

For School-Based Health Professionals:
Themes Regarding Knowledge and Provision of Health-Related Ser-
vices to Lesbian, Gay, and Bisexual Youth

Healthy Lesbian, Gay, and Bisexual Students Project
American Psychological Association

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Introduction

Lesbian, gay, and bisexual (LGB) students are at significant risk for a variety of serious health problems. One recent study of young men (15 to 22 years of age) who have sex with other men indicated an average HIV prevalence rate of 7.2%. HIV prevalence in this study was highest among young Black men (14.1%) and men reporting multiracial backgrounds (12.6%) (Valleroy et al., 2000). Gay and bisexual male youth are at risk for a variety of sexually transmitted diseases, as are lesbian and bisexual female youth who have sex with male partners (Ryan & Futterman, 1998). Data released from the National Longitudinal Study on Adolescent Health showed that youth who reported same-sex attraction or behaviors also reported higher levels of emotional distress, greater use of alcohol and marijuana, and earlier sexual debut (Resnick, et al., 1997). Other studies have found that these youth experience higher rates of suicide attempts, harassment, and violence (Remafedi, French, Story, Resnick, & Blum, 1998; Reis, 1996).

The Centers for Disease Control and Prevention has identified LGB youth as a population at high risk for HIV infection and other health and mental health disparities. In order to promote effective school-based prevention activities, CDC's Division of Adolescent and School Health (DASH) has funded the American Psychological Association with a cooperative agreement to create the Healthy Lesbian, Gay, and Bisexual (LGB) Students Project. The mission of the project is to work with and through national organizations of school professionals to increase the capacity of the nation's schools to prevent risky behaviors and promote healthy outcomes for lesbian, gay, and bisexual youth.

One of the major foci of the Healthy LGB Students Project is to develop education and training for school counselors, nurses, psychologists, and social workers to carry out this mission within secondary school settings. The American Psychological Association's organizational collaborators in the Healthy LGB Students Project include the American Counseling Association, the American School Counselor Association, the National Association of School Nurses, the National Association of School Psychologists, the National Association of Social Workers, and the School Social Work Association of America.

To develop education and training, the American Psychological Association conducted a comprehensive needs assessment with three components:

- Interviews of Key Informants,
- Review of the Literature, and
- A Survey Instrument.

In this paper we present the results of the Interviews of Key Informants.

Method: Each of the six collaborating organizations identified a set of three to four key informants for their profession that included practitioners, faculty of professional training programs, and administrators with supervisory responsibilities for practitioners. The collaborating organizations were asked to include at least one professional who would be particularly knowledgeable about racial or ethnic minority LGB youth.

Staff of the Healthy LGB Students Project contacted and interviewed each of the key informants using a standard protocol (Appendix A). A total of 23 key informants were interviewed. A small project team of four Healthy LGB Students Project staff members (including two at the doctoral level) and one local psychology doctoral student reviewed the interview transcripts and identified 17 themes that emerged out of the qualitative data. The themes were subsequently

grouped by three categories: Characteristics of School Counseling, Health, and Mental Health Professionals; Interactions With LGB Youth; and Pre-Service and Continuing Education.

In this document, each theme is described, and relevant quotes of the interviewed participants are included. The themes are grouped within the three categories. In addition, within each category, the themes are rank-ordered. For example, themes reflecting comments heard by a *majority* of the participants are described first within each category. Themes based on comments from a smaller number of participants are near the end of the content in each category. A *Conclusion* section is also included at the end of the document to suggest recommendations for future education and training of school health professionals.

Themes Emerging From Key Informant Interviews

Characteristics of School Counseling, Health, and Mental Health Professionals

This category includes themes that involve professional or personal characteristics of school counseling, health, and mental health professionals. These characteristics include such elements as job/school location, attitudes toward LGB youth, and previous experiences with LGB persons.

1. Geographical location influences school counseling, health, and mental health professionals' knowledge, perspective, and resources on topics related to lesbian, gay, or bisexual (LGB) youth.

A consistent message from the key informants was that geographical location of a school was a critical factor in school professionals' knowledge and provision of services for LGB youth. Often, the geographical location was cited as the reason LGB youth issues were not addressed in school settings. A school counselor educator noted, "I think the geographic factor is going to play a big role in the response to these questions." In addition, a school nurse stated, "Now, you have to understand the area that I live in is pretty conservative.

.” A school counselor educator commented,

“ . . . addressing these issues is very difficult in some communities, especially in the South.”

A school psychologist educator commented, “So you’ve got that kind of conservative view and oppressive view that we have in society . . . that school psychologists may face, especially in more conservative areas of the country.” However, the geographical locations may also be one reason why training on LGB youth issues exists in these schools. One school nurse administrator in the San Francisco Bay area noted that school nurses are “ . . . required to attend the special development course on meeting the needs of sexual minority youth.”

In addition to issues brought about by its geographical region in the nation, the school’s urban, rural, or suburban setting also appears to play a role in its acceptance of the need for prevention services for the LGB youth population. A school psychologist administrator noted, “At the local level, many more of the large community, urban/suburban areas have sort of grown up in the last 7 or 8 years and are addressing issues that they wouldn’t have touched 7 or 8 years ago.” A school social worker commented, “ . . . school social workers who work in more southern or rural areas . . . don’t have the same kind of access to information, workshops, and seminars that many of us in a more metropolitan area do.” A school nurse reflected on the experiences of school nurses in urban and rural areas and remarked, “. . . in the urban areas, they [school nurses] are more sophisticated and willing to accept it. I think students who have a different sexual preference in the smaller rural town are afraid to come out and of how it will affect them; how they will be looked upon.”

2. School counseling, health, and mental health professionals are hesitant to interact with LGB adolescents on health and other issues because of school policies, school climate, parental responsibility, or fear of losing their jobs.

In a similar vein, many of the participants pointed to external issues that led to fear in discussing health topics with LGB youth. A school social worker educator commented, “There is still not a lot of permission in the schools to talk about these issues. That’s what I hear and that’s what I feel.” A school psychologist noted, “. . . policy restrictions in the school system where it is forbidden to discuss these issues with students.” A school counselor educator commented, “. . . there is a great deal of fear if you even say you are working with students who are gay . . . you become suspect, and that is very frightening for some of the school counselors.” Another school counselor educator remarked, “. . . I think it’s a topic that just scares the hell out of a lot of folks that have been out there in the field working.” A school social worker noted, “I think there is fear from some of these school districts, well most of these school districts, frankly. Even the most liberal school districts weren’t really anxious to have us come in and talk about gay and lesbian issues.” A school psychologist administrator shared a story about a time when he advocated for a gay student: “It took a professional and personal toll on me. All of a sudden there were rumors about me that were flying everywhere. Whether they were true or not, it didn’t make a difference. Other administrators began to shun me. There were all these rumors thrown around which were pretty derogatory.” A school psychologist educator remarked, “The problem that I see is that in most cases, if a school psychologist were to be openly making those resources available to kids, even if it was when the kids asked, I think the school administration would come down on them hard and fast.” Another school social worker referenced school climate as a barrier, explaining, “Part of it is fear from both staff and students.”

Several participants also discussed specifically parents and parental roles in discussion of health issues. A school psychologist remarked that her peers often feel the LGB issue “. . . is out of the scope of their practice, and it is something that should be handled through the family. It is the family’s responsibility.” A school social work educator commented, “Parents can be very powerful in terms of what happens in the schools.” A school psychologist educator commented, “In our community, there would be a parent/church issue.” One school psychologist educator encouraged the involvement of families by asserting, “Families tend to breathe power into an activity.”

3. School based professionals are overextended in their caseloads and responsibilities, potentially preventing their provision of services to LGB youth or professionals learning new information about this population.

One of the consistent themes across all four professions—counseling, nursing, psychology, and social work—was that school professionals are often overloaded with responsibilities, which may prevent them from reaching out to hidden or invisible populations such as LGB youth. A school nurse noted, “I think the barriers are general barriers in that school nurses are spread relatively thin.” A school counselor remarked, “I know that school counselors are really overwhelmed with the caseloads they are expected to handle.” A school psychologist noted, “We have caseloads, and I say caseloads meaning the number of students in the school are such that it is hard to have ongoing therapeutic interventions for individual students and sometimes even to have consistent groups.” A school social worker commented, “I think that there is a great volume of work. I think that much of the time, many school social workers are focused upon mandated services—special ed services, for example—more so than doing individual counseling or prevention work.”

4. Identity as a LGB person or personal experience with a lesbian, gay, or bisexual individual positively influences school counseling, health, and mental health professionals' knowledge and interest in LGB adolescents' issues.

Several participants in this study identified themselves as gay, lesbian, or bisexual. Many other participants in this study noted the influence of a particular gay, lesbian, or bisexual individual in increasing their own understanding of and concern for issues related to LGB youth. The cited individuals included faculty members, professional peers, graduate students, children, and adolescents in their schools. A school nurse commented, “. . . most of my preparation for dealing with these issues . . . is because my own son is gay.” A school counselor educator commented, “The best experience I ever had was an awareness building exercise that one of my doctoral students did several years ago. She went on to become the president of our Association of Gay, Lesbian, and Bisexual Issues in the Counseling Division of ACA.” A school psychologist educator asserted, “Gay friends of mine have served as consultants to me when I have encountered kids and didn't know what to do.” A school counselor remarked, “I believe that it's only when an individual gay or lesbian student has emotionally touched the heart of a school counselor that that school counselor will start to take an interest.”

5. When school counseling, health, and mental health professionals signal their approachability, LGB adolescents may be more likely to access available services.

A few participants in the study shared their own strategies for being perceived as approachable by LGB youth, including their use of gender-neutral language. One school counselor shared, “. . . the educator or counselor positions himself in the school publicly and visibly [with] sensitivity to the issues, inviting a conversation.” A school psychologist asserted, “I think people who talk about issues of diversity and acceptance of diversity and tolerance for differences, I think that we are seen as individuals who are more accepting and understanding. Students will come to us for a variety of issues.”

6. School counseling, health, and mental health professionals have low comfort levels when interacting with LGB adolescents.

Many of the participants in this study described professionals' lack of comfort in interacting with LGB adolescents, particularly on topics related to health. One school counselor educator commented, "In general, my perception is that most of the school counselors who have been practicing out there for a while are not informed on this and have a very low comfort level in talking about it or even learning about it." Another school counselor educator asserted that school counselors ". . . didn't want to learn the skills or learn the knowledge [to serve LGB adolescents]. It's a very, very uncomfortable area for people." A school nurse administrator, when asked about the reasons why some nurses may interact positively with LGB youth, answered, "I think the primary variable is the comfort level of the nurse." She later added, "I don't think they [school nurses] would know how to engage the student in some of those dialogues." Another school nurse asked her peers about providing services and information about HIV and health topics to LGB youth and reported, ". . . they would not be comfortable dealing with this situation and would not address it even if they were approached." A school psychologist shared her experiences about being asked for referral information from her peers for students who were suspected of being LGB, and her response was, "The first thing I say to them is, 'have you had an opportunity to talk to the student?' [and the response is] 'I'm not comfortable with that.'" A school social worker shared her perspective on the type of training that was most needed by stating, "I think that the training they could use is learning how to speak to the kids and feel comfortable doing that and be viewed as safe people. I think when kids start talking to counselors who get very nervous by what they are saying, the kids aren't going to say a whole lot."

Interactions With LGB Youth

The second set of themes concerns the reported interactions between school counseling, health, and mental health professionals and LGB youth. These themes reflect issues such as frequency and length of interactions and typical conversation topics.

7. When school counseling, health, and mental health professionals serve LGB adolescents, the focus is on short-term interventions and referrals.

A consistent message from the participants regarding the provision of services to LGB adolescents is that the focus is primarily on assessment and referral. A school psychologist administrator asserted, “. . . you have got to be able to refer students.” A school nurse commented that her school’s policy mandated that “. . . school nurses would refer them to an agency that could speak to them more freely about the risk factors.” A school counselor described, “. . . assessing the risk and taking it from there—making referrals or whatever it might be.” A school psychologist shared her perspective that “. . . there were policy restrictions in the school system where it was forbidden to discuss these issues with students. I had to develop a cadre of professionals in the practice or community mental health sectors to whom I could refer students.” Many of these same participants noted the need to know about their local community agencies as appropriate places for referral. A school counselor educator noted, when asked where counselors could go to for information or referral, “Well, it’s out there. Where would they go? I think it depends on the individual. One place would be community resources.” A school counselor also noted a strategy “. . . to try and connect them [students] with the resources that are available within their communities.”

8. School professionals have infrequent, if any, interactions with LGB youth.

Several of the participants in the study noted low visibility and infrequent contact with LGB youth in school settings, and they often used the infrequent interaction as a justification for not pursuing training on issues related to this population. One school counselor remarked, “I don’t think . . . the typical school counselor has nearly the exposure to the students who are gay and lesbian as are [actually] prevalent in the typical high school.” A school nurse commented, “. . . there are not a lot of students [in my school] that have identified as being lesbian, gay, or bisexual.” Another school nurse reflected, “I’ve been in this area for the last 20 years, and in all those 20 years, I may have had the opportunity to work with two students who were gay.” A school psychologist educator asserted, “. . . you are going to find that lots of people really haven’t encountered any [LGB youth]. They may have kids in their schools, and may not know it.”

9. Optimal roles of school counseling, health, and mental health professionals when interacting with LGB students include being supportive and nonjudgmental advocates and educators.

When asked about the optimal roles of school counseling, health, and mental health professionals when working with LGB youth and their health concerns, participants most commonly referenced supportive and nonjudgmental attitudes. A school counselor said, “School counselors don’t have to be experts, but they do have to be willing to be helpful, supportive, and nonjudgmental.” A school nurse commented, “It’s acceptance,” while a school psychologist educator said, “. . . it’s a hard question to answer other than just being supportive. “ A school social worker remarked, “. . . it is important to be . . . open and supportive and receptive” and warned,

“. . . I think you can do a lot of damage to students by not being available . . . or being judgmental or critical.”

Most informants noted the importance of having accurate and appropriate information to give an LGB youth upon request. A school psychologist said, “. . . the proper role for the school psychologist is one where the psychologist has resources and information.” A school social worker educator, who answered that an optimal role of a school social worker is that of “an educator,” also warned that a poor response to an LGB student is “. . . not having correct information and not having an updated resource line.”

In addition to being an educator, another common optimal role cited by participants was that of an advocate. A school counselor educator responded, “It is a role that has an advocacy component to it . . . a role that helps people get the information they need.” Another school counselor educator responded, “. . . school counselors ought to have an impact on school policy around these issues,” and that “. . . school counselors ought to have appropriate materials and information to give to students.” One school social worker explained that her responsibility, when dealing with complicated issues around a bisexual student in her school, was, “. . . advocating for that child’s right to be.”

10. School counseling, health, and mental health professionals’ conversations with LGB youth focus on identity, coming-out, climate, and harassment and typically do not include topics related to risky health behaviors.

The school professionals interviewed for this study typically remarked that if they had engaged in conversations with LGB youth in the past, the covered topics were related to identity, coming out, and school climate/harassment. A school nurse had asked her peers about interactions with LGB adolescents and commented, “Their response to the question was that most of the students that they see on the high school level are struggling with identity and have not as yet identified themselves as gay or lesbian or bisexual.

”A school social worker commented, “My experiences with these students have been mainly because of an insult.” A school social work educator noted, “What I hear primarily is that any work with gay, lesbian, or bisexual students is often around their isolation and issues of harassment.” A school psychologist administrator reflected, “I haven’t seen the connection between GLB and HIV and STDs. They sort of have been treated differently—or distinctly.” A school psychologist educator commented, “I don’t think Massachusetts is linking so much HIV infection and STDs with gay and lesbian students. Mostly, they are concerned with their safety, that there are no violent behaviors toward gay and lesbian students, that they are safe in schools, and that they are not harassed.” Another school psychologist educator commented, “I am seeing [graduated] students come back and report more frank conversations about whether or not someone is gay, bisexual, or lesbian; but rarely do those conversations include anything about health risks.” A school counselor educator relayed a story about a graduated student who shared in class his experiences with a young man by stating, “The issue was identity development. He was also struggling with the fact that he had fundamentalist religious parents, so he was trying to deal with that. He didn’t ask for information on HIV and AIDS.” A school social work educator noted “I don’t think they [school social workers] are getting information specifically on HIV/AIDS and lesbian and gay youth.”

11. Worst case scenarios for school counseling, health, and mental health professionals' interactions with LGB youth include breaching of confidentiality, practicing reparative therapy, and/or providing incorrect information.

When asked to describe real or imagined worst-case scenarios of interactions between school professionals and LGB youth, many focused on the breaching of confidentiality. One school counselor educator remarked, "I think the worst case scenario is violating a young person's trust by breaking confidentiality. I think that's the worst case scenario." Another school counselor educator noted, "So I think the biggest harm a school counselor could inflict is to reveal something about a student who has come to the counselor in his or her role as a counselor . . . shares that he or she is gay, lesbian, or bisexual or even that he is struggling with it and have the counselor inappropriately share that [information] with other administrators or people with whom they shouldn't." Another school counselor shared an actual story in which confidentiality was breached. "Of course, within a matter of days, it had gotten around to the students and to everybody in the school, and the ostracizing of this student had begun to occur, and it was the school counselors who had started that," he remarked. A school psychologist educator shared examples of reparative therapy approaches gone awry by describing ". . . instances of our Colorado community where school psychologists were confronted with behaviors they thought were immoral. The psychologists became the churches, in essence, for these kids. They came down hard on what [they believed] was unethical and immoral and really sought to make public this child's 'sin' and to confront the child with it." A school nurse commented, "I think the worst horror story I have ever heard was when a colleague in an area very close to where I work felt that this was a sin and damnation. She tried to persuade the student how evil he was and that he should change his preference or he was going to be doomed to hell for all eternity."

Pre-Service and Continuing Education

The final set of themes concerns the academic and continuing professional preparation of school counseling, health, and mental health professionals on LGB youth and health. These themes include topics related to knowledge of HIV and adolescent sexuality development as well as overall availability or use of print resources and training events on LGB youth.

12. Many school counseling, health, and mental health professionals are not knowledgeable about the HIV virus and sexual health.

Most of the participants in this study, aside from school nurses, did not report themselves as proficient or knowledgeable about HIV and other physical health topics. A school counselor educator commented “. . . I think we also need to do more to help counselors understand what HIV is, how it progresses, and what some of the needs of treatment are today, which are very different from 5 years ago.” Another school counselor noted, “Safe sex is not something that I was ever taught in my graduate program to become certified in school counseling. I had to learn that.” Another school counselor commented, “I don’t know how qualified some school counselors feel when they get into areas of sexual health, certainly in decision making and in mental health. I think the whole HIV/AIDS/STD area . . . is not part of the traditional training for most counselors.” A school psychologist reflected, “Well, at present the training standards—and I think I am probably speaking for both psychologists and school psychologists—don’t mandate coverage of health issues generally.” A school social worker educator noted, “. . . it’s clear that despite how much we have talked about HIV infection, there are still misperceptions about HIV infection.”

13. School counseling, health, and mental health professionals are not generally well informed about adolescent sexuality development, particularly on topics related to LGB adolescents and LGB adolescents of color.

Many of the participants remarked that they did not feel proficient at understanding adolescent sexuality, especially LGB identity development or salient issues for LGB youth of color. A school counselor educator commented that school counselors “. . . should be able to understand the developmental needs of people in a diverse society . . . students are getting it, but I think that it is only in a very superficial way.” Another school counselor educator remarked, “. . . I think folks remain pretty ignorant of the developmental issues for LGB kids.” A school nurse reflected, “I think we lack knowledge and experience on these issues across the board.” A school psychologist educator remarked, “There was no training. I finished my coursework for my doctorate 20 years ago, so let’s put this into perspective. There was no training on gender identity at the time I left my training program—homosexuality was still considered a pathological condition in the DSM.”

School professionals reported having little or no information on the specific developmental issues and challenges for LGB adolescents of color. Most of the participants in this study did not remember receiving any information on this group. One school social work educator noted, “The idea that they [students of color] could also be lesbian or gay is almost a foreign one.” A school counselor educator noted “I think you [complicate] the issues in the counseling relationship when you add [the issues of color and sexual orientation] as well.” Another school counselor educator remarked, “There’s a major gap, because we haven’t seen a real intersection in most programs of ethnic diversity and sexual orientation.”

14. Accreditation and standards of practice are areas of opportunity in which to build the knowledge levels of school counseling, health, and mental health professionals on LGB youth issues.

Several of the participants in this study expressed an interest in exploring the use of accreditation procedures and professional standards development to mandate professional preparation and training on effective provision of services to LGB adolescents in school settings. One school psychologist educator commented, “I don’t think we do enough for these children. I think you have to use some teeth. I think you have to go to the Committee on Accreditation.” A school social worker educator felt that Massachusetts could be a model because in that state, “. . . before a teacher or professional gets certified, they have to have some work on lesbian and gay issues with kids.”

15. School counseling, health, and mental health professionals with expertise in LGB issues expressed disappointment with attendance at conference sessions and workshops on LGB issues. School counseling, health, and mental health professionals without expertise had various perspectives on the frequency of programs being offered through local and national conferences.

Several of the participants in the study had professional expertise in the topics of LGB youth and health issues. All of these individuals expressed frustration about the lack of attendance at workshops and training presented as professional development opportunities at regional and national conferences. One school counselor asserted, “Either few or no people show up to the presentation.” A school counselor educator shared, “At one of our conferences, we had two people—this was a state conference. Only two people came. My heart goes numb; the topic was the school

counselor and HIV, and we had two people come. I was upset with that.” Several participants in the study felt that these types of workshops were analogous to “preaching to the choir.” A few participants in the study believed that more programs are now being offered on the topics of LGB youth. For example, a school counselor educator commented “I would say that in the last 5 years there has been a 100% increase at all three levels—state, regional, and national—in programming related to gay, lesbian, and bisexual issues in counseling.”

However, many pointed to a disinterest or a continuing deficit of training opportunities. A school counselor noted, “I don’t think there would be the intensive workshop information that they [school counselors] would need to really be effective and sensitive when working with that particular population.” A school nurse noted, “I think that nurses, school nurses, especially, have not had the opportunity to attend any specific sessions on sexual orientation and on how to deal with these students and counseling aspects and referral sources.” A social worker educator commented, “I don’t think they [school social workers] are getting information specifically on HIV/AIDS and lesbian and gay youth.”

16. If LGB issues are addressed in academic coursework for professional preparation, they are incorporated into diversity and multiculturalism class topics; inclusion of the topic may be more frequent within the last few years.

The participants in the assessment believed that if issues related to LGB youth are currently included in course or training curricula for school professionals, they are infused into existing multicultural or diversity classes. “Stand-alone” courses on LGB youth are rare or nonexistent. A school counselor educator commented, “I don’t think you would find many courses in peoples’ graduate training, like a 3-credit hour course, on LGB adolescents.”

Another school counselor educator noted, “Now what we do in our training program is we try very hard to raise these issues in a sensitive manner around multiculturalism and diversity.”

A third school counselor educator pointed out, “It’s not something by and large that most counseling education programs spend a lot of time helping students deal with. It’s generally covered in our diverse populations or multicultural counseling or cross-cultural counseling course in our training program.” However, the inclusion of any reference to LGB topics appears to be a recent phenomenon. A school psychologist administrator noted, “School psychologists, especially ones trained in the last 10 years or so, have a better understanding.” A school social worker commented, “I think part of it is dependent upon when you did your graduate work.” School nurses responded that inclusion of LGB topics was “. . . pretty minimal . . . nothing happening,” and one school nurse described a summer-long course with many issues and hot topics “. . . but not once was there anything related to LGB youth or health care issues brought up.”

17. Periodic availability of information on LGB youth issues is perceived in specific professional journals and newsletters.

A few of the participants in this study cited reading information about LGB youth and health in their professional journals and newsletters. One school counselor recalled, “. . . a couple of the ASCA newsletters . . . really focused in on this population, and there were lots of written articles in the ASCA Counselor.” A school psychologist educator remarked, “There have been some *Communiqué* newsletter articles.” A school psychologist administrator noted, “. . . most of the information that school psychologists are going to get is going to be from . . . publications, articles that might appear in the *APA Monitor on Psychology* or the *School Psych Monitor*, which are going to be very limited in terms of coverage.”

Conclusion

Lesbian, gay, and bisexual adolescents are at high risk for a variety of health and mental health issues, including HIV infection, other STDs, depression, and suicidal ideation. In a coordinated school health model approach, school counseling, health, and mental health professionals play a critical role in helping to provide appropriate information and support to adolescents in order to prevent risky health behaviors and promote overall development (Allensworth & Kolbe, 1987). However, the themes emerging out of these interviews with 23 key informants indicate that many school counseling, health, and mental health professionals are currently not able to meet the salient health needs of LGB adolescents within secondary school settings.

Specifically, school counselors, nurses, psychologists, and social workers appear to lack the professional preparation needed to understand the developmental tasks and health risks LGB youth face. This lack of preparation appears to be more pronounced on topics related to LGB youth of color. Many of these professionals anticipated feeling uncomfortable when interacting with LGB adolescents, if such interactions were to take place. Although school counseling, health, and mental health professionals may understand the importance of serving LGB youth on topics of health, they appear to be limited in service delivery by several factors, including:

- LGB youths' perception of professionals' approachability;
- Caseloads;
- Fear of school, parental, and/or community opposition; and

The belief that the appropriate response is to refer these youth to agencies outside of the school.

Future professional development experiences for these professionals will need to take these factors into account. Increasing the self-efficacy of school counseling, health, and mental health professionals to prevent risky health behaviors and promote healthy outcomes in LGB youth will be a complex task, but it will be worth the effort.

Appendix A: Interview Protocol

Introduction

To fully understand the particular needs of school-based counseling, psychological, social work, and health services professionals regarding gay, lesbian, and bisexual adolescents and adolescents who engage in or desire same-sex sexual behavior, we are conducting interviews with particular individuals who have been identified as sources of information for their professional field. The interview consists of 10 to 15 questions and should take approximately 60 minutes. The information you provide will be used to create a questionnaire to gather data on the existing needs, including information on the prevention of health-risk behaviors, of school-based helping professionals in serving lesbian, gay, and bisexual youth and other young people who engage in or desire same-sex sexual behavior.

Interview

(To be supplemented with appropriate “probing questions,” such as “What are some examples? How large is that hurdle? What changes have taken place in that area?”)

1. Have you in your work as a school _____ ever been confronted by lesbian, gay or bisexual (LGB) students and their risks for HIV infection, sexually transmitted diseases (STDs), or other health and mental health problems? Tell me about your experience with these students.
2. Are your experiences typical? Has the typical school _____ ever been confronted by LGB students and their risks for HIV infection, STDs, or other health and mental health problems? What would their experiences be like?

3. What would you think would be the optimal response on the part of school _____ when confronted by LGB students and their risks for HIV infection, STDs, or other health and mental health problems? What are the roles they might play?
4. In what ways are you aware of school _____ responding poorly in those situations? What are the worst possible outcomes you could expect when school _____ are confronted by LGB students and their risks for HIV infection, STDS, or other health and mental health problems?
5. What knowledge gaps do you believe currently exist for school _____ in understanding the experiences and developmental issues of LGB adolescents, particularly related to HIV infection and other health and mental health problems? What about knowledge gaps regarding these same topics for youth in communities of color who are also LGB?
6. What is the availability of information to school _____ for incorporating issues related to lesbian, gay, and bisexual adolescents into existing programs offered in school-based settings? Where do school _____ get this type of information?

7. What professional training have you had that prepared you to respond when providing information or services to LGB students, including the topics of HIV infection, STDs, or other health and mental health problems?

8. Are your training experiences typical? Has the typical school _____ received professional training to prepare her or him to respond when providing information or services to LGB students, including the topics of HIV infections, STDs, or other health and mental health problems?

9. What is the current availability on these types of issues through Continuing Education offered by national associations? Through professional development opportunities in SEAs or LEAs? Through graduate education and professional preparation programs?

Appendix B: References

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