Their participation in the raffle was not linked to their specific responses to the survey. There was no benefit to participation in
the study. With the use of an online survey, consent was obtained electronically prior to participation in the study with the use of an “agree to continue” button (See Appendix).

**Chapter Three: Results**

**Results**

A total of 313 School Counselor and School Social Workers participated in the study. The mean age of the sample was 39 ($SD=10.18$) with a range of 22 to 63 years. Respondents reported an average of 8.65 years ($SD=7.54$) working as a School Counselor or Social Worker with a low of $\frac{1}{2}$ of a year up to 34 years and an average of 10 years ($SD=7.80$) working with LGB students ranging from no experience (0 years) to 35 years.

As seen in Table 3.1 a large majority (82%) of the sample reported being White ($N=258$), with 4% reported being Black or African American ($N=13$), 3.5% reported being Biracial or Multiracial ($N=11$), 8% reported being Hispanic or Latino ($N=11$), and 2% reported that their race was something other than what was listed ($N=6$). Ninety-two percent self-identified as female ($N=290$), while 6.7 identified as male ($N=21$) and .6% of respondents identified outside of the gender binary ($N=2$). The large majority (82.7%) of the sample reported being heterosexual ($N=259$), while 5.8% of the sample reported being bisexual or pansexual, 5.1% being lesbian, 4.2% being gay, 1.3% being “something not listed,” and 1% of the sample preferred not to answer. In regard to political affiliation, a large majority of the sample (68.7%) indicated being Democratic ($N=215$), while smaller groups identified as being Independent (16.3, $N=51$), Republican (9.3%, $N=29$), and Minority of Other Party (4.5%, $N=14$).

The majority of respondents noted being Christian (57.8%, $N=181$), while the remaining respondents identified with Judaism (4.5%, $N=14$) and Islam (1.3%, $N=4$) as well as “something not listed (8.0%, $N=25$).” A portion of the respondents reported no religious affiliation (28.1%, $N=88$).
Table 3.1

Demographic Characteristics of the Sample

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>13</td>
<td>4.2</td>
</tr>
<tr>
<td>Biracial or Multiracial</td>
<td>11</td>
<td>3.5</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>25</td>
<td>8.0</td>
</tr>
<tr>
<td>White</td>
<td>258</td>
<td>82.4</td>
</tr>
<tr>
<td>Something not listed</td>
<td>6</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>290</td>
<td>92.7</td>
</tr>
<tr>
<td>Male</td>
<td>21</td>
<td>6.7</td>
</tr>
<tr>
<td>Non-Binary</td>
<td>2</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisexual or Pansexual</td>
<td>18</td>
<td>5.8</td>
</tr>
<tr>
<td>Gay</td>
<td>13</td>
<td>4.2</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>259</td>
<td>82.7</td>
</tr>
<tr>
<td>Lesbian</td>
<td>16</td>
<td>5.1</td>
</tr>
<tr>
<td>Something not listed</td>
<td>4</td>
<td>1.3</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>3</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Political Affiliation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Democrat</td>
<td>215</td>
<td>68.7</td>
</tr>
<tr>
<td>Republican</td>
<td>29</td>
<td>9.3</td>
</tr>
<tr>
<td>Independent</td>
<td>51</td>
<td>16.3</td>
</tr>
<tr>
<td>Minor Party or Other</td>
<td>14</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christianity</td>
<td>181</td>
<td>57.8</td>
</tr>
<tr>
<td>Islam</td>
<td>4</td>
<td>1.3</td>
</tr>
<tr>
<td>Judaism</td>
<td>14</td>
<td>4.5</td>
</tr>
<tr>
<td>Something not listed</td>
<td>25</td>
<td>8.0</td>
</tr>
<tr>
<td>None</td>
<td>88</td>
<td>28.1</td>
</tr>
</tbody>
</table>

As seen in Table 3.2, 29% of the respondents reported working with Elementary School students only (N=91), 20% reported working with Middle School students only (N=62), and 23% of the respondent reported working with High School students only (N=23). Of the remaining respondents, 11.2% reported working with both Elementary and Middle School students (N=35), 5.4% reported...
working with both Middle School and High School students, while 11.5% of respondents reported working with all grade levels.

Table 3.2 also displays the various types of LGB specific training respondents have received and whether or not their schools have pro-LGB student policies. Most respondents (60%, \(N=186\)) reported receiving graduate or post-graduate level LGB training, 32% \((N=99)\) reported independent training or consultation with colleagues, and 21% reported LGB specific professional development \((N=66)\). A majority of respondents (72%, \(N=224\)) indicated that their school is supportive of LGB students, 56% \((N=176)\) reported that their school conducts training in LGB student rights, and 26% \((N=82)\) reported that their school had policies that protected LGB student rights.

### Table 3.2

**Professional Characteristics of the Sample**

<table>
<thead>
<tr>
<th>Student Population</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary</td>
<td>91</td>
<td>29.1</td>
</tr>
<tr>
<td>Middle School</td>
<td>62</td>
<td>19.8</td>
</tr>
<tr>
<td>High School</td>
<td>72</td>
<td>23</td>
</tr>
<tr>
<td>Elementary + Middle</td>
<td>35</td>
<td>11.2</td>
</tr>
<tr>
<td>Middle + High School</td>
<td>17</td>
<td>5.4</td>
</tr>
<tr>
<td>All levels</td>
<td>36</td>
<td>11.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LGB Specific Training</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grad or Post-grad Training</td>
<td>186</td>
<td>60</td>
</tr>
<tr>
<td>Professional Development</td>
<td>66</td>
<td>21</td>
</tr>
<tr>
<td>Independent Training or Consult</td>
<td>99</td>
<td>32</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Policies</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>School supports LGB students</td>
<td>224</td>
<td>72</td>
</tr>
<tr>
<td>School policies protect LGB rights</td>
<td>82</td>
<td>26</td>
</tr>
<tr>
<td>School trains in LGB student rights</td>
<td>176</td>
<td>56</td>
</tr>
</tbody>
</table>

Table 3.3 provides means and standard deviations for each independent and dependent variable. The mean score for the dependent variable, Gap Affirmative Practice (GAP), was 66.09 \((SD=8.25)\) and ranged from a score of 21 to a max score of 75. The mean score for the independent variable Queer Youth
Awareness is Not Enough: LGB Cultural Competency and Practice Behavior

Cultural Competency (QYCC) was 148.54 ($SD=10.00$), with a low score of 111 and a high score of 165. The sample mean for the other independent variable, Sexual Orientation Counselor Competency (SOCCS), was 5.43 ($SD=0.58$) with a range of 3.83 to 6.62. Means for the SOCCS subscales were 6.87 ($SD=0.34$) for Awareness, 4.51 ($SD=1.18$) for Skills, and 4.89 ($SD=0.90$) for Knowledge. Finally, while not an independent or dependent variable, Social Desirability was a primary control variable, with a mean of 5.88 ($SD=3.15$) and scores ranging from 0 to 13.

### Table 3.3

<table>
<thead>
<tr>
<th>Dependent and Independent Variables</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAP Score</td>
<td>66.09</td>
<td>8.25</td>
<td>21</td>
<td>75</td>
</tr>
<tr>
<td>QYCC Score</td>
<td>148.54</td>
<td>10.00</td>
<td>111</td>
<td>165</td>
</tr>
<tr>
<td>SOCCS Score</td>
<td>5.43</td>
<td>0.58</td>
<td>3.83</td>
<td>6.62</td>
</tr>
<tr>
<td>SOCCS: Awareness</td>
<td>6.87</td>
<td>0.34</td>
<td>3.3</td>
<td>7</td>
</tr>
<tr>
<td>SOCCS: Skills</td>
<td>4.51</td>
<td>1.18</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>SOCCS: Knowledge</td>
<td>4.89</td>
<td>0.90</td>
<td>1.13</td>
<td>7</td>
</tr>
<tr>
<td>Social Desirability</td>
<td>5.88</td>
<td>3.15</td>
<td>0</td>
<td>13</td>
</tr>
</tbody>
</table>

**Hypothesis Testing**

As shown in Table 3.4, the combination of variables in the first model, which included Sexual Orientation Counselor Competency (SOCCS) but not Queer Youth Cultural Competency (QYCC) explained 33% of the variance in Gay Affirmative Practice [$AdjR^2=0.33$, $F (13, 233) = 9.95$, $p<0.01$]. SOCCS significantly predicted Gay Affirmative Practice (GAP) such that every one-point increase in SOCCS predicted a seven-point increase in GAP ($B=7.15$, $p<0.01$), when controlling for social desirability, demographics, training, and experience. The SOCCS Awareness subscale was not a significant predictor ($B=1.01$, $p>0.05$). This model provides support for the hypothesis when cultural competency is measured by overall SOCSS.

The combination of variables in the second model that included the QYCC but not SOCCS explained 38% of the variance in Gay Affirmative Practice [$AdjR^2=0.38$, $F (14, 222) = 10.70$, $p<0.01$].
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QYCC significantly predicted Gay Affirmative Practice (GAP) such that every ~2 points increase in QYCC predicting a one-point increase in GAP \( (B=0.47, p<0.01) \) when controlling for social desirability, demographics, training, and experience. Neither the SOCCS Awareness subscale \( (B=-0.98, p>0.05) \) nor the SOCCS Knowledge subscale \( (B=0.54, p>0.05) \) were significant predictors. This also provides support for the hypothesis when cultural competency is measured by the QYCC.

Table 3.4

Multiple Regression Analysis of Gay Affirmative Practice

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>SE</td>
<td>( \beta )</td>
</tr>
<tr>
<td>(Constant)</td>
<td>19.02</td>
<td>9.95</td>
</tr>
<tr>
<td>QYCC</td>
<td>0.47**</td>
<td>0.06</td>
</tr>
<tr>
<td>SOCCS</td>
<td>7.15**</td>
<td>0.96</td>
</tr>
<tr>
<td>SOCCS Knowledge</td>
<td></td>
<td>0.54</td>
</tr>
<tr>
<td>SOCCS Awareness</td>
<td>1.01</td>
<td>1.46</td>
</tr>
<tr>
<td>Social Desirability</td>
<td>-0.23</td>
<td>0.14</td>
</tr>
<tr>
<td>Race</td>
<td>0.63</td>
<td>1.19</td>
</tr>
<tr>
<td>Gender</td>
<td>0.62</td>
<td>1.84</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>1.46</td>
<td>1.31</td>
</tr>
<tr>
<td>Political Affiliation</td>
<td>0.38</td>
<td>1.52</td>
</tr>
<tr>
<td>Religion</td>
<td>0.13</td>
<td>1.07</td>
</tr>
<tr>
<td>Years as School Counselor or SW</td>
<td>-0.17*</td>
<td>0.08</td>
</tr>
<tr>
<td>Years working with LGB students</td>
<td>0.20*</td>
<td>0.08</td>
</tr>
<tr>
<td>Grad or post grad LGB training</td>
<td>1.70</td>
<td>0.96</td>
</tr>
<tr>
<td>LGB Professional development</td>
<td>1.37</td>
<td>1.17</td>
</tr>
<tr>
<td>Independent LGB training/consult</td>
<td>-1.74</td>
<td>1.06</td>
</tr>
<tr>
<td>Adj R2</td>
<td>0.33</td>
<td></td>
</tr>
<tr>
<td>F-Value</td>
<td>F (13, 233) = 9.95**</td>
<td>F (14, 222) = 10.70**</td>
</tr>
</tbody>
</table>

**p<0.01  *p<0.05

Exploratory Analysis

The five crosstabulations planned for use in the Chi-square tests of independence were found to have multiple cells (categories) in each table that were less than the expected cell count, thus
violating an assumption of Chi square tests. Because this could lead to biased results, the relationships among the categorical control variables and GAP scores are not reported.

Overall, the need for LGB training was clearly expressed in the feedback from the majority of respondents who completed the open-ended questions at the end of the survey. One survey question asked respondents to identify resources needed to support LGB youth and the second survey question provided an opportunity for additional comments. Using summative content analysis as described by Hseih and Shannon (2013) which counts the frequency of a specific word or words within open-ended questions, the need for training among respondents was evident (p.1283). Among the 174 respondents who completed the open-ended survey questions, training (including the words training, trainings and trained) was stated 51 times and other training-related terms (including in-service, professional development, and continuing education), were stated 34 times. A total of 58 of 147 respondents referred to the identified terms in their response.

Overwhelmingly, respondents indicated a need for training not only for school social workers and school counselors, but for administrative, teaching personnel and other students as well. Some respondents specified the training they would like to pursue, including small group interventions. While some respondents expressed an interest in web-based training, others stated their interest in an LGBTQ toolkit and other social stories /lessons for students, consultation with a district “expert,” or a guest speaker to share their experience as an “out” individual. Other respondents would like more training on state and school specific LGBTQ laws and policies. One respondent stated that he/she would benefit from appropriate clinical supervision regarding LGB issues given the lack of graduate training in a specific LGBTQ course, which they
communicated was “disappointing,” as the respondent’s institution did require a separate course for substance use disorders and cultural oppression.

Chapter Four: Discussion

The current study examined the relationship between cultural competence and practice behavior as reported by school social workers and school counselors who work with LGB youth in grades K-12. Existing research has asserted that LGB students experience higher rates of depression, anxiety, self-harm, suicidal ideation, suicidal attempts, bullying victimization, and mood disorders than heterosexual youth. Environments in which homophobic victimization occur can exacerbate and perpetuate mental health conditions, specifically anxiety and depressive symptoms, and have negative short and long term implications for the individual (Covin, 2019).

Published in 2019, the most recent GLSEN National School Climate Survey (Gay, Lesbian, and Straight Education Network) indicated that more research was needed to understand school mental health professional’s (SMHP) cultural competence related to meeting the needs of LGBTQ youth (GLSEN, 2019. P. 28). Because sexual orientation and gender orientation are separate phenomenon, the current study chose to focus exclusively on the relationship between cultural competency and practice behavior among school counselors and school social workers in their work with LGB youth in grades K-12.

When measured by the SOCCS as a whole, the findings of this study support the hypothesis that, among school counselors/social workers, a greater degree of cultural competence, including positive attitudes and beliefs, is associated with increased affirmative practice behaviors when working with LGB youth. The Sexual Orientation Counselor Competency Scale (SOCCS) score significantly predicted higher scores on the Gay Affirmative
Practice scale when controlling for social desirability, demographics, training and experience. Within the three domains of the SOCCS, including Knowledge, Awareness, and Skills, respondents reported strong awareness of the needs of LGB youth, which was a significant predictor of Gay Affirmative Practice, while also reporting lower confidence in the subscales of skills and knowledge. These findings are consistent with previous research that supported similar results (Graham et al., 2012; Day, 2008; Rutter et al., 2008; Graham et al., 2012; Farmer et al., 2013; Bidell, 2012). For example, in Bidell’s 2013 study, counselors reported high attitudinal awareness of LGBT issues while at the same time indicating a lower level of competency in the areas of skill and knowledge (Bidell, 2013, p. 305). While the SOCCS predicted greater changes in Gay Affirmative Practice than the Queer Youth Cultural Competency Scale (QYCC), the QYCC also significantly predicted Gay Affirmative Practice when controlling for social desirability, demographics, training, and experience. Hence, the current research provides support for the hypothesis when cultural competency is measured by the Queer Youth Cultural Competency Scale. This is the first known study using the QYCC since its validation in 2018.

The Sample in Context

When examining the demographic characters of respondents in the current study, the majority of respondents included elementary school counselors and school social workers, with a close margin of high school and middle school counselors. A small margin of respondents reported working at both middle school and high school or at all levels K-12. The majority of respondents identified their race as white, their gender as female, and their sexual orientation as heterosexual, which is consistent with numerous previous studies which examined cultural competency in working with LGB youth among a variety of social work and counseling
professionals at various stages of their professional development (Farmer et al., 2013; Bidell, 2012; Graham et al., 2012; Shi & Doud, 2017; Gandy-Guedes, 2018; Hall et al., 2014).

In contrast with existing research, the majority of respondents for the current study indicated that they received LGB-specific training in graduate and post-graduate programs. A small number of respondents reportedly pursued LGB-specific training independently, including online training or through consultation with a colleague. This finding is in contrast to results described in GLSEN’s Supporting Safe and Health Schools- A Report on Mental Health Professionals and LGBTQ Youth (2018). The GLSEN study indicated that the majority of respondents did not receive LGBTQ youth competence education in their graduate level programs. Rather than pursuing formalized education and professional development, the GLSEN study stated that the majority of respondents relied on independent research or informal consultation with a colleague in their pursuit of information regarding the needs of LGBTQ youth (GLSEN, 2019, xviii). This is in direct contrast with the current study, which found that the minority of respondents reported LGB training through independent training or consultation. The current study results are also in conflict with Kull’s 2017 study regarding school counselor preparation for work with LGBTQ youth, which stated that recent graduates reported little or no training in LGBT-related competence. Kull’s study continued to emphasize the importance of future research addressing the causes for these competency deficits in the field (p. 18).

While the majority of respondents reported that their schools support LGB youth and more than half of the respondents reported receiving training on LGB student rights, only a small percentage indicated that school policies protect LGB rights. This finding is consistent with the Human Right’s Campaign 2018 LGBTQ Youth Report. The HRC report stated that, as of 2018, only 19 states and the District of Columbia had implemented anti-bullying laws to protect
LGBTQ youth from harassment and intimidation based on their sexual orientation, with only 13 states enacted non-discrimination laws designed specifically to protect LGBTQ youth from discrimination based on their sexual or gender identity. These findings suggest that, as of 2020, school policy continues to reflect this lack of protection for the rights of LGB youth. As helping professionals, we have an obligation to develop and enact policies in support of LGB youth, pursue and provide training for educational professionals regarding the needs of LGB youth, create safe spaces for LGB youth, advocate for the rights of LGB youth, and provide resources to students, families, as well as educators and administrators (HRC, 2018, p. 19). “Without such policies in place nationwide, the majority of LGBTQ youth remain vulnerable to discrimination, harassment and bullying from peers, teachers, and administrators” (HRC, 2018, p. 9).

Results of the current study also indicated that years of work as a school counselor or a school social worker had an impact on Gay Affirmative Practice. Specifically, SOCCS data showed a lower score in the subscale of knowledge for practitioners with more experience in the school social work/school counseling in general as a profession. This suggests that professionals who have been in the field longer showed less knowledge about working with this population. While the comparative change reflected in the data was small and only found in one model of analysis, this finding was significant and important to note. In contrast, as the years a respondent reported working specifically with LGB youth increased so did their Gay Affirmative Practice. This relationship was significant in both models of analysis.

While the Queer Youth Cultural Competency Scale considered social desirability and included four components of the Marlowe-Crowne Social Desirability Scale when it was developed and validated in 2018 (p. 361), the majority of LGB research does not incorporate a measure for social desirability, rather addresses the concern of socially desirability associated
with self-report responding as a potential study limitation (Bidell, 2005, 2012). While the current study included the Marlowe-Crowne Social Desirability Scale- Short Form C as a control variable, it was noted that social desirability was not impactful on the findings.

**Strengths and Limitations of Study**

Using psychometrically sound measures, the current study included school social workers/school counselors from throughout the United States. While the initial sample size goal was 340, 313 school counselors/school social workers provided valid responses, resulting in 92% of estimated sample needed for power. The study included respondents from a wide range of professional longevity, spanning from 6 months to 34 years, with average of 10 years. The sample also included a comparable distribution of student populations served across the respondents with a limited percentage of respondents working with youth at all grade levels. While the current study had significant and substantive findings in supporting a relationship between cultural competency and practice behavior, limitations do exist. Respondents were comprised of members of professional organizations, including the American School Counselor Association and the National Association of Puerto Rican and Hispanic Social Workers, as well as subscribers to social media communities (both public and private), which included individuals who self-identified as a school counselor or a school social worker. While this sampling could be considered a limitation, the accessibility of social media allowed for convenient recruitment. The use of convenience sampling, which can limit generalizability, did elicit responses throughout the United States. While initial recruitment of respondents was based upon membership to the American School Counseling Association and the National Association of Puerto Rican and Hispanic Social Workers, the majority of responses were based upon social media recruitment (n=255). While the data may not have included the views of those whose personal biases did not
allow them to participate, the demographics of the sample were reflective of those from similar studies as previously noted. The demographics of the sample of the current study were reflective of the associations used for recruitment. Per the 2018 American School Counselor Association membership report, 76% of their membership is White, 11% is Black, 6% is Hispanic, and 3% is Asian with 85% of their workforce identifying as female and 15% identifying as male (www.theschoolcounselor.org). As demographics are not available for the National Association of Puerto Rican and Hispanic Social Workers, the current sample was also compared to that of the 2015 Workforce Report by the Council for Social Work Education. CSWE’s demographic data states that 72.6% of Master’s Level Social Workers are White, with 19.1% are Black and 9.5% are Spanish, Hispanic or Latino, with 85% identifying as female and 15% identifying as male (www.cswe.org). Because the majority of school social workers/school counselors are white women, an attempt was made to oversample social workers and school counselors of color by using the National Association of Puerto Rican and Hispanic Social Workers. Requests made to local chapters of the National Association of Black Social Workers did not receive a response, perhaps because of the onset of the Novel Coronavirus Pandemic of 2020. Despite oversampling efforts, the current sample was consistent with the ASCA and CSWE statistics. Self-report bias may exist regardless of the safeguards within the measures used in the study. Despite mechanisms regarding social desirability being included to minimize the potential impact of self-report bias on findings, self-report bias is also a concern, specifically regarding responses related to the dependent variable measure, the Gay Affirmative Practice Scale. The sample may also have represented individuals who have affirming beliefs related to LGB youth, while a lack of affirming beliefs may have limited responding. Another limitation of the study was the use of a cross-sectional design, which does not predict a causal relationship between variables or enable
the directionality of findings between variables to be determined. Lastly, the onset of the Novel Coronavirus Pandemic (Covid-19) in March of 2020, which continued throughout the data collection and dissertation process, may have had an impact on the responses received during this study as well as the response rate. Despite these limitations, the present study successfully added to existing research regarding the importance of knowledge, awareness, and skills on practice behavior when working with LGB youth.

**Implications for Social Work Practice**

The Council on Social Work Education recently stated that “social work programs across the country value and respect diversity and inclusiveness, are committed to a learning environment of cultural humility, and exist to prepare social workers to advance equity and justice” (CSWE Press Release, 9.24.20). While the findings of the current study demonstrate the impact of cultural competency on practice behavior, the results also underscore the importance of the development and implementation of high quality training to improve the cultural competency of school social workers and school counselors specifically related to serving LGB individuals. These findings are important as, “Without empirical data to indicate direct care workers’ competence in working with SGM (sexual and gender minority) youth, it is difficult to justify policies and expensive training efforts aimed at workforce development around these issues” (Gandy-Guedes, 2018, p. 357).

Beginning with social worker and counselor graduate level training, institutions should not only offer LGB specific curriculum within a self-contained course, but also infuse LGB-related themes across curricula. This comprehensive approach could reduce the potential impact of a minority silo approach, which only provides LGBTQ specific education to the students that elect to pursue it. By infusing LGB-specific knowledge and skills into courses regarding human
development, research, human behavior, social work and counseling theories, and clinical practice, all students can be exposed to the needs of LGB youth as graduate programs cannot rely on field placements to obtain this specific skill set.

Information embedded within the measures used in this study could be used as a framework for developing effective graduate training and ongoing professional development. In comparing questions between the SOCCS and QYCC, the SOCC provided targeted questioning regarding clinical training and supervision within the five questions directly related to LGB-specific training. Using a 7-point Likert scale of responses ranging from “Not True at All” to “Totally True,” SOCCS survey questions included “I have received adequate clinical training and supervision to counsel lesbian, gay, and bisexual (LGB) clients (students)” and “I check up on my LGB counseling skills by monitoring my functioning /competency- via consultation, supervision, and continuing education” and “At this point in my professional development, I feel competent, skilled, and qualified to counsel LGB clients.” While the QYCC also utilized a Likert-scale including responses ranging from “Very Untrue” to “Very True,” as well as a response for “I Don’t Know,” the QYCC assessed informal training with one question, defined as “attempts to learn and use terms that reflect LGBTQ youth culture so I can communicate.” By targeting goals noted in the SOCCS, training could be developed to support professionals in their pursuit of knowledge and skills, while at the same time using SOCCS to evaluate competencies after trainings/professional development based on its validity and reliability. Lastly, assessment of LGB-specific knowledge and skills would ideally be incorporated in the examination requirement for social work licensure.

As reflected in the data from this study and demonstrated in existing research, both graduate students and working professionals need more opportunities for LGB-specific
knowledge and skill development. To ensure effectiveness, ownership for such knowledge and skill acquisition is needed on multiple levels, including individual practitioners and school administrators. On an individual practitioner level, counselors and social workers should pursue LGB-specific training with both knowledge and skills as targeted goals beginning in their graduate programs and continuing throughout their career. Many counseling skills are considered common factors for effective practice with varied populations, including building rapport, empathy, active listening, and reflecting. While the emphasis on compassion and connection with others throughout all stages of life is a pervasive theme throughout social work theory and mental health literature, the importance of relationships when working with pre-adolescents and adolescents cannot be emphasized enough. Knowledge acquisition, including an understanding of the history of oppression of LGB individuals within counseling theory and education and the historic pathologizing of homosexuality, is also essential to effective counseling practice. Skill development opportunities intentionally designed to practice LGB-specific skills in the form of experiential activities i.e. role play, in both an individual and group context, are also tools for the development of competency (Hall et al., 2014, p. 138). Case conceptualization, speaker panels and cultural immersion and exposure have also been noted for their potential to increase LGB knowledge and skills (Bidell, 2013, p. 304).

On a school administration level, leadership must provide professional development not only to school counselors and school social workers but to all faculty regarding the specific needs of LGB youth. As a whole, the entire faculty creates the climate and culture of a school, LGB affirming or otherwise. As educators and as individuals, our experiential histories impact our practices and our work with LGB youth, regardless of our specific role within the school environment. Training concerning language, definitions, terminology, stereotypes, and myths as
well as the presentation of statistics regarding the mental health disparities and victimization of LGB youth within schools would be beneficial to school counselors and school social workers as well as all school staff. Effective training also includes information regarding anti-discrimination policies and homophobic bullying prevention (Hall et al., 2014, p. 138). Additionally, professional development regarding the needs of all LGBTQ students should be a required component of training for all school mental health professionals (Hall et al., 2014, p. 139). By promoting the growth-fostering potential of relationships within the context of schools as well as the position of the school to serve as a protective factor supporting positive outcomes for LGB youth, professional development can be the catalyst to create nurturing and affirming environments to support LGB youth.

The majority of respondents in this study had high Queer Youth Cultural Competency (QYCC) and high Sexual Orientation Cultural Competency Score (SOCCS), with the highest scores in the SOCCS subscale of awareness, and lower scores in the subscales of knowledge and skills. As a sample, most respondents had high Gay Affirmative Practice (GAP) scores as well. Overall, the findings of the study support the hypothesis that, among school counselors and school social workers, a greater degree of cultural competence, including positive attitudes and beliefs toward, as well as increased knowledge about and skills working with LGB youth, is positively associated with practice behaviors when working with LGB youth among this sample population. With increased “outness” among LGB youth, coupled with significant mental health disparities among LGB and heterosexual youth, a paucity in research had been identified in relation to school social worker and school counselor cultural competency and their practice behavior in their work with this population. The goal of this study was achieved as the results are
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supportive of themes and add to existing knowledge in cultural competency literature in relation to knowledge, awareness and skills in work with LGB youth.

Considerations for Future Research

While training is a crucial component to providing culturally competent care, future research should also consider the experiences of students and their perception of the availability of and the receipt of affirming counseling support. For example, a 2013 qualitative study examined ways in which LGB students perceive the support available from their school counselor/school social worker (Roe, 2013, p. 153). Students reportedly observed their counselors religious or political views and considered their relationship history with the counselor as variables in determining their willingness to seek out assistance. Students also reported the importance of gay-affirmative symbols in the counselor’s professional space as respondents stated that a fear of judgement and concerns about confidentiality created a barrier to pursuing counseling support (Roe, 2013). Like previous research, Roe’s study also identified common factors of effective counseling, including empathy, listening, and creating a safe holding environment, as important to engagement with LGB youth in addition to LGB-specific training, including access to resources to support youth (2013). While research efforts have been made to expand upon existing knowledge regarding competence and behavior, additional research should examine the views of LGB students and their perception of supportive systems in their schools.

Future research should also evaluate specifically defined components of LGB competence training. This could expand upon existing knowledge regarding effective training methods in promoting skill and knowledge acquisition. In training evaluation, it would be beneficial to examine the presence of a training modality that encourages awareness of personal
bias and its impact on work with LGB youth. This could be accomplished by conducting more descriptive research detailing specific aspects of training (i.e. experiential, didactic, and reflective) and examining the evaluation of bias among respondents.

**Conclusion**

Overall, the findings of the current study clearly demonstrate the need for comprehensive, affirming training modalities, both within and outside of graduate and postgraduate programs, which address the current disparities between awareness and knowledge/skills among school social workers and school counselors in their work with LGB youth. Effective education will need to include the identification and awareness of conscious or unconscious practitioner bias toward those who identify with a sexual identity other than heterosexual. Specialized instruction in the areas of assessment, intervention, supervision, consultation, resource identification, and confidentiality should be targeted goals of LGB-specific training and should incorporate education about regionally-specific laws and school policies concerning the rights of LGB youth within educational settings. Lastly, across multiple measures, including open-ended questions, this study underscored the need for LGT-specific training for all professionals, with a greater need illustrated for seasoned professionals.
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Appendix

Survey Consent Form

The following will appear before the questionnaire.

Consent Form

This research study is being conducted as part of a dissertation for a Clinical Doctorate in Social Work at the University of Pennsylvania. The purpose of this research project is to learn about school counselors and school social workers in their work with LGB youth. The questionnaire will ask questions related to your knowledge, attitude, beliefs and skills working with LGB elementary and secondary students, your delivery of services to LGB youth, as well as sociodemographic information. You are invited to participate in this research project because you are currently employed as a school counselor or school social worker.

Participants must be employed in the role of school counselor or school social worker on a minimum of a part-time basis (15 or more hours) in grades K-12. Participants must have a minimum of a Master’s Degree in Social Work or a Master’s Degree in School Counseling.

Your participation in this research study is voluntary. If you decide to participate in this research survey, you may withdraw from participation at any time.

The procedure involves completing an online questionnaire that will take approximately 15-20 minutes. Your responses will be anonymous. We will not collect identifying information such as name, email address or IP address. To help protect identification, the survey will not contain information that will personally identify respondents.

All data will be stored in a password protected electronic format.
At the conclusion of the survey, you will be given the opportunity to enter a raffle to win one of four $25.00 Amazon gift cards. Raffle entry will not be linked to your responses.

If you have any questions about the research study, you can contact the Principal Investigator.

If you are willing to participate, please hit the agree button and continue. If not, hit the do not agree and you will be exited from the site.
Dissertation Survey

Start of Block: Consent

Q1  This research study is being conducted as part of a dissertation for a Clinical Doctorate in Social Work at the University of Pennsylvania. The purpose of this research project is to learn about school counselors and school social workers in their work with LGB youth. The questionnaire will ask questions related to your knowledge, attitude, beliefs and skills working with LGB (lesbian, gay, and bisexual) elementary and secondary students, your delivery of services to LGB youth, as well as sociodemographic information. You are invited to participate in this research project because you are currently employed as a school counselor or school social worker.

We are interested in hearing from school counselors or school social workers with at least a Master's Degree in Social Work or a Master's Degree in School Counseling who are working a minimum of a part-time basis (15 or more hours) grades K-12. on a minimum of a part-time basis (15 or more hours) in grades K-12.

Please indicate if you are:

- School Social Worker (1)
- School Counselor (2)
- Neither (3)

Q77 Working 15 or more hours per week as a School Counselor or School Social Worker

- Yes (1)
- No (2)
Q78 Working as a School Counselor or a School Social Worker with students grades K-12

- Yes (1)
- No (2)

Q76 Your participation in this research study is voluntary. If you decide to participate in this research survey, you may withdraw from participation at any time. The procedure involves completing an online questionnaire that will take approximately 15-20 minutes. Your responses will be anonymous. We will not collect identifying information such as name, email address, IP address or any other information that will personally identify you or any other respondents. All data will be stored in a password protected electronic format. At the conclusion of the survey, you will be given the opportunity to enter a raffle to win one of four $25.00 Amazon gift cards. Raffle entry will not be linked to your responses. If you have any questions about the research study, you can contact the Principal Investigator, Dr. Phyllis Solomon, at solomonp@upenn.edu. If you are willing to participate, please hit the agree button and continue. If not, please hit the do not agree and you will be exited from the site.

- Agree to Participate (1)
- Do Not Agree to Participate (2)

Q2 How would you describe your race?

- Black or African American (1)
- Biracial or Multiracial (2)
- Hispanic or Latino (3)
- White (4)
- Something Not Listed (5)
Q3 How would you describe your religion?

- Christianity (1)
- Islam (2)
- Judaism (3)
- Something Not Listed (4)
- None (5)

Q4 How would you describe your sexual orientation?

- Bisexual or Pansexual (1)
- Gay (2)
- Heterosexual (3)
- Lesbian (4)
- Something Not Listed (5)
- Prefer not to answer (6)

Q8 Please identify your political affiliation.

- Democrat (1)
- Republican (2)
- Independent (3)
- Minor Political Party Affiliation, such as Libertarian, Green Party, Constitutionalist, or Other (4)
Q90 Please identify your gender.

- Female (1)
- Male (2)
- Non-Binary (3)
- Something Not Listed (4)

Q5 Please provide your age in years.

________________________________________________________

Q6 Please indicate the number of years you have been employed as a school counselor or school social worker.

________________________________________________________

Q7 Please indicate the number of years you have been working or have worked with LGB youth.

________________________________________________________

Q84 Please indicate your zip code.

________________________________________________________

End of Block: Demographics

Start of Block: Training Questions
Q9 Have you participated in graduate or post-graduate LGB-specific training programs?
   - No (1)
   - Yes (2)

Q10 Have you participated in LGB-specific professional development?
   - No (1)
   - Yes (2)

Q11 Have you participated in LGB-specific independent training, including online training and consultation with colleagues?
   - No (1)
   - Yes (2)
End of Block: Training Questions

Start of Block: SOCCS Section One
Q53 Using the scale following each question, rate the truth of each item as it applies to you by indicating the appropriate number. LGB= Lesbian, Gay, and Bisexual

<table>
<thead>
<tr>
<th></th>
<th>Not True at All (1)</th>
<th>(2) (2)</th>
<th>(3) (3)</th>
<th>Somewhat True (4)</th>
<th>(5) (5)</th>
<th>(6) (6)</th>
<th>Totally True (7)</th>
<th>(7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have received adequate clinical training and supervision to counsel lesbian, gay, and bisexual (LGB) clients.</td>
<td>(1)</td>
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<tr>
<td>The lifestyle of a LGB client is unnatural or immoral.</td>
<td>(2)</td>
<td></td>
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<tr>
<td>I check up on my LGB counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.</td>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>I have experience counseling gay male clients.</td>
<td>(4)</td>
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<tr>
<td>LGB clients receive less preferred forms of counseling treatment than heterosexual clients.</td>
<td>(5)</td>
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<tr>
<td>At this point in my professional development, I feel competent, skilled, and qualified to counsel LGB clients.</td>
<td>(6)</td>
<td></td>
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<tr>
<td>I have experience counseling lesbian / gay couples.</td>
<td>(7)</td>
<td></td>
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<tr>
<td>I have experience counseling lesbian clients.</td>
<td>(8)</td>
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</tbody>
</table>
End of Block: SOCCS Section One

Start of Block: SOCCS Section Two
Q104 Using the scale following each question, rate the truth of each item as it applies to you by indicating the appropriate number. LGB= Lesbian, Gay, and Bisexual
<table>
<thead>
<tr>
<th></th>
<th>Not True at All (1)</th>
<th>(2)</th>
<th>(3)</th>
<th>Somewhat True (4)</th>
<th>(5)</th>
<th>(6)</th>
<th>Totally True (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am aware that some research indicates that LGB clients are</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
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<td></td>
<td>0</td>
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<tr>
<td>more likely to be diagnosed with mental illness than are</td>
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<tr>
<td>heterosexual clients. (1)</td>
<td></td>
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<tr>
<td>It's obvious that a same sex relationship between two men or</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
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<tr>
<td>two women is not as strong or as committed as one between a</td>
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<td>man and a woman. (2)</td>
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<tr>
<td>I believe that being highly discreet about their sexual</td>
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<td></td>
<td>0</td>
<td>0</td>
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<tr>
<td>orientation is a trait that LGB clients should work toward. (3)</td>
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</tbody>
</table>
I have been to in-services, conference sessions, or workshops, which focused on LGB issues (in Counseling, Psychology, Mental Health). (4)

Heterosexist and prejudicial concepts have permeated the mental health profession. (5)

I feel competent to assess the mental health needs of a person who is LGB in a therapeutic setting. (6)
I believe that LGB couples don’t need special rights (domestic partner benefits or the right to marry) because that would undermine normal and traditional family values. (7)
End of Block: SOCCS Section Two

Start of Block: SOCCS Section Three
Q105 Using the scale following each question, rate the truth of each item as it applies to you by indicating the appropriate number. LGB= Lesbian, Gay, and Bisexual
<table>
<thead>
<tr>
<th>Statement</th>
<th>Not True at All (1)</th>
<th>(2)</th>
<th>(3)</th>
<th>Somewhat True (4)</th>
<th>(5)</th>
<th>(6)</th>
<th>Totally True (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are different psychological/social issues impacting gay men versus lesbian women.</td>
<td></td>
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<tr>
<td>It would be best if my clients viewed a heterosexual lifestyle as ideal.</td>
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<tr>
<td>I have experienced counseling bisexual (male or female) clients.</td>
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<tr>
<td>I am aware of institutional barriers that may inhibit LGB people from using mental health services.</td>
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<tr>
<td>I am aware that counselors frequently impose their values concerning sexuality upon LGB clients.</td>
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</tbody>
</table>
I think that my clients should accept some degree of conformity to traditional sexual values. (6)

Currently, I do not have the skills or training to do a case presentation or consultation if my client were LGB. (7)

I believe that LGB clients will benefit most from counseling with a heterosexual counselor who endorses conventional values and norms. (8)

Being born a heterosexual person in this society carries with it certain advantages. (9)
Q106 Using the scale following each question, rate the truth of each item as it applies to you by indicating the appropriate number. LGB= Lesbian, Gay, and Bisexual
| I feel that sexual orientation differences between counselor and client may serve as an initial barrier to effective counseling of LGB individuals. (1) |     |     |     |     |     |     |     |
| I have done a counseling role-play as either the client or counselor involving a LGB issue. (2) |     |     |     |     |     |     |     |
| Personally, I think homosexuality is a mental disorder or a sin and can be treated through counseling or spiritual help. (3) |     |     |     |     |     |     |     |
| I believe that all LGB clients must be discreet about their sexual orientation around children. (4) |     |     |     |     |     |     |     |
When it comes to homosexuality, I agree with the statement: 'You should love the sinner but hate or condemn the sin.' (5)
Q18 Using the scale provided, please indicate the degree to which you think the following statements are true or untrue.
LGB youths are LGB because of their childhood history of abuse/neglect/poor parenting.

- Very untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)

Q19 When youths think they might be gay/lesbian/bisexual, it is just a phase they will grow out of.

- Very untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)
Q20 Adolescents (ages 12-17) are not old enough to know whether they are gay/lesbian/bisexual or straight.

- Very untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)

Q21 Youths who come out as LGB just copy other youths who are coming out.

- Very untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)
Q22 Youths say they are LGB to get attention.

- Very untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)

Q23 Youths act gay (feel attracted to the same sex) when they are isolated from the opposite sex, like in an all-girl or all-boy group home.

- Very untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)

Q24 Using the scale provided, please indicate the degree to which you agree or disagree with each of the following statements:
Even if LGB issues are not addressed in a youth's treatment plan or goal, acknowledging their LGB identity is still an important part of how to provide good treatment.

- Strongly disagree (1)
- Disagree (2)
- Neither Agree/Disagree (3)
- Agree (4)
- Strongly Agree (5)
- Don't Know (6)

Q26 Even if LGB issues are not addressed in a youth's treatment plan or goal, acknowledging their LGB identity is still an important part of how to provide good treatment.

- Strongly disagree (1)
- Disagree (2)
- Neither Agree/Disagree (3)
- Agree (4)
- Strongly Agree (5)
- Don't Know (6)
Q27 In my job, I interact with youths because of their mental health problems, not because of their sexual orientation, so I do not talk about LGB issues with youth I interact with.

- Strongly disagree (1)
- Disagree (2)
- Neither Agree/Disagree (3)
- Agree (4)
- Strongly Agree (5)
- Don't Know (6)

Q28 I believe that being LGB is a sin.

- Strongly disagree (1)
- Disagree (2)
- Neither Agree/Disagree (3)
- Agree (4)
- Strongly Agree (5)
- Don't Know (6)
Q29 Youths should not be encouraged to be lesbian, gay, bisexual.

- Strongly disagree (1)
- Disagree (2)
- Neither Agree/Disagree (3)
- Agree (4)
- Strongly Agree (5)
- Don't Know (6)

Q30 A youth's family should discourage their child's decision to identify as LGB.

- Strongly disagree (1)
- Disagree (2)
- Neither Agree/Disagree (3)
- Agree (4)
- Strongly Agree (5)
- Don't Know (6)
Q31 An LGB youth who needed foster care services would best be served in a highly religious foster home so they can get straight.

- Strongly disagree (1)
- Disagree (2)
- Neither Agree/Disagree (3)
- Agree (4)
- Strongly Agree (5)
- Don't Know (6)

Q32 I would be comfortable if a client came out to me as LGB.

- Strongly disagree (1)
- Disagree (2)
- Neither Agree/Disagree (3)
- Agree (4)
- Strongly Agree (5)
- Don't Know (6)
Q33 Bisexual youths are just not sure whether they are gay or straight.

- Strongly disagree (1)
- Disagree (2)
- Neither Agree/Disagree (3)
- Agree (4)
- Strongly Agree (5)
- Don't Know (6)

Q34 In general, LGB people are mentally unstable.

- Strongly disagree (1)
- Disagree (2)
- Neither Agree/Disagree (3)
- Agree (4)
- Strongly Agree (5)
- Don't Know (6)
Q35 LGB youth are sexually promiscuous.

- Strongly disagree (1)
- Disagree (2)
- Neither Agree/Disagree (3)
- Agree (4)
- Strongly Agree (5)
- Don't Know (6)

Q37 **Using the scale provided, please indicate the degree to which you think the following statements are true or untrue:**

I attempt to learn and use terms that reflect LGB youth culture so that I might communicate more effectively with youths that I interact with.

- Very Untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)
Q38 I screen books, movies and other media sources for negative stereotypes about LGB persons before sharing them with youth I interact with.

- Very Untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don’t Know (6)

Q39 I would put an LGB-affirming sticker on the space that I work in if given the opportunity, or I have already.

- Very Untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don’t Know (6)
Q40 When possible, I do or would connect an LGB youth with LGB resources in the community.

- Very Untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)

Q41 I recognize that even when I have good intentions, I can still do or say things that may be hurtful to LGB youth.

- Very Untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)
Q42 I am comfortable using the words gay, lesbian, and bisexual.

- Very Untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)

Q43 I am comfortable using the word queer with a youth who identifies as queer.

- Very Untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)
Q44 In my job, I don't talk to youths about sex or dating, so LGB issues do not apply to my interactions with youth.

- Very Untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)

Q45 I assume a youth is straight/heterosexual unless they tell me otherwise.

- Very Untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)
Q47 **Using the scale provided, please indicate how frequently you do each of the following:**
If a youth tells me that they are LGB, I avoid sharing that information without their permission.

- Never (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Always (5)
- Don't Know (6)

Q48 I do not assume that a lesbian, gay, or bisexual youth who is the same sex as me is attracted to me.

- Never (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Always (5)
- Don't Know (6)
Q49 I intervene when youths I interact with tell me they have been bullied because of actual or perceived sexual orientation.

- Never (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Always (5)
- Don’t Know (6)

Q50 I intervene when I hear coworkers using derogatory language or insinuations about LGB persons in front of students I interact with.

- Never (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Always (5)
- Don’t Know (6)

Q85 Please indicate whether you think the following statements are true or false:
It is sometimes hard for me to go on with my work if I am not encouraged.

- False (1)
- True (2)
Q86 I sometimes feel resentful when I don't get my way.

 〇 False (1)
 〇 True (2)

Q87 On a few occasions, I have given up doing something because I thought too little of my ability.

 〇 False (1)
 〇 True (2)

Q88 There have been times when I felt like rebelling against people in authority even when I knew they were right.

 〇 False (1)
 〇 True (2)

Q89 No matter who I am talking to, I'm always a good listener.

 〇 False (1)
 〇 True (2)

Q90 There have been times when I took advantage of someone.

 〇 False (1)
 〇 True (2)
Q91 I'm always willing to admit when I make a mistake.

- False (1)
- True (2)

Q92 I sometimes try to get even rather than forgive and forget.

- False (1)
- True (2)

Q93 I am always courteous, even to people who are disagreeable.

- False (1)
- True (2)

Q94 I have never been irked when people expressed ideas very different from my own.

- False (1)
- True (2)

Q95 There have been times when I was quite jealous of the good fortune of others.

- False (1)
- True (2)
Q96 I am sometimes irritated by people who ask favors of me.
   - False  (1)
   - True   (2)

Q97 I have never deliberately said something that hurt someone's feelings.
   - False  (1)
   - True   (2)

Q54 Using the scale provided, please indicate how often you do each of the following:
I help clients reduce shame about homosexual feelings.
   - Always  (1)
   - Usually (2)
   - Sometimes (3)
   - Rarely (4)
   - Never   (5)
Q70 I help gay / lesbian clients address problems created by societal prejudice.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Q71 I inform clients about gay affirmative resources in the community.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Q72 I acknowledge to clients the impact of living in a homophobic society.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)
Q73 I respond to a client's sexual orientation when it is relevant to treatment.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Q74 I help gay/lesbian clients overcome religious oppression that have experienced based on their sexual orientation.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Q75 I provide interventions that facilitate the safety of gay/lesbian clients.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)
Q76 I verbalize that gay / lesbian orientation is as healthy as a heterosexual orientation.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Q77 I demonstrate comfort about gay / lesbian issues to gay/lesbian clients.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Q78 I help clients identify their internalized homophobia.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)
Q79 I educate myself about gay / lesbian concerns.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Q80 I am open-minded when tailoring treatment for gay / lesbian clients.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Q81 I create a climate that allows for voluntary self-identification by gay / lesbian clients.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)
Q82 I discuss sexual orientation in a non-threatening manner with clients.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Q83 I facilitate appropriate expression of anger by gay / lesbian clients about the oppression they have experienced.

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)
Q12 Using the scale provided, please indicate the degree to which you think the following statements are true or untrue.
Becoming LGB is a process that unfolds over time.

- Very untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)

Q13 A youth could be dealing with LGB issues secretly without anyone knowing about it.

- Very untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)
Q16 LGB youths have the same types of life goals and dreams for their future as do heterosexual youth.

- Very untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)

Q17 Being LGB brings with it certain challenges that heterosexual people do not have to face.

- Very untrue (1)
- Untrue (2)
- Neither True/Untrue (3)
- True (4)
- Very True (5)
- Don't Know (6)

End of Block: GAP Scale

Start of Block: Macro

Q85 Do you think the school is doing enough to support the LGB students that are attending your school?

- No (1)
- Yes (2)
Q87 Are you aware of policies in your school that protect the rights of LGB students?

○ No (1)

○ Yes (2)

Q89 Do you receive training regarding policies related to the rights of LGB students?

○ No (1)

○ Yes (2)

End of Block: Macro

Start of Block: Open Ended Question

Q91 What resources do you need to be able to support LGB youth?

________________________________________________________________

________________________________________________________________

Q92 Are there any other comments you would like to share? If so, please feel free to do so.

________________________________________________________________

End of Block: Open Ended Question
Appendix

Appendix A

Introductory Letter for Organizations

American School Counselor Association
1101 King Street, Suite 310
Alexandria, Virginia 22314

To Whom It May Concern:

My name is Kerryann Spaulding Silvestri and I am a School Counselor at Carl Sandburg Middle School in Old Bridge, New Jersey. I am also a graduate student enrolled in the Doctorate in Clinical Social Work Practice Program at the University of Pennsylvania School of Social Policy & Practice. I am reaching out to you to request the distribution of the survey for my dissertation research which is examining the relationship of school counselor and school social worker attitudes, knowledge, skills and cultural competency to their practice behavior when working with LGB youth.

In 2020, while more children are feeling comfortable with their gender / sexual identities, LGBTQ youth still experience more depression, anxiety, self-harm, suicidal ideation, suicidal attempts, bullying victimization, and mood disorders than their heterosexual peers. As school counselors and school social workers, we are often tasked with supporting LGB youth during the school day and are, at times, the only source of professional mental health support for these students. Because of this, it is important to examine factors that may influence school social worker and school counselor efforts with this population. We expect the data collected in this study can enhance the knowledge in the area of LGB counseling.
I am hopeful that you will agree to share the information with your membership by inviting them to participate in the study. Please advise at your earliest convenience if you plan to offer your members the opportunity to participate.

I look forward to a positive response. If you have any additional questions, please feel free to reach out to me at kerryann@upenn.edu.

Thank you for your anticipated participation.

Kerryann Spaulding Silvestri

Kerryann Spaulding Silvestri, MSW, LSW
**Introductory Letter for Respondents**

Dear Professional Counselor / Social Worker,

My name is Kerryann Spaulding Silvestri and I am a doctoral candidate at the University of Pennsylvania School of Social Policy & Practice. I am conducting research to examine the extent to which school counselor and school social worker cultural competency, including attitudes toward, and beliefs, knowledge, and skills regarding LGB youth, are related to practice behaviors when working with LGB youth in schools. The results of this study will expand upon the limited existing research related to school counselor and school social worker competency and its potential relationship to practice behavior in working with this population.

Your completion of this online questionnaire will take approximately 15-20 minutes.

To participate, please use the following link:

[https://upenn.co1.qualtrics.com/jfe/form/SV_4Oz6yrRNvDUiFJb](https://upenn.co1.qualtrics.com/jfe/form/SV_4Oz6yrRNvDUiFJb)

At the conclusion of the survey, you will be given the opportunity to enter a raffle to win one of four $25.00 Amazon gift cards. Raffle entry will not be linked to your responses.

If you have any questions about the research study, please email or call me at the contact information listed below. You may also contact the Principal Investigator/ Committee Chair, Dr. Phyllis Solomon, at solomonp@upenn.edu.

Thank you for your time.

*Kerryann*

Kerryann Spaulding Silvestri, MSW, LSW
Doctoral Candidate, University of Pennsylvania

Kerryann@upenn.edu (732) 598-6054