School Psychologists’ Training and Practice Regarding Sexual and/or Gender Minority Students

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SCHOOL PSYCHOLOGISTS’ TRAINING AND PRACTICE REGARDING SEXUAL AND/OR GENDER MINORITY STUDENTS

A dissertation submitted in partial fulfillment of the requirements for the degree of

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ABSTRACT

SCHOOL PSYCHOLOGISTS’ TRAINING AND PRACTICE REGARDING SEXUAL AND/OR GENDER MINORITY STUDENTS

Asley Hicks

As sexual and/or gender minority (SGM) youth are at-risk for discrimination and mental health problems, the purposes of this study were to document the state of SGM-related training and professional development for school psychologists, understand school psychologists’ engagement in SGM-related activities, and gain insight into barriers to engagement in those activities. Three data sources were analyzed: 145 syllabi from 35 school psychology graduate programs; 1,905 presentations from ten years of National Association of School Psychologists (NASP) annual conventions; and survey data from 205 school psychologists. SGM content was appropriately represented at NASP but not in graduate education. Most survey respondents reported that hypothesized barriers had limited impact upon their engagement in SGM-related activities; however, most also reported spending very little time engaged in SGM-related activities. Relationships between demographic variables, time in training, comfort with engaging in SGM-related activities, and time engaged in SGM-related activities were analyzed. Implications for researchers, trainers, and practitioners are discussed.
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CHAPTER 1

Introduction

The term sexual and/or gender minority (SGM) can be used to refer to people who identify as lesbian, gay, bisexual, transgender, queer, any terms subsumed under the aforementioned descriptors (e.g., non-binary or pansexual), and/or any culturally bound identity that does not fit into Western conceptualizations of gender and sexual orientation (e.g., the pan-Amerindian identity two-spirit). SGM youth may experience discrimination and are more likely to suffer from depression, suicidal ideation, social isolation, substance abuse, and school avoidance than non-SGM peers (Hackimer & Proctor, 2015). These negative outcomes do not disappear in adulthood. SGM adults demonstrate higher prevalence rates of depression, anxiety, posttraumatic stress disorder (PTSD), alcohol abuse, and suicide attempts (Russell & Fish, 2016). Many SGM adults report first experiencing symptoms of these conditions in childhood (Russell & Fish, 2016).

The school setting is particularly rife with opportunities for discrimination against SGM students. School psychologists are ethically bound to remedy this problem by “cultivat[ing] school climates that are safe and welcoming to all persons” of any “gender, sexual orientation, gender identity, [or] gender expression” (National Association of School Psychologists [NASP], 2010, p. 5). Thus, school psychologists are obligated to address aspects of school culture that may alienate or discriminate against SGM students.

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1 The term SGM is largely synonymous with the LGBTQ (lesbian, gay, bisexual, transgender, and queer) acronym. SGM is used here instead to include identities that are not explicitly named in the LGBTQ acronym. The term SGM will be used when discussing research that includes, at minimum, participants described as LGBT. When researchers only include parts of this population in their participant pool, that will be specified (e.g., LGB).
and lead to negative mental health outcomes. The purposes of this study are to: 1) document the state of SGM-related graduate training and professional development for school psychologists, 2) understand how practicing school psychologists are engaging in SGM-related activities, and 3) gain insight into barriers preventing school psychologists from engaging in SGM-related activities.
CHAPTER 2

Literature Review

The relationship between SGM status and a higher rate of mental health problems can be explained using Meyer’s (1995; 2003) minority stress model. Stress is caused when a problem taxes a person’s ability to cope and can lead to psychological or physical symptoms (Dohrenwend, 2000). Stress can result from personal struggles (e.g., the dissolution of a relationship) or social issues (e.g., discrimination; Meyer, 2003). Members of groups that face discrimination, such as those with SGM status, may have increased stress levels as they must navigate personal and social stressors (Meyer, 2003). There is an incremental effect for those with multiple minority status, such as SGM individuals of color (Cyrus, 2017). Some examples of minority stress include discrimination, expectations of rejection, and internalization of negative societal attitudes (Kelleher, 2009). While Meyer’s (1995; 2003) research has focused on LGB people, evidence suggests that transgender individuals also experience minority stress (Tebbe & Moradi, 2016).

SGM youth experience much of this minority stress in schools. According to GLSEN’s most recent National School Climate Survey, in which over 10,000 SGM high school students were surveyed, 70.8% had been verbally harassed based on their sexual orientation and 54.5% had been verbally harassed based on their gender expression (Kosciw et al., 2016). Nearly a quarter of these students reported that this harassment occurred often or frequently (Kosciw et al., 2016). SGM youth have reported that they experience bullying online as well, which can negatively impact their psychological, emotional, behavioral, and academic functioning (Abreu & Kenney, 2018). School staff
have reported witnessing microaggressions in which the perpetrator (either student or staff) may not mean harm but communicates a negative message to SGM students (McCabe et al., 2013). These events contribute to the experience of minority stress for SGM students.

Thus, it is important to identify protective factors for SGM youth. Social support, for example, can mediate the impact of psychological distress for LGB students experiencing homophobic bullying. When social support for bullied individuals is low, the emotional impact of bullying increases and is more likely to lead to negative outcomes, such as suicidal ideation and academic problems (António & Moleiro, 2015). The authors of a longitudinal study demonstrated that even when controlling for levels of victimization, low levels of social support were associated with high levels of psychological distress for SGM adolescents (McConnell et al., 2016). With high levels of minority stress, SGM youth need social support. Unfortunately, an SGM identity can, in itself, be a risk factor for social isolation (Hackimer & Proctor, 2015). Additionally, because SGM people are a less visible minority, SGM youth may struggle to find SGM-identified role models or peers. Thus, it may be difficult for SGM youth to access to a much-needed social support system of peers or adults without interventions from school staff that enhance school climate and provide individual support to SGM students when needed.

**Graduate Training and Professional Development**

The aforementioned risks associated with an SGM identity indicate that the well-being of SGM students should be a major focus of school psychology graduate training and professional development. For the most impact, diversity training should include
recommendations for enhancing school climate at the institutional level as well as instruction in affirmative models of individual treatment (Newell et al., 2010). Therefore, it is important to understand the type and amount of graduate training and professional development that school mental health professionals receive related to working with the SGM population.

The majority of a sample of clinical psychologists working for the Veterans Health Administration (VHA) reported that they received only one or fewer class periods of instruction on SGM-related issues and had not sought out substantial postgraduate training in this area (Johnson & Federman, 2014). Despite a lack of training, 84% of these clinicians believed they were competent to treat LGB individuals (Johnson & Federman, 2014). Only 36% believed they were competent to treat transgender individuals (Johnson & Federman, 2014). Therefore, clinicians at the VHA were likely providing services to SGM individuals despite minimal training. Some may not have even been aware of their lack of competency, especially given their perceived confidence in treating LGB individuals.

Researchers who conducted a study with school psychology graduate students and practicing school psychologists indicated similar cause for concern; while participants largely held positive attitudes towards SGM students, they self-reported only moderate preparedness to work with them (Arora et al., 2016). Participants who reported seeking out or receiving education about working with SGM students displayed higher levels of knowledge regarding SGM history, symbols, and community organizations, as well as higher feelings of preparedness to work with SGM students (Arora et al., 2016). The results of another national survey of school counselors, school psychologists, and school
social workers found that more time spent in graduate training or professional
development learning about SGM issues predicted more time spent in SGM-related
practice and higher self-reported levels of self-efficacy (Kull et al., 2017). The authors
found that professional development had a greater impact on practitioners’ self-reported
practice activities and self-efficacy compared to graduate education (Kull et al., 2017).

Thus, with varying levels of self-perceived competency, many mental health
professionals are working with SGM individuals without having had comprehensive
training. This is not in accordance with NASP’s ethics code, which states that school
psychologists must practice activities for which they are “qualified and competent” and
urges practitioners to seek understanding of diverse clients when that understanding is
required for competent service delivery (NASP, 2010, p. 6). While it is clear that school
psychologists do not receive enough education regarding SGM youth, there are some
gaps in the literature on training programs and professional development. For instance,
data has only been collected using self-report thus far, without a large-scale examination
of graduate courses and professional development offerings. This study helps close the
gap in the literature by examining current graduate syllabi and ten years of programs
from NASP’s annual conventions.

**Professional Activities of School Psychologists**

With regard to how school psychologists can best serve their SGM students, a
number of recommendations for increasing institutional, staff, and student support for
SGM youth have been offered and/or researched. Some differ based on the age and needs
of specific student populations, as well as their scope (e.g., indirect versus direct,
universal versus individual interventions), but all could be incorporated into training for
school psychologists. A sentiment echoed in both the psychology and education literatures is crucial for the implementation of any of these recommendations. Brief, standalone interventions are not effective; rather, it is the ongoing, active elimination of stigma and discrimination from the environment at both the individual and institutional levels that leads to sustained changes in school climate (Dessel, 2010; Martino & Cumming-Potvin, 2016). The following is a brief synthesis of some of the recommendations found in the literature, as well as evidence of their positive effects on SGM students where available. The purpose of detailing these activities is both to argue for their importance as well as provide an introduction to the professional activities school psychologists were surveyed about as part of the current study.

First, school psychologists can indirectly create change by advocating for the inclusion of SGM themes in the curricula at all grade-levels. For young children, there are many books that can introduce topics such as diverse families and gender expression in the form of guided readings. Two of the most popular are *And Tango Makes Three* (Richardson et al., 2015), a true story of two male penguins who raised a chick together in the Central Park Zoo, and *I Am Jazz* (Herthel et al., 2014), the autobiography of a young transgender girl. While some educators believe that elementary school is too young for children to learn about SGM topics (Beck et al., 2017), many SGM adults report being aware in early childhood that they experienced gender non-conforming attraction (Elliott & Brantley, 1997) or desired to present as a gender other than the one they were assigned at birth (Olson & Gülgöz, 2018). Thus, many young children who may identify as SGM later are already thinking about sexual orientation and gender
identity in a developmentally appropriate way. These students need support, even if they may not be fully aware of or open about their SGM identity until years later.

There is growing support for the benefits of media intervention for both SGM and non-SGM youth. SGM individuals have reported that positive media representation has supported them through identity development and the coming out process, helped them find community, and provided sources of pride, inspiration, and hope (Craig et al., 2015; Gomillion & Giuliano, 2011). Positive representations of transgender or gender-variant youth are extremely important, as these characters are rare and have historically been portrayed negatively (Kelso, 2015). The use of media in tandem with classroom discussion of SGM experiences may also reduce non-SGM students’ bias against SGM youth. There is more research on the reduction of racial bias than anti-SGM bias in the literature, but the former has found some success using media interventions with elementary schoolers (Aboud et al., 2012), especially with older children (Johnson & Aboud, 2017). Media, especially books, have been successful in temporarily reducing gender role stereotyping and increasing gender egalitarianism, which are both related to anti-SGM sentiment (Cramwinckel et al., 2018). Although there is a dearth of quantitative research in this area with SGM populations, the few studies that exist are promising, as are the qualitative experiences of teachers who utilize SGM-related media interventions (Blackburn et al., 2016; Martino & Cumming-Potvin, 2016).

With regard to older students, only 22.4% of a national sample of SGM students 13 and older report having SGM-inclusive curricula in their schools (Kosciw et al., 2016). Often, this is in the form of standalone lessons in social sciences and humanities classes (Snapp et al., 2015). Some students (17.9%) are even taught negative attitudes
regarding SGM people (Kosciw et al., 2016). For example, in the six states where “no promo homo” laws are in effect, sex educators are prohibited from discussing homosexuality in a positive light; some are even required to tell students that “homosexuality is not a lifestyle acceptable to the general public” (GLSEN, 2019). Even in states without these laws, most federally approved health education programs do not include information about SGM-specific sexual health, despite SGM youth, especially SGM youth of color, being more likely to engage in risky sexual behaviors than non-SGM youth (Boyce et al., 2018). Although no promo homo laws are specific to sex education, schools often misinterpret or misrepresent their scope and apply them to all classes (GLSEN, 2018).

SGM students in schools with SGM-inclusive curricula hear less verbal harassment based on sexual orientation or gender and feel safer at school (Kosciw et al., 2016), which indicates that school psychologists have an obligation to advocate for SGM-inclusive curricula. In states with no promo homo laws, advocacy may include working to repeal these laws or disseminating information on why and how the school should teach SGM topics without breaking the law (GLSEN, 2018). In states without no promo homo laws, advocacy may mean gathering support to make SGM-inclusive curricular changes. It has been recommended that teachers disrupt normative assumptions about gender and sexuality wherever possible, because standalone lessons may not be enough to benefit students (Kedley, 2015). To do this, teachers can modify lessons they already teach. For example, social studies teachers can include the often-ignored stories of SGM people when they teach about the Holocaust or civil rights movements (Maguth & Taylor, 2014; Snapp et al., 2015). Language arts classes may have guided discussions
of books that explore identity and the experiences of SGM individuals (Kedley, 2015). Health classes can integrate units on gender identity and expression into the curriculum, as is required in Washington state (Office of Superintendent of Public Instruction, 2016). These suggestions are, of course, by no means exhaustive. Special attention should be paid to the representation of SGM people of color and transgender individuals, as these groups face marginalization even within the SGM community (Cyrus, 2017; Morrison, 2010).

School psychologists can also make sure that their schools provide protections for SGM students with bullying policies that stipulate clear procedures for school staff and consequences for perpetrators. A national survey of school psychologists, school counselors, and teachers found that while 90% of those surveyed had witnessed the harassment of SGM students, only 30% had intervened (Dragowski et al., 2016). Therefore, educators may require support to effectively respond to microaggressions. These changes are crucial, as SGM students in schools with SGM-specific bullying policies are less likely to feel unsafe or experience verbal or physical harassment, compared to SGM students in schools without bullying policies or with bullying policies that do not specifically name SGM-related bullying (Kull et al., 2016). It is important to include protections based on gender identity in these policies as well, as transgender students are under-researched, underserved (Heck et al., 2017), and often not provided with protections, even when schools institute penalties for sexual orientation-related bullying (Kull et al., 2016).

Beyond interpersonal discrimination, it is also important for schools to write policies regarding safety and fair treatment for transgender students. The Department of
Justice released guidance indicating that schools are required to take certain actions, such as using names and pronouns that match a student’s stated gender and providing access to some gender-specific spaces (such as bathrooms and locker rooms) and activities that align with a student’s stated gender. Otherwise, schools are out of compliance with Title IX of the Education Amendments of 1972, which prohibits sex discrimination in educational programs receiving federal funding (Lhamon & Gupta, 2016).

With regard to direct activities, school psychologists can create or advise a school club for SGM students and allies. These clubs have historically been referred to as Gay-Straight Alliances (GSAs), but many have changed their titles to Gender and Sexuality Alliances (GSAs), Pride Clubs, or other names that communicate inclusivity for all types of students (Chong et al., 2018). These clubs allow students to assume leadership roles in advocacy for SGM individuals. They can also be important social opportunities for students who may otherwise experience social isolation (Chong et al., 2018). For LGB students, membership in solidarity groups has been linked to higher levels of school, peer, and teacher connectedness; in turn, peer connectedness is related to lower levels of depressive symptoms (McLaren et al., 2015). For SGM students, GSAs have been linked to higher engagement in school (Seelman et al., 2015) and increased young adult psychosocial well-being and educational attainment (Toomey et al., 2011). However, research suggests that it is not enough to have a GSA. In order to significantly increase SGM students’ commitment to, sense of belonging in, and productivity during school, a GSA must be large, visible, well-supported, and active (Seelman et al., 2015). Finally, GSAs are important for non-SGM students too; the development of active, stable alliances between SGM and non-SGM individuals may be one of the best ways to reduce
SGM prejudice (Cramwinckel et al., 2018). School psychologists, as advocates for the well-being of their students, are in a perfect position to support the growth of successful GSAs.

Finally, practitioners can tailor counseling interventions to SGM students by approaching treatment from an SGM-affirmative framework. For example, Alessi (2014) detailed a two-pronged approach to assessment and case conceptualization for LGB clients based on Meyer’s (2003) minority stress model and Hatzenbuelher’s (2009) psychological mediation model. In Alessi’s (2014) model, aspects of a client’s minority stress are explored, including prejudice events, stigma, internalized discrimination, and identity concealment (Meyer, 2003). Next, psychological processes that can be compromised by minority stress, including coping abilities, social support, and maladaptive cognitive schema, are assessed (Hatzenbuelher, 2009). Considering group and individual factors that may have a bidirectional relationship leads to a fuller case conceptualization for LGB individuals (Alessi, 2014). Although transgender individuals were not explicitly included in this model, it can be applied to them as well given that the transgender population also experiences the negative effects of minority stress.

There is growing evidence that “gay-specific” adaptations of evidence-based treatments are successful with LGB clients (O’Shaughnessy & Speir, 2018). Only four efficacy studies of “gay affirmative” therapy were conducted between 2000 and 2015, but all demonstrated positive effects (O’Shaughnessy & Speir, 2018). For example, the Effective Skills to Empower Effective Men (ESTEEM) program, based on the Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders (Barlow et al., 2010), includes strategies to reduce minority stress and has demonstrated reductions in
depressive symptoms, alcohol use problems, sexual compulsivity, and casual condom-
less sex in gay and bisexual men (Pachankis et al., 2015). Unfortunately, there is much
less research focusing on women, children and adolescents, and transgender individuals
(O’Shaughnessy & Speir, 2018). The one study that assessed the efficacy of a resilience
intervention with SGM adolescents reported small but positive effects (Craig et al.,
2014). A model for transgender-affirming cognitive behavior therapy (TA-CBT) has been
presented but not studied; its creators advocate for CBT that explores the relationships
between anti-transgender attitudes and behaviors, the client’s stress, and the client’s
social relationships (Austin & Craig, 2015). It also includes a focus on building identity-
affirming social relationships (Austin & Craig, 2015). While SGM-specific therapy and
counseling interventions are still being developed and have yet to demonstrate robust
effectiveness, preliminary research suggests that it can be beneficial to assess and treat
issues related to minority stress within an established, evidence-based framework.

These are just some of the many ways in which school psychologists can support
SGM youth. It is currently unclear whether school psychologists are engaging in these
activities in their work. This study endeavors to clarify the current state of practice.

**Barriers to Participation in SGM-Related Activities**

When planning to make institutional changes in an educational setting, it is
important to troubleshoot potential barriers. These may emanate from the school
psychologist, from external forces, or both. Research is limited but has described some
barriers to engaging in SGM-related activities in schools. School staff have repeatedly
cited a perceived lack of training and unsupportive administrations as barriers to
addressing anti-SGM bullying or including SGM topics in the classroom (Fredman et al.,
Other reported barriers include students’ hesitancy to report bullying to school staff due to discomfort with disclosing their SGM status (O’Donoghue & Guerin, 2017), lack of community support, fear of negative parent reactions (Meyer, 2008), fear of negative social repercussions or losing a job (Fredman et al., 2015), and perceived lack of authority (McCabe & Rubinson, 2008).

This research is informative; however, most of it had small sample sizes, was qualitative, was not specific to school psychologists, and/or was conducted outside of the United States. To provide recommendations on how to rectify the barriers American school psychologists face, the current study sought quantitative information from a large, nationally representative sample of school psychologists.
CHAPTER 3

Hypotheses

Although self-report research explores the amount of training that school psychologists report in working with SGM youth, there does not appear to be any research that examines the SGM-related training currently offered to graduate students or conference attendees. Further, there are many suggestions for working with SGM youth, but no studies have determined how much time school psychologists spend engaging in SGM-related activities students or what they are doing when they engage. Finally, there is no large-scale research assessing barriers that prevent school psychologists from engaging in SGM-related activities. Therefore, the purpose of this research is to quantify SGM-related learning opportunities for school psychologists using multiple methods, document school psychologists’ engagement in SGM-related activities, and explore barriers school psychologists face to that engagement. Based on the current state of research, hypotheses are as follows:

1. There will be fewer SGM-related learning opportunities for school psychologists compared to the opportunities available to learn about comparison populations, based on the contents of graduate syllabi and NASP programs. Syllabi and programs will be examined separately.

2. The proportion of SGM content relative to overall content at the NASP annual convention will have increased over ten years, as the visibility of SGM youth’s needs have increased.
3. Based on self-report, there will be a positive relationship between the amount of training a school psychologist has received and their feelings of comfort in engaging in specific SGM-related activities.

4. Based on self-report, the amount of time that school psychologists spend working with the SGM population in their schools will be less than the time they spend working with comparison populations.

Finally, exploratory analyses will be performed to 1) determine whether relationships exist between demographic variables, training variables, and time spent in SGM-related activities; and 2) quantitatively describe barriers school psychologists face in engaging in SGM-related activities.
CHAPTER 4

Method

Design and Procedure

Before data collection began, approval was sought from and granted by the St. John’s University Institutional Review Board (IRB). Data regarding the training and practice of school psychologists regarding SGM youth was collected from three sources: current syllabi from school psychology training programs, ten years of NASP’s annual convention programs, and a survey of school psychologists.

In order to contextualize data regarding SGM youth, data from other groups was also collected. Three of the comparison groups were clinical populations that occur in the overall student population with less, similar, or more frequency than SGM youth. It is important to note that the comparison of SGM youth to populations with clinical diagnoses is not meant to pathologize SGM students; it is meant to indicate that SGM youth are a group that need institutional and clinical support based on their minority status, which often leads to negative mental health outcomes. The estimated prevalence of SGM youth based on recent studies of adolescents (including respondents who reported being “unsure” of their sexual or gender identity), is roughly 8.7–13.9% (Herman et al., 2017; Kann et al., 2016; Rider et al., 2018). It should be noted that these studies analyzed the prevalence of LGB and transgender adolescents separately, meaning that the actual prevalence rate may be slightly lower due to a failure to account for individuals who are both LGB and transgender. The clinical comparison populations, as well as their estimated prevalence rates in American children and adolescents are: youth with bipolar disorders (low prevalence: 1.8%; Birmaher, 2013), youth with attention-
deficit/hyperactivity disorder (ADHD; similar prevalence: 8.4%; Danielson, 2018), and youth with anxiety disorders (high prevalence: 10.6–16.1%; Beesdo et al., 2009).

The other comparison populations were chosen because, similar to SGM youth, they are minority groups who experience minority stress. These are youth who are racially or ethnically diverse (defined here as not being solely of European American heritage) and youth who are from low-income families (a measurable statistic used here to tap into the broader classification of low socio-economic status, which is defined as having generally low levels of income, educational attainment, occupational prestige, and perceived social status; American Psychological Association [APA], n.d.). The national prevalence rates of racial/ethnic minority and low-income children in public schools are 50% (Musu-Gillette et al., 2017) and 44% (Jiang et al., 2015), respectively, although prevalence rates vary by location.

As a general note, reliability was ensured for all aspects of syllabus and conference program data collection. The principal researcher collected and recorded all data separately but simultaneously with psychology student research assistants. Any inconsistencies were discussed between the principal researcher and research assistants until a consensus was reached. This ensured that only accurate data was entered into the final dataset and, at the same time, allowed the principal researcher to provide corrective feedback to research assistants as they continued their data collection.

Syllabi

The first source of data was current syllabi from courses in which school psychology trainees may learn about SGM students. Research assistants were trained to use course descriptions to identify appropriate courses from 246 degree programs (both
specialist- and doctoral-level) at all 193 college and university campuses that offer a NASP-approved degree in school psychology. Course inclusion criteria were that a course had a primary focus on diversity, psychopathology, social/emotional/behavioral assessment, and/or social/emotional/behavioral interventions.

After identifying the courses, research assistants emailed the school psychology program director at each college and university using a solicitation script (see Appendix A) that provided information about the study, a link to a consent form (see Appendix B), a list of courses identified as appropriate for the study, and a request to provide the 2018 syllabi for those courses. Program directors were asked to include all versions of a course’s syllabi if the course was taught at different campuses, by different professors, or contained different content depending on the students in the course (i.e., specialist- versus doctoral-level students). To reduce bias, neither the email nor the consent form revealed that the focus of the study was SGM youth. Research assistants made three contact attempts for each college and university, with at least one week between attempts.

The principal researcher de-identified the syllabi upon receiving them so that the data collected was not associated with the names of the programs it came from. Research assistants were trained to code the de-identified syllabi for learning opportunities relating to social, emotional, or behavioral assessment or intervention for the target populations using specific search terms (see Appendix C). If a learning opportunity had a dual focus (for example, anxiety in SGM youth), it would be coded under both categories. To maximize efficiency and accuracy, search terms were located within digital versions of each syllabus using the computer’s search function. Research assistants recorded the number of lectures, readings, and assignments that included any of the target populations
(see Appendix D). It should be noted that there were some learning opportunities that had a general diversity focus but did not name any one population specifically. These learning opportunities were coded under a catchall “diversity” category, given that the information within could be applicable to SGM, racial/ethnic minority, or low-income populations. For example, one course had a lecture titled “Social Justice and School Mental Health.” It is not clear which populations were discussed in the class, but the likelihood that at least one of the target minority groups would be included in that lecture is high.

**Conference Programming**

The second data source was the past ten years of NASP’s convention programs. Research assistants were trained to identify learning opportunities relating to social, emotional, or behavioral assessment or intervention for the target populations (as well as diverse populations in general, as described above). They coded the data (see Appendix E) using the same search terms (see Appendix C) and procedures that were used for coding the syllabi.

It should be noted that data from the past ten years of APA’s annual conventions were originally going to be included. However, APA was removed from data collection for two reasons. First, the quickest and most accurate method of data collection was using a computer’s search function to find every instance of each search term within the digital versions of the conference programs. This eliminated the time-consuming need to read each page and the potential human error of overlooking search terms. NASP provided the principal researcher with PDF versions of the conference programs, but multiple requests to APA for PDF programs went either unanswered or denied. Second, NASP programs include a brief description of each presentation, which greatly increased the accuracy of
data collection. In many cases, a description included search terms that made it clear the presentation was about a target group when it had not at all been clear from the title. APA programs only include titles. Therefore, data collected from APA would be not be directly comparable to data collected from NASP, nor would it be an accurate portrayal of APA programming overall. Due to the amount of time and effort that would be required to collect data that would ultimately be of limited accuracy or use, the principal researcher decided to exclude APA programs from data collection.

Survey

The third data source was a survey of practicing school psychologists. In an attempt to collect a nationally representative sample, the principal researcher requested distribution of the survey description (Appendix F) via member or alumni listservs from 50 state psychology organizations, 50 state school psychology organizations, and all 193 colleges and universities in the United States that offer NASP-approved degrees in school psychology. The principal researcher made three contact attempts for each listserv, with at least a week between attempts. Organizations that required payment or membership to distribute the survey invitation to other members were not pursued.

The survey description included a link to the consent form (see Appendix G) and subsequent survey (see Appendix H). Participants were asked to complete a four-part, 20-30-minute Qualtrics survey. They were offered the opportunity to enter a drawing to win one of twenty $25 Amazon gift cards following completion of the survey. Again, the survey materials were purposely vague to eliminate bias that might have occurred if the SGM focus was stated outright.
First, the survey collected participants’ demographic information. Second, participants were asked to record how many hours they spent during graduate training and at professional development over the last five years learning about each population. Third, the survey asked participants how many hours per month on average they spend engaged in activities related to each population. The last part of the survey asked participants to answer questions about a “randomly selected” population (in reality, it was always SGM students), to continue to conceal the survey’s SGM focus and avoid bias. Participants were presented with a list of SGM-related activities and asked to check off activities they had engaged in as well as indicate how comfortable they felt engaging in those activities. Then, they rated the impact of hypothesized barriers upon their engagement in SGM-related activities. Participants were also able to write in other activities or barriers that had not been on the lists provided.

Participants

Universities

Of the 193 colleges and universities contacted to gather syllabi, 44 returned at least one syllabus. Of those, 9 were excluded from data entry because the program director did not provide consent after two follow up attempts. Of the 35 programs that returned at least one syllabus and consented to participate, only 20 returned all the syllabi that had been requested after two follow up attempts. Overall, 145 syllabi were coded from 35 NASP-approved programs. See Table 1 for syllabus demographics. The locations of each program, which were originally recorded as states, were collapsed into regions.
Table 1

Syllabus Demographics (N = 145)

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist/Master’s</td>
<td>102</td>
<td>70.34</td>
</tr>
<tr>
<td>Doctoral</td>
<td>24</td>
<td>16.55</td>
</tr>
<tr>
<td>Both</td>
<td>19</td>
<td>13.1</td>
</tr>
<tr>
<td>Course type(a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diversity</td>
<td>18</td>
<td>12.41</td>
</tr>
<tr>
<td>Psychopathology</td>
<td>25</td>
<td>17.24</td>
</tr>
<tr>
<td>Social/Emotional/Behavioral Assessment</td>
<td>36</td>
<td>24.83</td>
</tr>
<tr>
<td>Social/Emotional/Behavioral Intervention</td>
<td>90</td>
<td>62.07</td>
</tr>
<tr>
<td>University Region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>45</td>
<td>31.03</td>
</tr>
<tr>
<td>Midwest</td>
<td>37</td>
<td>25.52</td>
</tr>
<tr>
<td>South</td>
<td>26</td>
<td>17.93</td>
</tr>
<tr>
<td>West</td>
<td>37</td>
<td>25.52</td>
</tr>
</tbody>
</table>

\(a\)The course type frequencies add up to more than 145 because some syllabi had a dual (or triple) focus.
**Survey Respondents**

Previously published survey research conducted with school psychologists reported having a sample representative of the NASP member pool with an $n$ of 323 (Sotelo-Dynega & Dixon, 2014). Therefore, this project attempted to recruit a sample of similar size. In all, 316 respondents consented to participate. Of those, 100 did not complete the survey. Another 11 did complete it but did not answer at least one item. Given the small number of cases with missing data, they were deleted listwise from analyses. Therefore, a final $n$ of 205 participants remained.

Analyses were conducted to determine whether there were significant demographic differences between respondents who fully completed the survey (“completers”) and those with missing data (“non-completers”). It should be noted that 48 non-completers only answered the inclusion criteria questions. These were the first three questions in the survey and the only ones that required a response to progress to the next question. Therefore, these 48 were excluded from the analyses of demographic variables, given that they did not provide any demographic information. Analyses were conducted with the 205 completers and remaining 63 non-completers. Pairwise deletion was applied to non-completers who did not answer all demographic questions.

Data from the two continuous variables, age and years in practice, displayed evidence of outliers (which were valid numbers and therefore not removed) and non-normal distributions. Therefore, the non-parametric Mann-Whitney U test, which can be used to compare medians when the variables’ distributions are similarly shaped, was utilized to determine differences between completers and non-completers. All participants ($n = 268$) responded to the age and years in practice items. Distributions for
both groups were similar on both variables, as per visual analysis. No significant
differences were found on medians between survey completers and non-completers for
age ($Mdn = 34, 36; U = 6,457; p = 1$) or years in practice ($Mdn = 7, 6; U = 5,971; p =
.37$).

Many demographic variables had small $n$’s in several response categories.
Therefore, for these and other analyses, response categories were collapsed where
meaning would be retained (e.g., country of origin: United States vs. other countries;
ancestry: European vs. other ancestries; gender: cisgender woman vs. cisgender man;
sexual orientation: straight vs. LGB; specialist, doctoral, and practice state: Northeast,
Midwest, South, West; employer religious association: religious vs. non-religious; school
type: public vs. private). Chi-square analyses were used on variables that had fewer than
20% of cells with expected counts fewer than 5. Fisher’s Exact Test was applied to
variables that either could not be consolidated or still contained a high percentage of cells
with expected counts less than five following consolidation.

There were no associations with survey completion as a function of any of the
demographic variables, including: country of origin, $\chi^2(1, n = 267) = .19, p = .65$; Latinx
identification $\chi^2(1, n = 268) = 1.03, p = .55$; ancestry, $\chi^2(1, n = 265) = 1.2, p = .27$;
religious identification, $\chi^2(1, n = 267) = .11, p = .75$; gender, $\chi^2(1, n = 266) = 3.83, p =
.06$; sexual orientation, $\chi^2(1, n = 268) = 2.11, p = .23$; region of the United States in
which a respondent earned their specialist degree, $\chi^2(3, n = 266) = 2.03, p = .57$; doctoral
degree, $\chi^2(4, n = 268) = 7.14, p = .16$, or currently practices, $\chi^2(3, n = 268) = 1.68, p =
.64$; highest degree held, $\chi^2(1, n = 268) = .4, p = .74$; employer religious affiliation, $\chi^2(1,$
n = 268) = 2.11, $p = .23$; school type, $\chi^2(1, n = 268) = .01, p = 1.00$; or ages served $\chi^2(6, n$
= 267) = 6.46, \( p = .43 \). Overall, the sample is not biased after removing respondents from the data set who did not complete the survey.

The final 205 completers were then compared to the demographics of a nationally representative survey of NASP’s membership from 2015 (Walcott & Hyson, 2018) to determine whether the current project was approximately representative of American school psychologists. The previously identified outliers on the age and years in practice variables were left in the dataset given that analyses both with and without them produced similar results. Both variables also demonstrated non-normal distributions. The data was not transformed because one-sample t-tests can withstand deviations from normality with large sample sizes. A one-sample t-test found that the current sample’s age \((M = 38.59, SD = 11.92)\) was statistically significantly younger than NASP’s mean age of 42.4 \((SD = 12)\), \(t(204) = -4.58, p < .0005\). The current sample also had statistically significantly fewer years of experience \((M = 10.14, SD = 9.46)\) compared to NASP’s 12.2 mean years \((SD = 10)\), \(t(204) = -3.12, p = .002\).

Visual analysis of frequency tables was used to compare the current sample to NASP membership on the gender, Latinx identity, ancestry, and highest earned degree variables. The current sample was comprised of more women (89.27% in the current sample versus 83.71%) and more participants of Latinx origin (8.29% versus 6% “Hispanic, Latino, or Spanish origin”). The NASP survey included a “race” variable and allowed only four mutually exclusive categories (“White, Black/African American, Asian, Other”). The current study used an “ancestry” variable with nine categories and allowed participants to check off as many as they felt applied. The simplest way to compare diversity characteristics is to compare the participants of solely European
ancestry in the current sample to those who identified as White in the NASP membership survey. The current sample (81.95%) was slightly less diverse compared to NASP membership (88.2%). Finally, there was a very similar distribution between both groups regarding the percentage of the sample holding doctoral degrees (26.34% in the current sample versus 25.2% in the NASP sample). Despite some small differences, the current sample is similar to NASP’s membership in that, overall, the sample is mostly made up of women, people with solely European/White ancestry, and people with specialist or master’s degrees. See Tables 2, 3, and 4 for other demographic information collected in the current survey.
<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country of origin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egypt</td>
<td>1</td>
<td>.49</td>
</tr>
<tr>
<td>Germany</td>
<td>1</td>
<td>.49</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>1</td>
<td>.49</td>
</tr>
<tr>
<td>Hungary</td>
<td>1</td>
<td>.49</td>
</tr>
<tr>
<td>Portugal</td>
<td>1</td>
<td>.49</td>
</tr>
<tr>
<td>United States of America</td>
<td>200</td>
<td>97.56</td>
</tr>
<tr>
<td><strong>Latinx identified</strong></td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>17</td>
<td>8.29</td>
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<td>No</td>
<td>188</td>
<td>91.71</td>
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<tr>
<td><strong>Ancestry</strong></td>
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<td></td>
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<tr>
<td>Native American, Alaska Native, or First Nations</td>
<td>12</td>
<td>5.85</td>
</tr>
<tr>
<td>Mexican, Central American, or South American</td>
<td>16</td>
<td>7.8</td>
</tr>
<tr>
<td>Caribbean</td>
<td>6</td>
<td>2.93</td>
</tr>
<tr>
<td>African</td>
<td>7</td>
<td>3.41</td>
</tr>
<tr>
<td>European</td>
<td>180</td>
<td>87.8</td>
</tr>
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<td>West Asian</td>
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<td>.49</td>
</tr>
<tr>
<td>East Asian</td>
<td>3</td>
<td>1.46</td>
</tr>
<tr>
<td>Pacific Islander</td>
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<td>.49</td>
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<tr>
<td>Variable</td>
<td>$n$</td>
<td>%</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------</td>
<td>-----</td>
</tr>
<tr>
<td>Religiously identified</td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>93</td>
<td>45.37</td>
</tr>
<tr>
<td>No</td>
<td>112</td>
<td>54.63</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Cisgender woman</td>
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<td>89.27</td>
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<tr>
<td>Cisgender man</td>
<td>22</td>
<td>10.73</td>
</tr>
<tr>
<td>Sexual orientation</td>
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<td></td>
</tr>
<tr>
<td>Straight</td>
<td>198</td>
<td>96.59</td>
</tr>
<tr>
<td>Gay or lesbian</td>
<td>4</td>
<td>1.95</td>
</tr>
<tr>
<td>Bisexual or related identities</td>
<td>3</td>
<td>1.46</td>
</tr>
<tr>
<td>Highest degree</td>
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<td></td>
</tr>
<tr>
<td>Specialist/Master’s</td>
<td>149</td>
<td>72.68</td>
</tr>
<tr>
<td>Doctoral</td>
<td>54</td>
<td>26.34</td>
</tr>
</tbody>
</table>

*The ancestry frequencies add up to over 205 because participants could check all that apply.*
<table>
<thead>
<tr>
<th>Variable</th>
<th>$n$</th>
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</thead>
<tbody>
<tr>
<td><strong>Region of specialist degree</strong></td>
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<td></td>
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<tr>
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<td>126</td>
<td>61.46</td>
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<tr>
<td>Midwest</td>
<td>34</td>
<td>16.59</td>
</tr>
<tr>
<td>South</td>
<td>26</td>
<td>12.68</td>
</tr>
<tr>
<td>West</td>
<td>19</td>
<td>9.27</td>
</tr>
<tr>
<td><strong>Region of doctoral degree</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>45</td>
<td>21.95</td>
</tr>
<tr>
<td>Midwest</td>
<td>8</td>
<td>3.9</td>
</tr>
<tr>
<td>South</td>
<td>2</td>
<td>.98</td>
</tr>
<tr>
<td>West</td>
<td>1</td>
<td>.49</td>
</tr>
<tr>
<td>No doctoral degree</td>
<td>149</td>
<td>72.68</td>
</tr>
<tr>
<td><strong>Region of practice</strong></td>
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<td></td>
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<tr>
<td>Northeast</td>
<td>120</td>
<td>58.54</td>
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<tr>
<td>Midwest</td>
<td>39</td>
<td>19.02</td>
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<td>South</td>
<td>19</td>
<td>9.27</td>
</tr>
<tr>
<td>West</td>
<td>27</td>
<td>13.17</td>
</tr>
</tbody>
</table>
Table 4  

Participant Employer Demographics (N = 205)

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer religious affiliation</td>
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<td></td>
</tr>
<tr>
<td>No affiliation</td>
<td>198</td>
<td>96.59</td>
</tr>
<tr>
<td>Christian</td>
<td>4</td>
<td>1.95</td>
</tr>
<tr>
<td>Jewish</td>
<td>3</td>
<td>1.46</td>
</tr>
<tr>
<td>School type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public School</td>
<td>191</td>
<td>93.17</td>
</tr>
<tr>
<td>Private School</td>
<td>9</td>
<td>4.39</td>
</tr>
<tr>
<td>Charter School</td>
<td>5</td>
<td>2.44</td>
</tr>
<tr>
<td>Ages served&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>156</td>
<td>76.1</td>
</tr>
<tr>
<td>Middle</td>
<td>113</td>
<td>55.12</td>
</tr>
<tr>
<td>High</td>
<td>92</td>
<td>44.88</td>
</tr>
</tbody>
</table>

<sup>a</sup>The ages served frequencies add up to more than 205 because participants could check all that apply.
CHAPTER 5

Results

The first four sections in this chapter review the analysis of the four hypotheses. The final two sections review exploratory data collection regarding 1) demographic and training variables’ relationships with time spent engaging in SGM-related activities and 2) barriers school psychologists face in engaging in SGM-related activities. All data was analyzed using IBM SPSS Statistics version 26.

Opportunities for SGM-Related Learning in Graduate School

The first hypothesis stated that there would be fewer opportunities within graduate courses to learn about SGM youth compared to the comparison populations. A learning opportunity is defined as a lecture, reading, or assignment that either includes general information about one of the target populations or information about social/emotional/behavioral assessment with one of the target populations. The number of syllabi that contained at least one learning opportunity, the frequency of learning opportunities of each type, and the descriptive statistics for learning opportunities per individual syllabus are provided in Table 5.

The “Diversity” category is reported here to capture learning opportunities that focused on general diversity but did not name a specific minority population. The general diversity data was not used in analyses. However, it should be noted that the number of learning opportunities coded under the specific diversity categories (SGM, racial/ethnic minority youth, and low-income youth) are likely underestimates. Some learning opportunities coded under the “Diversity” category likely contain information about the
<table>
<thead>
<tr>
<th>Population</th>
<th>Syllabi containing at least one learning opportunity</th>
<th>Frequency of learning opportunities by type</th>
<th>Learning opportunities per syllabus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>Lectures</td>
</tr>
<tr>
<td>SGM</td>
<td>31</td>
<td>21.4</td>
<td>20</td>
</tr>
<tr>
<td>BPD</td>
<td>24</td>
<td>16.55</td>
<td>16</td>
</tr>
<tr>
<td>ADHD</td>
<td>45</td>
<td>31.03</td>
<td>34</td>
</tr>
<tr>
<td>ANX</td>
<td>59</td>
<td>40.69</td>
<td>41</td>
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<tr>
<td>REM</td>
<td>94</td>
<td>64.83</td>
<td>57</td>
</tr>
<tr>
<td>LI</td>
<td>27</td>
<td>18.62</td>
<td>15</td>
</tr>
<tr>
<td>Diversity</td>
<td>32</td>
<td>22.07</td>
<td>20</td>
</tr>
</tbody>
</table>

*Note. SGM = Sexual and/or gender minority, BPD = bipolar disorder, ADHD = attention/deficit-hyperactivity disorder, ANX = anxiety disorder, REM = racial/ethnic minority, LI = low-income.*
specific diversity categories but could not be coded that way, due to either a vague or intentionally intersectional description in the syllabus.

Due to some courses providing very many learning opportunities for specific populations, there were extreme outliers for the frequency of learning opportunities within each population category. Therefore, the non-parametric Friedman test was utilized to determine whether there were differences in the distributions of learning opportunities based on population. In other words, it determined whether the number of learning opportunities per syllabus differed for each population type. Results indicated overall statistically significant differences in the number of learning opportunities dependent on population, $\chi^2(5) = 145.03, p < .0005$.

Post-hoc pairwise comparisons were performed with a Bonferroni correction for multiple comparisons. Several statistically significant differences were found among the different populations, but only the differences including SGM youth will be reported here. There were significantly more opportunities for graduate students to learn about racial/ethnic minorities ($Mdn = 1, p < .0005$) and anxious youth ($Mdn = 0, p = .01$) per syllabus compared to SGM youth ($Mdn = 0$). There were no statistically significant differences between learning opportunities when comparing SGM youth to youth with bipolar disorder ($Mdn = 0, p = 1$), youth with ADHD ($Mdn = 0, p = .53$), or low-income youth ($Mdn = 0, p = 1$). The hypothesis that there would be more graduate learning opportunities in graduate school for all other populations compared to SGM youth can be rejected. However, it is notable that there was not a statistically significant difference between SGM youth and youth with bipolar disorder, despite a disparity in the prevalence of students who fall into those categories.
Opportunities for SGM-Related Learning at NASP

The second part of the first hypothesis was that there would be fewer opportunities over ten years of NASP annual conventions to learn about SGM youth compared to the comparison populations. A learning opportunity is defined as a presentation that either includes general information about one of the target populations or information on social/emotional/behavioral assessment or intervention with one of the target populations. The frequency of learning opportunities and the percentage of learning opportunities relative to total presentations at the convention are presented by population and year in Table 6. This information is presented visually in Figures 1 and 2, which display the percentage of SGM content versus that of the clinical populations and the percentage of SGM content versus that of the other minority populations, respectively. It should be noted that the total presentations per year, used to calculate the percentages of each target population’s learning opportunities relative to the total presentations in each year, are close estimates rather than exact totals. NASP provided the researcher with the total number of presentations accepted to the convention each year but noted that there are usually some cancellations (K. Minke, personal communication, March 27, 2020). Based on these figures, there were 12,974 total presentations between 2009 and 2018.

The same information is presented again in Table 7 and Figures 3 and 4 after removing poster presentations from the total. This left a total of 6,376 non-poster presentations between 2009 and 2018. The distinction between posters and other presentation types was made because conference attendees often spend only a minute or two skimming a poster. When attending a didactic-, skill-, or conversation-based presentation, attendees may hear from one or multiple speakers for close to an hour or
<table>
<thead>
<tr>
<th>Year</th>
<th>SGM</th>
<th>BPD</th>
<th>ADHD</th>
<th>ANX</th>
<th>REM</th>
<th>LI</th>
<th>Diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>2009</td>
<td>11</td>
<td>.97</td>
<td>8</td>
<td>.71</td>
<td>33</td>
<td>2.92</td>
<td>23</td>
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<tr>
<td>2010</td>
<td>14</td>
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<td>1</td>
<td>.08</td>
<td>19</td>
<td>1.6</td>
<td>13</td>
</tr>
<tr>
<td>2011</td>
<td>17</td>
<td>1.22</td>
<td>2</td>
<td>.14</td>
<td>30</td>
<td>2.15</td>
<td>26</td>
</tr>
<tr>
<td>2012</td>
<td>22</td>
<td>1.75</td>
<td>1</td>
<td>.08</td>
<td>27</td>
<td>2.15</td>
<td>24</td>
</tr>
<tr>
<td>2013</td>
<td>23</td>
<td>1.73</td>
<td>0</td>
<td>0</td>
<td>31</td>
<td>2.34</td>
<td>27</td>
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<td>2014</td>
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<td>2.44</td>
<td>2</td>
<td>.15</td>
<td>18</td>
<td>1.37</td>
<td>38</td>
</tr>
<tr>
<td>2015</td>
<td>26</td>
<td>1.86</td>
<td>4</td>
<td>.29</td>
<td>40</td>
<td>2.86</td>
<td>40</td>
</tr>
<tr>
<td>2016</td>
<td>27</td>
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<td>1</td>
<td>.07</td>
<td>24</td>
<td>1.78</td>
<td>30</td>
</tr>
<tr>
<td>2017</td>
<td>21</td>
<td>1.59</td>
<td>0</td>
<td>0</td>
<td>26</td>
<td>1.97</td>
<td>39</td>
</tr>
<tr>
<td>2018</td>
<td>34</td>
<td>2.62</td>
<td>2</td>
<td>.15</td>
<td>14</td>
<td>1.08</td>
<td>34</td>
</tr>
<tr>
<td>Total</td>
<td>227</td>
<td>1.75</td>
<td>21</td>
<td>.16</td>
<td>262</td>
<td>2.02</td>
<td>294</td>
</tr>
</tbody>
</table>

*Note.* SGM = Sexual and/or gender minority, BPD = bipolar disorder, ADHD = attention/deficit-hyperactivity disorder, ANX = anxiety disorder, REM = racial/ethnic minority, LI = low-income. Together, the frequencies total more than the 1,905 presentations coded because some focused on more than one population (for example, SGM youth of color).
**Figure 1**

*Percentage of SGM and Clinical Population Content Relative to Total Presentations (N = 12,974)*

*Note.* SGM = Sexual and/or gender minority, BPD = bipolar disorder, ADHD = attention/deficit-hyperactivity disorder, ANX = anxiety disorder.
Figure 2

Percentage of SGM and Minority Population Content Relative to Total Presentations (N = 12,974)

Note. SGM = Sexual and/or gender minority, REM = racial/ethnic minority, LI = low-income.
### Table 7

**Target Population Learning Opportunities Relative to Total Non-Poster Presentations (N = 6,376)**

<table>
<thead>
<tr>
<th>Year</th>
<th>SGM</th>
<th>BPD</th>
<th>ADHD</th>
<th>ANX</th>
<th>REM</th>
<th>LI</th>
<th>Diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>2009</td>
<td>9</td>
<td>1.49</td>
<td>8</td>
<td>1.32</td>
<td>19</td>
<td>3.14</td>
<td>12</td>
</tr>
<tr>
<td>2010</td>
<td>9</td>
<td>1.47</td>
<td>1</td>
<td>.16</td>
<td>10</td>
<td>1.63</td>
<td>8</td>
</tr>
<tr>
<td>2011</td>
<td>12</td>
<td>1.74</td>
<td>2</td>
<td>.29</td>
<td>10</td>
<td>1.45</td>
<td>17</td>
</tr>
<tr>
<td>2012</td>
<td>15</td>
<td>2.27</td>
<td>1</td>
<td>.15</td>
<td>11</td>
<td>1.66</td>
<td>17</td>
</tr>
<tr>
<td>2013</td>
<td>12</td>
<td>1.81</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>1.96</td>
<td>13</td>
</tr>
<tr>
<td>2014</td>
<td>15</td>
<td>2.4</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>1.12</td>
<td>15</td>
</tr>
<tr>
<td>2015</td>
<td>11</td>
<td>1.69</td>
<td>1</td>
<td>.15</td>
<td>12</td>
<td>1.84</td>
<td>12</td>
</tr>
<tr>
<td>2016</td>
<td>12</td>
<td>2.08</td>
<td>1</td>
<td>.17</td>
<td>8</td>
<td>1.39</td>
<td>7</td>
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<tr>
<td>2017</td>
<td>14</td>
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<td>0</td>
<td>7</td>
<td>1.04</td>
<td>16</td>
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<tr>
<td>2018</td>
<td>17</td>
<td>2.75</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>.81</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>126</td>
<td>1.98</td>
<td>14</td>
<td>.22</td>
<td>102</td>
<td>1.6</td>
<td>124</td>
</tr>
</tbody>
</table>

**Note.** SGM = Sexual and/or gender minority, BPD = bipolar disorder, ADHD = attention/deficit-hyperactivity disorder, ANX = anxiety disorder, REM = racial/ethnic minority, LI = low-income. Together, the frequencies total over the 897 non-poster presentations coded because some focused on more than one population (for example, SGM youth of color).
Figure 3

Percentage of SGM and Clinical Population Content Relative to Total Non-Poster Presentations (N = 6,376)

Note. SGM = Sexual and/or gender minority, BPD = bipolar disorder, ADHD = attention/deficit-hyperactivity disorder.
Figure 4

Percentage of SGM and Minority Population Content Relative to Total Non-Poster Presentations (N = 6,376)

Note. SGM = Sexual and/or gender minority, REM = racial/ethnic minority, LI = low-income.
more. Therefore, it is likely that large numbers of poster presentations impart less knowledge than an equivalent number of learning opportunities presented by speakers.

Poster session data was not included in the previous tables and figures (as poster sessions are not presentations per se). This data is presented on its own in Table 8. Finally, the descriptive statistics for total and non-poster learning opportunities within NASP, collapsed over ten years, are presented in Table 9. Again, a “Diversity” category is reported here to capture general diversity presentations. These presentations were not used in analyses, which may have caused an underestimate of learning opportunities coded under specific diversity categories.

Due to outliers and non-normal distributions on a couple variables for both total presentations and non-poster presentations, the non-parametric Friedman test was utilized to determine whether there were differences in the distributions of learning opportunities based on population. In other words, it determined whether the percentage of learning opportunities per year differed due to population type. Results indicated statistically significant differences in the percentage of learning opportunities dependent on population, both when considering all presentations, $\chi^2(5) = 38.37, p < .0005$ and when only considering non-poster presentations, $\chi^2(5) = 38.4, p < .0005$.

Post-hoc pairwise comparisons were performed, with a Bonferroni correction for multiple comparisons. Several statistically significant differences were found among the different populations, but only the differences including SGM youth will be reported here. Initially, for both total presentations and non-poster presentations, there were statistically significantly more opportunities for NASP attendees to learn about racial/ethnic minority youth and fewer opportunities to learn about bipolar youth
<table>
<thead>
<tr>
<th>Year</th>
<th>SGM</th>
<th>BPD</th>
<th>ADHD</th>
<th>ANX</th>
<th>REM</th>
<th>LI</th>
<th>Diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>2009</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>2010</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2011</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>2</td>
<td>22.22</td>
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<td>2012</td>
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<td>0</td>
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<td>2013</td>
<td>0</td>
<td>0</td>
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<td>11.11</td>
</tr>
<tr>
<td>2014</td>
<td>1</td>
<td>11.11</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2015</td>
<td>0</td>
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<td>0</td>
<td>1</td>
<td>11.11</td>
</tr>
<tr>
<td>2016</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>2017</td>
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<td>1</td>
<td>11.11</td>
</tr>
<tr>
<td>2018</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>11.11</td>
</tr>
<tr>
<td>Total</td>
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<td>0</td>
<td>0</td>
<td>2</td>
<td>2.15</td>
<td>11</td>
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<tr>
<td></td>
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<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Note. SGM = Sexual and/or gender minority, BPD = bipolar disorder, ADHD = attention/deficit-hyperactivity disorder, ANX = anxiety disorder, REM = racial/ethnic minority, LI = low-income. Together, the frequencies total over the 22 poster sessions coded because some included a focus on more than one population (for example, anxious youth and racial/ethnic minority youth).
Table 9

NASP Learning Opportunities per Year, 2009–2018 (*N* = 1,905)

<table>
<thead>
<tr>
<th>Population</th>
<th>Total presentations</th>
<th>Non-poster presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min</td>
<td>Max</td>
</tr>
<tr>
<td>SGM</td>
<td>11</td>
<td>34</td>
</tr>
<tr>
<td>BPD</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>ADHD</td>
<td>14</td>
<td>40</td>
</tr>
<tr>
<td>ANX</td>
<td>13</td>
<td>40</td>
</tr>
<tr>
<td>REM</td>
<td>69</td>
<td>121</td>
</tr>
<tr>
<td>LI</td>
<td>12</td>
<td>33</td>
</tr>
<tr>
<td>Diversity</td>
<td>0</td>
<td>16</td>
</tr>
</tbody>
</table>

*Note.* SGM = Sexual and/or gender minority, BPD = bipolar disorder, ADHD = attention/deficit-hyperactivity disorder, ANX = anxiety disorder, REM = racial/ethnic minority, LI = low-income.
compared to SGM youth. Following the Bonferroni correction, two of these comparisons lost statistical significance. It is possible that reduced power due to the use of a non-parametric test and a small number of cases (i.e., years) in the sample reduced power and obscured these differences.

Analysis of total presentations following the Bonferroni correction indicated that each year, there were statistically significantly more opportunities for NASP attendees to learn about racial/ethnic minorities ($Mdn = 7.21$) compared to SGM youth ($Mdn = 1.74$, $p = .01$). There were no statistically significant differences between SGM youth and low-income youth ($Mdn = 1.48$, $p = 1$), youth with bipolar disorder ($Mdn = .11$, $p = .21$), youth with ADHD ($Mdn = 2.06$, $p = 1$), or youth with anxiety ($Mdn = 2.13$, $p = 1$).

Analysis of the non-poster presentations following the Bonferroni correction revealed that there were statistically significantly fewer learning opportunities related to bipolar disorder ($Mdn = .15$) compared to SGM youth ($Mdn = 1.95$, $p = .01$). There were no statistically significant differences between SGM youth and racial/ethnic minority youth ($Mdn = 6.94$, $p = .15$), low-income youth ($Mdn = 1.42$, $p = 1$), youth with ADHD ($Mdn = 1.54$, $p = 1$), or youth with anxiety ($Mdn = 2$, $p = 1$). Again, the hypothesis that there would be more learning opportunities at NASP for all other populations compared to SGM youth can be rejected.

**Changes in SGM-Related Conference Programming Over Time**

The second hypothesis was that the proportion of SGM content in conference programs would have increased over ten years as the visibility of SGM youth’s needs have also increased. Table 6 and Figures 1 and 2 (above) display the percentage of presentations in each year that included SGM-related content. Table 7 and Figures 1 and
2 (also above) present the same information after removing posters from the dataset. Again, this distinction was made because large numbers of poster presentations may impart less knowledge than an equivalent number of learning opportunities presented by speakers. Pearson’s correlations were used to determine whether there was a proportional increase in SGM-related content in conference programs over the past ten years. One correlation was computed using all presentations and another was computed using only non-poster presentations.

When considering all presentation types, a linear relationship was observed via scatterplot between year and proportion of SGM presentations. Two outliers were identified in years where there were abnormally high and low numbers of SGM presentations. These were left in the dataset because removing them did not lead to a change in the correlation’s direction or strength. Both the year and proportion of SGM presentations variables were normally distributed, as assessed by Shapiro-Wilk’s test ($p = .89$ and $p = .77$, respectively). There was a strong positive correlation between year and percentage of NASP presentations with SGM content, $r = .78$, $p = .01$. This indicates that the amount of SGM content at NASP has increased over the past decade.

When considering only non-poster presentations, a linear relationship was also observed via scatterplot between year and proportion of SGM presentations. Three outliers were identified in years where there were somewhat higher or lower numbers of non-SGM presentations. Again, these remained in the dataset because removing them did not affect the final correlation’s direction or strength. Both the year and proportion of SGM presentations variables were normally distributed according to Shapiro-Wilk’s test ($p = .89$ and $p = .66$, respectively). Finally, there was a strong positive correlation
between year and percentage of non-poster presentations with SGM content at NASP, \( r = .72, p = .02 \). Therefore, both with and without poster presentations, data supports the hypothesis that SGM content at NASP has increased over the past decade.

**Training and Comfort in Engaging in SGM-Related Activities**

The third hypothesis was that, based on self-report, there would be a positive relationship between the amount of training a school psychologist has received and their feelings of comfort in engaging in certain SGM-related activities. Participants were asked to report the number of hours they spent learning about SGM topics in graduate school and in professional development over the past five years, and then rate their comfort in engaging in seven different SGM-related activities. Figures 5 and 6 display participants’ reported hours spent learning about each population in graduate school and in professional development over the past five years. Figure 7 displays the percentage of participants who considered their training sufficient. Tables 10 and 11 present the medians and frequency distributions of participants’ reported comfort levels pertaining to different SGM-related activities. Medians were reported instead of means, as medians are a more meaningful measure of central tendency for items that are not measured on a continuous scale.

Visual analysis of the time participants spent learning about SGM youth versus other populations in graduate school indicates a stark difference. A Friedman test was conducted to determine whether the distributions of time spent learning about each population in graduate school were significantly different. Results indicated statistically significant differences in learning time based on population, \( \chi^2(5) = 293.93, p < .0005 \). Post-hoc pairwise comparisons were performed, with a Bonferroni correction for multiple
Figure 5

Reported Hours Spent Learning About Each Population in Graduate School (N = 205)

Note. SGM = Sexual and/or gender minority, BPD = bipolar disorder, ADHD = attention/deficit-hyperactivity disorder, ANX = anxiety disorder, REM = racial/ethnic minority, LI = low-income.
Figure 6

Reported Hours Spent Learning About Each Population in Professional Development Over the Last Five Years (N = 205)

Note. SGM = Sexual and/or gender minority, BPD = bipolar disorder, ADHD = attention/deficit-hyperactivity disorder, ANX = anxiety disorder, REM = racial/ethnic minority, LI = low-income.
### Figure 7

**Percentage of Sample That Reported Sufficient Training by Population (N = 205)**

<table>
<thead>
<tr>
<th>Population</th>
<th>Graduate School</th>
<th>Professional Development (Last 5 Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGM</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>BPD</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>ADHD</td>
<td>60%</td>
<td>80%</td>
</tr>
<tr>
<td>ANX</td>
<td>70%</td>
<td>90%</td>
</tr>
<tr>
<td>REM</td>
<td>50%</td>
<td>70%</td>
</tr>
<tr>
<td>LI</td>
<td>40%</td>
<td>60%</td>
</tr>
</tbody>
</table>

*Note.* SGM = Sexual and/or gender minority, BPD = bipolar disorder, ADHD = attention/deficit-hyperactivity disorder, ANX = anxiety disorder, REM = racial/ethnic minority, LI = low-income.
Table 10

Median Responses for Reported Comfort in Engaging in SGM-Related Activities (N = 205)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocating at the school, district, or state level for inclusion of information about or relevant to SGM populations in school curricula</td>
<td>3</td>
</tr>
<tr>
<td>Helping to create bullying policies with specific protections for SGM youth</td>
<td>4</td>
</tr>
<tr>
<td>Directly responding to bullying against SGM students</td>
<td>4</td>
</tr>
<tr>
<td>Assuming a leadership role in starting or continuing (i.e., acting as advisor) for your school’s Gay-Straight Alliance or Gender/Sexuality Alliance (GSA)</td>
<td>3</td>
</tr>
<tr>
<td>Providing mental health assessment and/or counseling to an SGM student or their family about issues unrelated to SGM status</td>
<td>4</td>
</tr>
<tr>
<td>Providing mental health assessment and/or counseling to an SGM student or family specifically struggling with issues of identity (i.e., deciding how they identify, coming out, harassment, etc.)</td>
<td>4</td>
</tr>
<tr>
<td>Facilitating a therapeutic group for SGM students</td>
<td>3</td>
</tr>
</tbody>
</table>

Note. Response options ranged from 1 (not at all comfortable) to 5 (completely comfortable).
Table 11

*Frequency Distributions for Reported Comfort in Engaging in SGM-Related Activities (N = 205)*

<table>
<thead>
<tr>
<th>Activities</th>
<th>Response Frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocating at the school, district, or state level for inclusion of information about or relevant to SGM populations in school curricula</td>
<td>13% 14% 28% 26% 20%</td>
</tr>
<tr>
<td>Helping to create bullying policies with specific protections for SGM youth</td>
<td>9% 14% 25% 27% 25%</td>
</tr>
<tr>
<td>Directly responding to bullying against SGM students</td>
<td>5% 9% 19% 28% 39%</td>
</tr>
<tr>
<td>Assuming a leadership role in starting or continuing (i.e., acting as advisor) for your school’s Gay-Straight Alliance or Gender/Sexuality Alliance (GSA)</td>
<td>21% 19% 27% 17% 17%</td>
</tr>
<tr>
<td>Providing mental health assessment and/or counseling to an SGM student or their family about issues unrelated to SGM status</td>
<td>6% 11% 16% 21% 45%</td>
</tr>
<tr>
<td>Providing mental health assessment and/or counseling to an SGM student or family specifically struggling with issues of identity (i.e., deciding how they identify, coming out, harassment, etc.)</td>
<td>13% 15% 22% 25% 25%</td>
</tr>
<tr>
<td>Facilitating a therapeutic group for SGM students</td>
<td>19% 20% 26% 18% 17%</td>
</tr>
</tbody>
</table>

*Note.* Comfort response options ranged from 1 (not at all comfortable) to 5 (completely comfortable). Percentages were rounded to the closest integer for readability.
comparisons. School psychologists spend statistically significantly less time learning about SGM youth \((Mdn = 3)\) in graduate school compared to youth who are racial/ethnic minorities \((Mdn = 6)\), youth who are low-income \((Mdn = 5)\), youth with anxiety \((Mdn = 6)\), and youth with ADHD \((Mdn = 6; \text{all } p < .0005)\). The distributions in graduate training hours between SGM youth and bipolar youth \((Mdn = 3, p = 1)\) were not significant.

The visual pattern for SGM learning was similar when participants were asked about time spent in professional development over the last five years (see Figure 6 above), although patterns changed slightly for the other populations. Another Friedman test was conducted to determine whether the differences in distributions of learning time in the last five years of professional development were significant by population. Results again indicated statistically significant differences, \(\chi^2(5) = 241.82, p < .0005\). Post-hoc pairwise comparisons were performed, with a Bonferroni correction for multiple comparisons. In professional development over the last five years, school psychologists spent statistically significantly more time learning about youth with ADHD \((Mdn = 5)\), youth with anxiety \((Mdn = 5; \text{both } p < .0005)\), and youth who are racial/ethnic minorities \((Mdn = 4; p = .01)\) compared to SGM youth \((Mdn = 3)\). In contrast, they spent statistically significantly less time learning about youth with bipolar disorder \((Mdn = 2, p < .0005)\) compared to SGM youth. The distributions in professional development hours between SGM and low-income youth \((Mdn = 3, p = 1)\) were not significant.

When participants were asked to report whether they felt that their training for each population was sufficient, patterns were similar for both graduate school and

\(^2\text{Time in training response options were coded as follows: }1 = \text{less than one hour, }2 = \text{about one hour, }3 = \text{about two hours, }4 = \text{about three hours, }5 = \text{about four hours, }6 = \text{five or more hours.} \)
professional development (see Figure 7 above). SGM training was reported sufficient the least, followed by training regarding bipolar youth. These were the only two categories in which over half the participants felt that their training was insufficient both in graduate school and in their professional development over the last five years.

Medians calculated for participants’ reported comfort in engaging in seven different SGM-related activities indicated that participants feel neutral to somewhat comfortable engaging in all activities. Visual analysis of the frequency distributions (see Table 11 above) indicates that the highest levels of comfort were reported for providing assessment or counseling services unrelated to SGM identity and responding to anti-SGM bullying. The lowest levels of comfort were reported for advocacy work, taking on a leadership role in a GSA, and facilitating a therapeutic group for SGM youth.

Because the training and comfort variables were measured using ordinal items, the non-parametric Somers’ $d$ was used to determine whether hours in graduate training or hours in professional development over the last five years (separately) were associated with greater comfort in engaging in these seven different activities. Results are displayed in Table 12. Nearly all correlations were positive and statistically significant, yet all were relatively weak. Most associations were of similar strength for both graduate training and professional development, but both comfort in providing assessment or counseling services related to SGM identity and facilitating a therapeutic group for SGM students had slightly stronger relationships with hours in graduate training compared to hours in professional development. The hypothesis that there would be a positive relationship between hours spent in SGM-specific training and comfort in engaging in SGM-specific activities was upheld.
<table>
<thead>
<tr>
<th>Activities</th>
<th>Graduate School</th>
<th>Professional Development (Last Five Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Somers’ $d$</td>
<td>$p$</td>
</tr>
<tr>
<td>Advocating at the school, district, or state level for inclusion of information about or relevant to SGM populations in school curricula</td>
<td>.2</td>
<td>.001</td>
</tr>
<tr>
<td>Helping to create bullying policies with specific protections for SGM youth</td>
<td>.16</td>
<td>.01</td>
</tr>
<tr>
<td>Directly responding to bullying against SGM students</td>
<td>.21</td>
<td>&lt;.0005</td>
</tr>
<tr>
<td>Assuming a leadership role in starting or continuing (i.e., acting as advisor) for your school’s Gay-Straight Alliance or Gender/Sexuality Alliance (GSA)</td>
<td>.12</td>
<td>.03</td>
</tr>
<tr>
<td>Providing mental health assessment and/or counseling to an SGM student or their family about issues unrelated to SGM status</td>
<td>.16</td>
<td>.003</td>
</tr>
<tr>
<td>Providing mental health assessment and/or counseling to an SGM student or family specifically struggling with issues of identity (i.e., deciding how they identify, coming out, harassment, etc.)</td>
<td>.26</td>
<td>&lt;.0005</td>
</tr>
<tr>
<td>Facilitating a therapeutic group for SGM students</td>
<td>.23</td>
<td>&lt;.0005</td>
</tr>
</tbody>
</table>
Time Spent Engaging in SGM-Related Activities

It was hypothesized that, based on self-report, the amount of time school psychologists dedicate to SGM-related activities (both direct and indirect) would be lower than the time they spend in activities related to the comparison populations in their schools. Participants indicated whether they spent, on average, less than one hour, about an hour, about two hours, about three hours, about four hours, or five or more hours engaged in activities related to the target populations. Figures 8 and 9 present participants’ hours spent with each population, as well as the percentage of those hours that are mandated as per a student’s Individualized Education Plan (IEP). These figures display a dramatic difference between SGM youth and youth with bipolar disorder compared to all other populations. The majority of participants spend less than one hour a month engaging with students who are SGM or who have bipolar disorder. However, the majority of participants spend five or more hours per month working with students who have ADHD, students who have anxiety, students who are racial/ethnic minorities, or students who are low-income.

Because engagement time was measured using ordinal items, the non-parametric Friedman test was conducted to determine whether there were differences in the distributions of time spent engaging with each population. Results indicated statistically significant differences in engagement time based on population, $\chi^2(5) = 585.68, p < .0005$. Post-hoc pairwise comparisons were performed, with a Bonferroni correction for multiple comparisons. The participants reported spending statistically significantly less time engaged in SGM-related activities ($Mdn = 2$) compared to activities relevant to racial/ethnic minority youth ($Mdn = 6$), low-income youth ($Mdn = 6$), youth with anxiety
Figure 8

Reported Hours Spent in Population-Specific Activities per Month (N = 205)

Note. SGM = Sexual and/or gender minority, BPD = bipolar disorder, ADHD = attention/deficit-hyperactivity disorder, ANX = anxiety disorder, REM = racial/ethnic minority, LI = low-income.
Figure 9

Reported Percentage of Monthly Engagement Spent in IEP-Mandated Activities (N = 205)

Note. SGM = Sexual and/or gender minority, BPD = bipolar disorder, ADHD = attention/deficit-hyperactivity disorder, ANX = anxiety disorder, REM = racial/ethnic minority, LI = low-income.
(Mdn = 6), or youth with ADHD (Mdn = 6; all p < .0005). There was no statistically significant difference between time engaged in SGM-related activities and time engaged in bipolar-related activities (Mdn = 1 p = 1).

The majority of school psychologists reported that their engagement in SGM- and bipolar-related activities is not mandated by students’ IEPs (see Figure 9 above). This may account for some of the disparity in engagement time between these two populations and the rest of the comparison populations. However, it cannot account for all of it, as about 25% of participants reported that the time they spend engaged in activities relevant to the other populations is also not mandated.

Because school psychologists do not spend a significantly different amount of time engaged in SGM-related activities compared to bipolar-related activities, the hypothesis that school psychologists spend less time engaged in SGM-related activities compared to all the other populations can be rejected. However, it is again notable that there is no statistically significant difference between the SGM population and the bipolar population based on the vastly different proportions of students who fall into those categories.

**Demographic Variables and Time Spent Engaged in SGM-Related Activities**

The relationships between each of the demographic variables and time spent engaging in SGM-related activities were analyzed in an exploratory fashion. Non-parametric tests were used because the dependent variable was measured using a Likert item, rendering the distributions non-normal.

---

3 Engagement time response options were coded as follows: 1 = less than one hour, 2 = about one hour, 3 = about two hours, 4 = about three hours, 5 = about four hours, 6 = five or more hours.
Spearman’s rank-order correlations were used for the continuous independent variables. There were statistically significant negative correlations between age and time spent engaging in SGM-related activities, \( r_s(203) = -.18, p = .01 \) and between years in practice and time spent engaging in SGM-related activities, \( r_s(203) = -.17, p = .01 \). Both correlations were of relatively weak strength.

The Mann-Whitney U test was used for the dichotomous independent variables (see Table 13) and the Kruskal-Wallis H test was used for the independent variables with multiple groups (see Table 14). Both of these tests can determine whether there is a difference in the medians or distributions (as measured using mean ranks) of each group. Medians can be compared when distributions are similarly shaped; mean ranks are compared when the distributions have different shapes. Due to low \( n \)’s in some of the groups, it was often not possible to determine whether the distributions were similarly shaped. Therefore, mean ranks were compared for all variables. To do this, each engagement time data point, irrespective of group, was ranked from smallest to largest. The ranks for each group were then averaged to compute mean ranks. The mean ranks of each group were then compared to determine whether there were differences in engagement time between each group.

No statistically significant differences in engagement time were found for most demographic variables. The only significant difference between the dichotomous demographic variables was that participants who identified as religious spent less time engaging in SGM-related activities than those who did not identify as religious \( (p = .02) \); see Table 13 above).
Table 13

*Dichotomous Group Differences in Hours Spent in SGM-Related Activities (N = 205)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Mean Rank</th>
<th>U</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of origin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>200</td>
<td>102.61</td>
<td>579</td>
<td>.52</td>
</tr>
<tr>
<td>Another country</td>
<td>5</td>
<td>118.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latinx Identified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>188</td>
<td>88.44</td>
<td>1,845</td>
<td>.27</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>104.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ancestry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>European</td>
<td>168</td>
<td>103.81</td>
<td>2,972</td>
<td>.67</td>
</tr>
<tr>
<td>Another ancestry</td>
<td>37</td>
<td>99.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religiously identified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>93</td>
<td>92.61</td>
<td>6,174.5</td>
<td>.02</td>
</tr>
<tr>
<td>No</td>
<td>112</td>
<td>111.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisgender woman</td>
<td>183</td>
<td>102.95</td>
<td>2,022</td>
<td>.97</td>
</tr>
<tr>
<td>Cisgender man</td>
<td>22</td>
<td>103.41</td>
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<td></td>
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<tr>
<td>Sexual orientation</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straight</td>
<td>198</td>
<td>101.58</td>
<td>973.5</td>
<td>.06</td>
</tr>
<tr>
<td>LGB</td>
<td>7</td>
<td>143.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer religiously affiliated</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>7</td>
<td>86.21</td>
<td>603.5</td>
<td>.42</td>
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<tr>
<td>No</td>
<td>198</td>
<td>103.59</td>
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<td></td>
</tr>
<tr>
<td>Employer school type</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>196</td>
<td>102.7</td>
<td>941.5</td>
<td>.72</td>
</tr>
<tr>
<td>Private</td>
<td>9</td>
<td>109.61</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 14

*Other Group Differences in Hours Spent in SGM-Related Activities (N = 205)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Mean Rank</th>
<th>H</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region of specialist degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>126</td>
<td>106.27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwest</td>
<td>34</td>
<td>86.25</td>
<td>3.64</td>
<td>.3</td>
</tr>
<tr>
<td>South</td>
<td>26</td>
<td>105.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West</td>
<td>19</td>
<td>107.71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region of doctoral degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>45</td>
<td>105.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwest</td>
<td>8</td>
<td>90.38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South</td>
<td>2</td>
<td>47</td>
<td>2.51</td>
<td>.64</td>
</tr>
<tr>
<td>West</td>
<td>1</td>
<td>110.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No doctoral degree</td>
<td>149</td>
<td>103.68</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region of practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>120</td>
<td>104.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwest</td>
<td>39</td>
<td>82.72</td>
<td>8.07</td>
<td>.045</td>
</tr>
<tr>
<td>South</td>
<td>19</td>
<td>122.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West</td>
<td>27</td>
<td>111.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages served</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>65</td>
<td>10.15</td>
<td>33.32</td>
<td>&lt;.0005</td>
</tr>
<tr>
<td>Middle</td>
<td>21</td>
<td>138.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>23</td>
<td>141.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary &amp; Middle</td>
<td>27</td>
<td>114.72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary &amp; High</td>
<td>4</td>
<td>103.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle &amp; High</td>
<td>5</td>
<td>123.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary, Middle &amp; High</td>
<td>60</td>
<td>93.62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable</td>
<td>$n$</td>
<td>Mean Rank</td>
<td>$H$</td>
<td>$p$</td>
</tr>
<tr>
<td>----------</td>
<td>-----</td>
<td>-----------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Training hours in graduate school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 hour</td>
<td>53</td>
<td>81.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 hour</td>
<td>26</td>
<td>88.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 hours</td>
<td>31</td>
<td>113.10</td>
<td>15.95</td>
<td>.01</td>
</tr>
<tr>
<td>3 hours</td>
<td>26</td>
<td>112.54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 hours</td>
<td>20</td>
<td>114.88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 or more hours</td>
<td>49</td>
<td>118.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training hours in PD&lt;sub&gt;a&lt;/sub&gt; (last 5 years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 hour</td>
<td>54</td>
<td>83.97</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 hour</td>
<td>32</td>
<td>85.94</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 hours</td>
<td>25</td>
<td>109.66</td>
<td>18.42</td>
<td>.002</td>
</tr>
<tr>
<td>3 hours</td>
<td>31</td>
<td>108.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 hours</td>
<td>6</td>
<td>100.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 or more hours</td>
<td>57</td>
<td>124.82</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup>PD = professional development.
In terms of variables with multiple response categories, region of practice, ages served, and the training variables contained statistically significant differences (see Table 14 above). After conducting post-hoc tests with a Bonferroni correction to account for multiple comparisons, none of the pairwise comparisons between regions of practice continued to reach statistical significance. Regarding ages served, there were significant differences between elementary practitioners compared to middle school practitioners and between elementary practitioners and high school practitioners (both $p < .0005$). There were also significant differences between middle school ($p = .03$) and high school ($p = .01$) practitioners compared to those who work with a K-12 population. That is, participants who practice only at the middle school level or only at the high school level reported spending more time engaged with SGM youth compared to participants who work only with elementary school students or with K-12 students. Regarding SGM training in graduate school, participants who reported having less than one hour of training spent statistically significantly less time engaged in SGM-related activities compared to participants who received five or more hours of training ($p = .02$). The same pattern was replicated for professional development over the past five years, in which participants with less than one hour ($p = .002$) or about one hour ($p = .03$) of training engaged in SGM-related activities statistically significantly less than those with five or more hours of training.

The high possibility of Type II errors within these analyses should be noted. Even after collapsing several variables, some response categories still had extremely low $n$’s. The most obvious example is the comparison between straight participants ($n = 198$) and LGB participants ($n = 7$). Four of the seven LGB participants responded that they work
with SGM youth either three hours a month or five or more hours a month. Theoretically, it would make sense if LGB practitioners engaged in SGM-related activities more. However, in this data set, $p$ only approached significance ($p = .06$). Similarly, it would not be surprising if transgender participants engaged in SGM-related activities more than cisgender participants. This could not be measured, as there were no transgender participants in the sample. Therefore, it is possible that small $n$’s obscured real differences on these or other variables.

Finally, Figure 10 presents the percentage of the sample who reported having engaged in any of the listed activities at least once in their career. The only activity that more than half the sample reported having engaged in is counseling an SGM student about issues unrelated to SGM identity. Taking a leadership role in a GSA and running a therapeutic group for SGM students were the activities that participants reported engaging in the least. Table 15 lists other activities that participants wrote in.

**Barriers to Engagement in SGM-Related Activities**

This final section quantitatively reports school psychologists’ perceptions of barriers to SGM-related activities. School psychologists responded how much each item has stopped them from engaging in SGM-related activities on a Likert scale of one (not at all) to five (very much). Tables 16 and 17 report the medians and response distributions for each potential barrier. Medians were reported instead of means, as medians are a more meaningful measure of central tendency for items that are not measured on a continuous scale.

The most frequent response to each barrier was that it did not negatively affect the respondent at all. The only two items that demonstrated somewhat more even
Figure 10

*Percentage of Sample Who Have Reportedly Engaged in Specific SGM-Related Activities*

*(N = 205)*

<table>
<thead>
<tr>
<th>Activities</th>
<th>Percent of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocated for SGM curriculum</td>
<td>30%</td>
</tr>
<tr>
<td>Created SGM bullying policies</td>
<td>16%</td>
</tr>
<tr>
<td>Responded to anti-SGM bullying</td>
<td>36%</td>
</tr>
<tr>
<td>Gender/Sexuality Alliance (GSA)</td>
<td>4%</td>
</tr>
<tr>
<td>Non-SGM-specific counseling</td>
<td>55%</td>
</tr>
<tr>
<td>SGM-specific counseling</td>
<td>40%</td>
</tr>
<tr>
<td>Led SGM therapeutic group</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
</tbody>
</table>

0%  20%  40%  60%  80%  100%  Percent of Sample
Table 15

Write-In SGM-Related Activities (N = 205)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Participants Who Reported Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessed an SGM student for special education eligibility</td>
<td>4</td>
</tr>
<tr>
<td>Connected an SGM student with SGM-related resources</td>
<td>3</td>
</tr>
<tr>
<td>Provided SGM-related PD\textsuperscript{a} to other staff</td>
<td>2</td>
</tr>
<tr>
<td>Participated in staff PD\textsuperscript{a} on SGM issues</td>
<td>2</td>
</tr>
<tr>
<td>Maintained a welcoming atmosphere/open door policy</td>
<td>1</td>
</tr>
<tr>
<td>Displayed SGM symbols in office (i.e., pride flag)</td>
<td>1</td>
</tr>
<tr>
<td>Led an SGM-related guided reading</td>
<td>1</td>
</tr>
<tr>
<td>Created policies to support SGM youth</td>
<td>1</td>
</tr>
<tr>
<td>Interacted with an SGM student via universal social-emotional support (i.e., lunch bunch)</td>
<td>1</td>
</tr>
<tr>
<td>Conducted a behavioral intervention with an SGM student</td>
<td>1</td>
</tr>
<tr>
<td>Case managed an SGM student</td>
<td>1</td>
</tr>
<tr>
<td>Interacted with SGM students during daily activities</td>
<td>1</td>
</tr>
</tbody>
</table>

\textsuperscript{a}PD = professional development.
### Table 16

*Median Responses for Barriers to Engagement in SGM-Related Activities (N = 205)*

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal feelings of lack of knowledge and/or competency</td>
<td>2</td>
</tr>
<tr>
<td>Personal opinion that SGM topics are not appropriate for school</td>
<td>1</td>
</tr>
<tr>
<td>Personal opinion that most SGM-specific activities are not needed in your school</td>
<td>1</td>
</tr>
<tr>
<td>Your religious beliefs</td>
<td>1</td>
</tr>
<tr>
<td>The religious beliefs of the community you work in</td>
<td>1</td>
</tr>
<tr>
<td>Anticipation of an unsupportive administration</td>
<td>1</td>
</tr>
<tr>
<td>Actual pushback from an unsupportive administration</td>
<td>1</td>
</tr>
<tr>
<td>Anticipation of unsupportive parents</td>
<td>1</td>
</tr>
<tr>
<td>Actual pushback from unsupportive parents</td>
<td>1</td>
</tr>
<tr>
<td>SGM-related activities are not consistent with your prescribed role in your school</td>
<td>2</td>
</tr>
</tbody>
</table>

*Note.* Impact response options ranged from 1 (not at all) to 5 (very much).
Table 17

*Frequency Distributions for Barriers to Engagement in SGM-Related Activities (N = 205)*

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Response Frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Personal feelings of lack of knowledge and/or competency</td>
<td>38%</td>
</tr>
<tr>
<td>Personal opinion that SGM topics are not appropriate for school</td>
<td>83%</td>
</tr>
<tr>
<td>Personal opinion that most SGM-specific activities are not needed in your school</td>
<td>76%</td>
</tr>
<tr>
<td>Your religious beliefs</td>
<td>87%</td>
</tr>
<tr>
<td>The religious beliefs of the community you work in</td>
<td>80%</td>
</tr>
<tr>
<td>Anticipation of an unsupportive administration</td>
<td>58%</td>
</tr>
<tr>
<td>Actual pushback from an unsupportive administration</td>
<td>71%</td>
</tr>
<tr>
<td>Anticipation of unsupportive parents</td>
<td>52%</td>
</tr>
<tr>
<td>Actual pushback from unsupportive parents</td>
<td>66%</td>
</tr>
<tr>
<td>SGM-related activities are not consistent with your prescribed role in your school</td>
<td>40%</td>
</tr>
</tbody>
</table>

*Note.* Impact response options ranged from 1 (not at all) to 5 (very much). Percentages were rounded to the nearest integer for readability.
distributions were “Personal feelings of lack of knowledge and/or competency” and “SGM-related activities are not consistent with your prescribed role in your school.” It appears that these were the two most impactful barriers measured in this survey.

Participants were able to write in up to three additional barriers not already included in the survey. Table 18 displays these responses and the percentage of the sample who wrote them in. The most frequent responses were: 1) the perception that SGM-related activities are inappropriate or unnecessary for the elementary-age students the respondent works with, 2) a perceived lack of time, and 3) a perceived lack of current need or opportunity in the respondent’s school, regardless of the age of the population served.
Table 18

Write-In Barriers to SGM-Related Activities (N = 205)

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Participants Endorsing Barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>Perception that SGM-related activities are inappropriate or unnecessary for elementary school students</td>
<td>14</td>
</tr>
<tr>
<td>Perceived lack of time</td>
<td>9</td>
</tr>
<tr>
<td>Perceived lack of current need or opportunity (not specific to age)</td>
<td>8</td>
</tr>
<tr>
<td>Personal opinion that SGM-related activities are not a priority for the population the respondent works with</td>
<td>3</td>
</tr>
<tr>
<td>Respondent’s only role is testing</td>
<td>2</td>
</tr>
<tr>
<td>Other staff already participate in SGM-related activities</td>
<td>2</td>
</tr>
<tr>
<td>Respondent reported not currently working with any SGM youth</td>
<td>1</td>
</tr>
<tr>
<td>Perceived lack of SGM-related training in the age group (10-12-year-olds) the respondent works with</td>
<td>1</td>
</tr>
<tr>
<td>Perceived lack of exposure to working with SGM students</td>
<td>1</td>
</tr>
<tr>
<td>Respondent reported they are new in their role and currently only focusing on their basic responsibilities</td>
<td>1</td>
</tr>
<tr>
<td>Anticipated pushback from coworkers based on perceived anti-SGM attitudes</td>
<td>1</td>
</tr>
<tr>
<td>Personal beliefs</td>
<td>1</td>
</tr>
<tr>
<td>Not enough resources and/or money</td>
<td>1</td>
</tr>
</tbody>
</table>
CHAPTER 6

Discussion

The purpose of the current research was to identify the state of school psychologists’ training with regards to SGM youth, examine school psychologists’ engagement in SGM-related activities, and, finally, analyze barriers to school psychologists’ SGM-related practice. Data about SGM youth was contextualized by collecting the same data about several other clinical and minority groups that school psychologists may encounter. Four hypotheses were tested in the current study; several exploratory analyses were conducted as well. Implications for each result will be discussed, followed by ideas for future research and limitations of the current study.

Opportunities for SGM-Related Learning in Graduate School

In looking at graduate school learning opportunities for all other populations in comparison to SGM youth, graduate students had, on average, more opportunities per course to learn about racial/ethnic minorities and anxious youth compared to SGM youth. They had similar opportunities to learn about SGM youth, low-income youth, youth with bipolar disorder, and youth with ADHD. It is notable that, within the syllabi analyzed, the SGM, low-income, and ADHD populations were given the same amount of focus as youth with bipolar disorder. An estimated 8.7–13.9% of American youth are questioning or identify under the SGM umbrella (Herman et al., 2017; Kann et al., 2016; Rider et al., 2018), about 44% of youth nationally are classified as low-income (Jiang et al., 2015), and about 8.4% of youth have ADHD (Danielson, 2018). Only about 1.8% of American youth have bipolar disorder (Birmaher, 2013). Since school psychologists’ chances of working with the first three populations are much higher, a proportionate increase in
education may be helpful to meet the needs that school psychologists are reporting. Most school psychologists in the current sample reported that they felt their graduate training regarding ADHD youth was sufficient. However, most responded that their training regarding SGM youth and bipolar youth was insufficient. About half responded that their training for low-income youth was insufficient. It will be important for graduate training institutions and organizations to consider these areas of need and examine barriers to increased training.

**Opportunities for SGM-Related Learning at NASP**

In examining professional learning opportunities within NASP annual conventions over a ten-year period, learning opportunities for racial/ethnic minorities were generally most frequent; learning opportunities for SGM youth, low-income youth, anxious youth, and youth with ADHD tended to be in the middle; and learning opportunities for youth with bipolar disorder were generally least frequent. The distribution of learning opportunities seems appropriate given the amount of contact school psychologists are likely to have with each population (although it is not necessarily a good thing that, in some years, there was not a single presentation with content about bipolar youth).

Although NASP programming can provide insight on the current direction of the field of school psychology, it does not represent the opportunities actually offered to school psychologists who do not attend the annual convention. Despite great learning opportunities at NASP for most of the populations researched in this study, most survey participants responded that the professional development they have received over the past five years has been insufficient in terms of SGM youth, low-income youth, racial/ethnic
minorities, and youth with bipolar disorder. While training may be available for those who can afford the time and money to travel to a conference, these survey responses indicate that there is perhaps a need for local, less expensive training that covers a variety of populations.

**Changes in SGM-Related Conference Programming Over Time**

On an optimistic note, there was a strong positive relationship between years and the proportion of SGM presentations at NASP, both when considering total presentations and only non-poster presentations. This demonstrates NASP’s commitment to supporting SGM youth and is consistent with their many publications and resources centering the needs of SGM youth (for examples, see NASP, 2014, 2017). It also highlights the NASP membership’s interest in spreading and acquiring knowledge about SGM youth. This is a positive indicator of the field’s current direction.

**Training and Comfort in Engaging in SGM-Related Activities**

Hours in graduate training and hours of professional development over the past five years were separately correlated with comfort in engaging in several specific SGM-related activities. Most of these correlations were significant. However, the relatively weak strength of the correlations was somewhat surprising given that previous research has demonstrated relationships between mental health professionals’ time in training and perceived preparedness/self-efficacy (Arora et al., 2016; Kull et al., 2017). It may be that while training improves a practitioners’ comfort in engaging with SGM youth overall, it does not always prepare them to engage in the specific activities this survey referred to. Since many of the participants indicated being relatively comfortable with engaging in most of the activities, it is also possible that practitioners are learning from other sources,
such as doing their own research or learning from colleagues. Given that participants indicated they were least comfortable with activities that require a greater depth of knowledge about the SGM community (doing advocacy work, advising a GSA, and leading an SGM-related therapeutic group), these are areas trainers may want to consider when designing learning opportunities.

**Time Spent Engaging in SGM-Related Activities**

In terms of comparing school psychologists’ time per month engaging in SGM-related activities, school psychologists reported spending more time engaged in activities related to racial/ethnic minority youth, youth who are low-income, youth with anxiety, and youth with ADHD. However, they reported spending similar time engaged in SGM- and bipolar-related activities. Given that about one in fifty students have bipolar disorder, it is not surprising that most school psychologists spend less than one hour a month engaging in bipolar-specific work. It is surprising, however, that most school psychologists also report spending less than one hour engaging in SGM-related work per month, given that this population numbers around one in ten students and has a high risk for mental health problems. One practical reason for this could be that some school psychologists find most of their time taken up by IEP mandated services or assessment, leaving them little time to engage with the general education population.

Another possibility may be that school psychologists are waiting for SGM students to be referred to them for direct services, like assessment or counseling due to learning problems, mental health concerns, or bullying. After all, being an SGM is not in and of itself a reason to require direct services. However, school psychologists are likely missing out on opportunities to proactively engage in indirect services, like assessing a
school or district’s needs, providing professional development, and helping to create
SGM-affirmative school policies, among other things. That being said, this survey is an
imperfect measure of school psychologists’ engagement with SGM youth for an obvious
reason; school psychologists likely work with many SGM students who have yet to
understand and/or share their SGM identity with others. The survey also did not take into
account quick but important activities, such as decorating one’s office with a pride flag or
quickly responding to a non-SGM student’s use of anti-SGM language. Despite the
imperfections in data collection, the disparity in time spent between different populations
remains stark.

**Demographic Variables and Time Spent Engaged in SGM-Related Activities**

Analyses were conducted to determine whether there were relationships between
different demographic categories and time spent engaged in SGM-related work.
Statistically significant differences were found on the age, years in practice, religious
identification, ages served, hours in SGM-related graduate training, and hours in SGM-
related professional development over the past five years variables. These differences
make sense theoretically. As SGM issues have become more visible in recent years,
younger practitioners who have been in the field for shorter periods of time may have had
slightly more exposure to SGM issues during training or within their own social lives
compared to older or more experienced practitioners. Additionally, some members of
religious communities may hold biases against SGM individuals and believe that SGM
topics are not appropriate for school. More hours of graduate training or professional
development correlating with more engagement in SGM-related activities matches
previous research (Kull et al., 2017). It bears repeating that due to small $n$’s in some
groups and the non-parametric tests used, low power may have obscured some other differences. In particular, it was expected that practitioners identifying as SGM would spend more time engaged in SGM-related activities compared to non-SGM practitioners. However, the difference in engagement time between LGB and straight participants only approached significance, and no transgender participants responded to the survey.

The fact that elementary school practitioners are less likely to engage in SGM-related activities compared to middle or high school practitioners also makes sense logically but lends itself to discussion. It is a given that there will be fewer students openly identifying as SGM in elementary school (although it is certainly not unheard of). However, that does not mean there is no SGM population in any given elementary school; every individual who identifies as SGM as an adult was once an elementary school child.

Many elementary schoolers, both SGM and non-SGM, do not see positive SGM role models in the media or in their families. When the SGM community remains invisible, the message that is silently communicated to young children is that being cisgender and heterosexual is normal, and that deviations from that norm are strange or unacceptable. As students move into middle school, at an age when they are beginning to figure out who they are (which may include sexual orientation or gender identity; Gülgöz et al., 2019; Herdt & Gilbert, 2000), fitting in is extremely important. If students grow up believing that SGM identities are not normal, this stage can be painful for youth who realize they are different. Therefore, if school psychologists at the elementary level do not engage in SGM-related work because there are seemingly no SGM-identified students, they are missing a crucial opportunity to reduce anti-SGM bias and
communicate that family and gender diversity is normal for both SGM and non-SGM students. For example, elementary school is a perfect time for school psychologists to engage in indirect activities such as advocating for developmentally appropriate, SGM-related learning in the classroom.

**Barriers to Engagement in SGM-Related Activities**

In attempting to quantify the impact of barriers to engagement in SGM-related activities, one of the two barriers that appeared most impactful was a perceived lack of knowledge and/or competency. This is consistent with much of the existing research (McCabe & Rubinson, 2008; Meyer, 2008; O’Donoghue & Guerin, 2017). The other most significant barrier was the perception that participation in SGM-related activities is not part of the respondent’s role. This is a barrier that has not yet been widely reported. Roles and expectations for school psychologists vary greatly from school to school. Thus, many participants reported that their sole role, likely determined by their schools’ administrators, is to evaluate students for the purpose of determining eligibility for special education. Several other participants wrote that their schedule is so full that they do not have time to do other voluntary activities.

Participants’ responses to other barriers was somewhat surprising based on previous research. Most reported that anticipated or actual pushback from administrators or parents were not at all barriers. These have been repeatedly cited as barriers in previous research (Fredman et al., 2015; McCabe & Rubinson, 2008; Meyer, 2008; O’Donoghue & Guerin, 2017). Most participants also responded that neither their own nor their community’s religious beliefs were barriers. Most did not feel that SGM activities were unnecessary or inappropriate either. Despite most participants reporting
that most of the barriers did not impact their work, the only SGM-related activity that
over half the sample had participated in was counseling an SGM student about issues
unrelated to SGM identity.

The fact that most barriers were not heavily endorsed, coupled with the fact that
most practitioners are not engaging meaningfully in SGM-related activities, indicates that
the current survey did not exhaustively capture potential barriers. Given that multiple
participants wrote in that a lack of time was a barrier, it is probable that more of the
sample would have agreed if the survey had included a lack of time as an option. Another
possibility is that school psychologists’ lack of knowledge and/or competency has a more
severe impact upon their ability to engage with this population than most participants
were able to self-report. It may be severe enough to prevent school psychologists from
identifying their lack of knowledge and/or competency, from knowing that there is a lack
of resources for SGM students in their schools, or from understanding that their SGM
students need specialized support. For example, 24 participants (11.7%) wrote in that
SGM-related activities were not needed because there is no SGM population in their
school or because their SGM population does not appear to need intervention.

Responses like this indicate a lack of understanding of the SGM experience.
Again, there will of course be fewer openly identified SGM youth in the younger ages.
However, it bears repeating that children’s ideas about what is normal and acceptable
form in early childhood. Unless an effort is made to make SGM individuals and issues
visible to children, many will grow up with a narrow view of which relationships and
gender expressions are “normal.” The assumption that there are no SGM students at the
middle or high school levels is even more problematic. Statistically, that is nearly
impossible. More likely, the SGM students in those participants’ schools do not feel comfortable to reveal their identities to students and/or school staff. That might actually indicate the highest need for intervention and support! Finally, the perception that SGM students do not need support may be based in a narrow idea of what that support might look like. One participant elaborated on their view that the SGM population does not need support by reporting that “Overt issues of non-acceptance have decreased significantly.” Engagement and intervention do not need to be direct and do not have to exist only as a reaction to overt discrimination. The absence of overt homophobia or transphobia does not equal acceptance or a welcoming environment.

**Future Directions**

Much of the research on SGM students, including the current study, focuses on the perspectives and actions of the adults who work with these students. Future research may want to center SGM students’ perceptions of their own needs so that researchers, trainers, and practitioners can hear directly from students how school psychologists and other educators can create positive school climates. It may also be useful to compare the efficacy of certain engagement activities by comparing the social-emotional functioning of SGM youth who did have access to different supports or resources with those who did not. Research with non-SGM students may prove useful too, as these students can report on interventions or supports that decrease anti-SGM bias.

One difficulty encountered in this study could inform a future project specific to course syllabi. Out of the 193 colleges and universities contacted, only 35 provided both consent to participate and at least one syllabus. Of these, many did not provide all the syllabi requested. Researchers from this study contacted program directors to collect
sylabai because they are a central contact for each program. However, program directors may not have a current, digital version of all the course syllabai easily accessible, therefore making fulfillment of this sort of request time-consuming and difficult. Other program directors may have wanted to protect the work of professors who created the syllabai and felt uncomfortable sending their intellectual property to an unknown researcher. While these problems are understandable, research questions about what graduate students are being taught are extremely important to the field at large. If it does not seem appropriate to allow researchers access to a centralized database of de-identified syllabai for research, NASP or APA may want to consider the possibility of conducting their own content analyses of course syllabai when they accredit graduate programs. This would allow for more transparency regarding how much time school psychology trainees are spending learning about certain topics, and what they are learning in that time.

Limitations

The most notable limitations to this study are the response rates and attrition. An 18% response rate for the colleges and universities that were contacted for syllabai cannot provide a fully representative view of school psychology training nationally. Although it is impossible to know how many school psychologists received the survey invitation, it can be assumed that the 316 participants who began the survey is a small fraction of those who saw it; listserv distribution requests were sent to nearly 300 colleges, universities, and state organizations. Of those 316 participants, there was a 35% attrition rate due to participants not completing the survey. This was likely due to its length. Response patterns indicated that some participants lost interest halfway through. Others simply answered the consent and inclusion criteria questions and clicked through to the end
without answering other questions, likely to enter themselves into the drawing for a gift card. A larger final $n$ would have helped the survey be more representative of the school psychology field. It may have also provided more respondents that fit within certain demographic categories. This would have increased statistical power and helped elucidate comparisons between groups.

The other major limitation of this study is that, in order to shorten the effort required from participants, many questions that could have resulted in continuous variables were measured using ordinal response categories. For example, instead of asking participants how many hours per month they engaged in SGM-related activities using an open-ended format, participants were provided with the following options: less than one hour, about one hour, about two hours, about three hours, about four hours, or five or more hours. Using ordinal data often resulted in the need to use non-parametric statistics, which further reduced statistical power. If more data had been collected in the form of continuous variables, it is possible that more powerful analyses could have been used to examine the data.
CHAPTER 7
Implications for the Profession of School Psychology

The current research has important implications for school psychologists with different roles in the field. For trainers (which includes graduate professors as well as those who provide professional development), most practitioners continue to feel that their training has been insufficient with regard to SGM youth. There is a clear gap in knowledge regarding this vulnerable population. It would be helpful for school psychologists to learn very specific things they can do, especially those that are not time-intensive, to help SGM students feel supported in their schools. Trainers may want to focus especially on what educators can do at the elementary ages to support SGM youth (even if their identities are not yet known) and reduce the development of anti-SGM prejudice in all young children. One consideration for the field at large, or for state certification and licensing bodies, would be to follow a model Massachusetts uses for psychology licensure. Applicants for licensure must have attended a doctoral program that requires students to demonstrate competence regarding “racial/ethnic bases of behavior with a focus on people of color” and have had a pre- or post-doctoral internship that provides a total of four hours’ training on the subject (25J CMR 3, n.d.). This ensures a minimum amount of training regarding working with people of color. A stipulation such as this could require a certain amount of training regarding SGM youth before obtaining certification or licensure.

Practitioners in roles that allow them the flexibility to work with SGM students may wish to shift their thinking from providing individual, reactive interventions to SGM youth to providing proactive supports to the general student body. There are many SGM
students who seek acceptance and community but may never feel courageous enough to
disclose their identity to peers or school staff. A school community who overtly sends
welcoming messages to the SGM community and provides consequences for instances of
discrimination could make a big difference to those students. It is a difficult irony that
SGM students live with; many of those who need the most support are experts at hiding
any signs that may expose who they truly are. In that way, SGM students can be an
invisible minority. Practitioners should know that these students are everywhere, in every
age group. The fact that most school psychologists in this sample spend less than one
hour per month engaging in SGM-related work is concerning given the increased risk of
mental health difficulties for SGM youth, which often continue into adulthood. Finally,
practitioners may want to consider SGM status and the impact of minority stress upon
social-emotional functioning when evaluating students for special education eligibility.
This is especially true when the educational classification of Emotional Disturbance is
being considered; if minority stress is determined to have a significant impact upon a
student’s functioning, that knowledge will guide future intervention.

Lastly, researchers may want to continue studying barriers to engagement with
SGM youth. The current survey is far from comprehensive and collected some results
that were surprising or seemingly contradictory when compared to the little research that
has already been done. Particularly, there seems to be a degree of cognitive dissonance
between the attitudes and behavior of the current sample. Many participants felt neutral to
comfortable with regards to engaging in different SGM-related activities and reported
that many of the listed barriers were not negatively impacting their ability to engage in
SGM-related work. At the same time, most of the sample had never engaged in the SGM-
specific activities that were listed in the survey and reported spending less than one hour a month engaging in SGM-related work. There may be additional, unmeasured barriers impacting engagement, such as the effort required to make changes in school climate, implicit biases that lead to practitioners prioritizing other activities over ones relating to SGM youth, or practitioners feeling stigma or discomfort about championing SGM issues even if they do not expect to receive any overt pushback.

Despite the gaps in research and practice, it is important to acknowledge that interest in and engagement with the SGM youth population seems to grow every year. Social attitudes toward SGM individuals have changed drastically in the last 50 years, when educators routinely lost their jobs due to their SGM status and the field of psychology considered SGM identities to be psychopathology. Hopefully, the school psychology field can look forward to the same degree of change in the next 50 years.
APPENDIX A

Syllabus Solicitation Script

First Attempt

Subject Line: Dissertation Data Collection Request

Dear [Dr. Last Name],

My name is [Name] and I am a research assistant emailing on behalf of Ashley Hicks, a doctoral student of school psychology at St. John’s University. For her dissertation, Ms. Hicks is analyzing the syllabus content of certain courses from NASP-approved school psychology programs. Coded data will be deidentified and reported in aggregate; no information that would identify any individual program, its faculty or administrators, or specific course content will be recorded or reported in the dissertation.

We have determined that the courses listed below are relevant to our study. We would be very grateful if you would either 1) complete the below consent form and reply with a copy of the 2018 syllabi for each section of the below courses (as sections taught by different professors, at different campuses, or for different degrees may differ), or 2) provide me with the emails of the professors who teach each section of the named courses.

[Insert bullet list of courses]
Your help is much appreciated; thank you kindly in advance! Feel free to reach out with any questions you may have.

Consent form link: [Insert link]

[Email Signature]

Second Attempt (After 1 Week Without Response)

Subject Line: Quick Reminder

Dear [Dr. Last Name],

I emailed on [date] and am reaching out again in hopes of including [university name] in this important research regarding training in school psychology programs. We look forward to your response and greatly appreciate your contribution, as we want to make sure our data set is representative of as many school psychology programs as possible. See the information from the original email below.

My name is [Name] and I am a research assistant emailing on behalf of Ashley Hicks, a doctoral student of school psychology at St. John’s University. For her dissertation, Ms. Hicks is analyzing the syllabus content of certain courses from NASP-approved school psychology programs. Coded data will be deidentified and reported in aggregate; no
information that would identify any individual program, its faculty or administrators, or specific course content will be recorded or reported in the dissertation.

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[Insert bullet list of courses]

Your help is much appreciated; thank you kindly in advance! Feel free to reach out with any questions you may have.

Consent form link: [Insert link]

Thank you,

[Email Signature]

Third Attempt (After 2 Weeks Without Response)

Subject Line: Another Friendly Reminder
Dear [Dr. Last Name],

I emailed on [date] and [date] and am reaching out again in hopes of including [university name] in this important research regarding training in school psychology programs. We look forward to your response and greatly appreciate your contribution, as we want to make sure our data set is representative of as many school psychology programs as possible. See the information from the original email below.

My name is [Name] and I am a research assistant emailing on behalf of Ashley Hicks, a doctoral student of school psychology at St. John’s University. For her dissertation, Ms. Hicks is analyzing the syllabus content of certain courses from NASP-approved school psychology programs. Coded data will be deidentified and reported in aggregate; no information that would identify any individual program, its faculty or administrators, or specific course content will be recorded or reported in the dissertation.

We have determined that the courses listed below are relevant to our study. We would be very grateful if you would either 1) complete the below consent form and reply with a copy of the 2018 syllabi for each section of the below courses (as sections taught by different professors, at different campuses, or for different degrees may differ), or 2) provide me with the emails of the professors who teach each section of the named courses.

[Insert bullet list of courses]
Your help is much appreciated; thank you kindly in advance! Feel free to reach out with any questions you may have.

Consent form link: [Insert link]

Thank you,

[Email Signature]
APPENDIX B

Syllabus Consent Form

Your school psychology program has been invited to take part in a research study to learn more about the training of school psychologists regarding several different student populations. This study will be conducted by Ashley Hicks, from the Psychology Department in the St. John’s College of Liberal Arts and Sciences at St. John’s University as part of her doctoral dissertation. Her faculty sponsor is Mark Terjesen, also from the Psychology Department in the St. John’s College of Liberal Arts and Sciences at St. John’s University.

If you agree to be in this study, you will be asked to provide copies of syllabi from required diversity, assessment, intervention, and psychopathology courses (all named in the email) from 2018. This should take less than 10 minutes of your time. There are no known risks associated with your participation in this research beyond those of everyday life. Although you will receive no direct benefits, this research may help the investigator better understand the training of school psychologists regarding working with different student groups.

Confidentiality of your program’s records will be strictly maintained. Syllabi will be de-identified by the researcher prior to being coded so that no information that identifies the university, any administrators or faculty members, or specific course content will be recorded or reported. Therefore, data from your program will remain anonymous and no one will be able to identify it.

Participation in this study is voluntary. You may refuse to participate or withdraw at any time without penalty.
If there is anything about the study or your participation that is unclear or that you do not understand, or if you have questions or wish to report a research-related problem, you may contact Ashley Hicks or the faculty sponsor Mark Terjesen by email at ashley.hicks15@stjohns.edu or terjesem@stjohns.edu, by phone at (718) 990-5860, or by mail c/o Mark Terjesen, St. John’s University, Department of Psychology, Room 409, 8000 Utopia Parkway, Jamaica, NY, 11439. For questions about your rights as a research participant, you may contact the St. John’s University’s Institutional Review Board (IRB) by reaching out to Dr. Raymond DiGiuseppe, Chair (digiuser@stjohns.edu, 718-990-1955), or Marie Nitopi, IRB Coordinator (nitopim@stjohns.edu, 718-990-1440).

You may print a copy of this consent form for your records. Typing your university’s name and clicking the “Agree” button below indicates that you read the above information and you voluntarily agree to participate.
APPENDIX C

Syllabus and Conference Program Search Terms

1. Sexual/gender minorities: LGB, GLB, lesbian, gay, bisexual, transgender, queer, questioning, asexual, two-spirit, two spirit, 2s, sexual orientation, gender identi, dysphoria, homophob, transphob

2. Bipolar disorder: Bipolar, mania, manic

3. Attention-deficit/hyperactivity disorder: attention-deficit, attention deficit, ADHD

4. Anxiety disorders: anxi, selective mutism, selectively mute, phobi, panic

5. Low income: income, poor, pover, econom, low SES, financ, homeless, transient, lunch, McKinney

6. Racial/ethnic minorities: race, raci, ethni, lingu, language learn, Native, Latin, Hispanic, Caribbean, Africa, Black, Asia, Pacific Island, Jew, Muslim, Islam, Middle East, migra, refugee, cultur

7. Diversity: Divers, minorit, social justice, disproportion
APPENDIX D

Syllabus Coding Guide

1. University ID Number:

2. Course ID Number:

3. Degree Type:
   a. Diversity = 1
   b. Psychopathology = 2
   c. Social/emotional/behavioral assessment = 3
   d. Social/emotional/behavioral interventions = 4

4. Degree type
   a. Specialist = 1
   b. Doctoral = 2

5. Number of lectures including:
   a. SGM:
   b. Bipolar disorders:
   c. ADHD:
   d. Racial/ethnic minorities:
   e. Low income:

6. Number of readings including:
   a. SGM:
   b. Bipolar disorders:
   c. ADHD:
   d. Racial/ethnic minorities:
e. Low income:

7. Number of assignments including:
   a. SGM:
   b. Bipolar disorders:
   c. ADHD:
   d. Racial/ethnic minorities:
   e. Low income:
APPENDIX E

Conference Program Coding Guide

1. Year:

2. Presentation ID:

3. Presentation name:

4. Page number:

5. Presentation type
   a. Presentation-based = 1
   b. Skills-based = 2
   c. Conversation-based = 3
   d. Individual Poster = 4
   e. Poster Session = 5

6. SGM:
   a. Yes = 1

7. Bipolar disorders:
   a. Yes = 1

8. ADHD:
   a. Yes = 1

9. Racial/ethnic minorities:
   a. Yes = 1

10. Low income:
    a. Yes =
APPENDIX F

Survey Description

Dear [organization name] members,

My name is Ashley Hicks, and I am a student at St. John’s University. I am conducting my doctoral research on the training and professional activities of school psychologists regarding certain student populations. I am emailing to solicit your participation in a survey that will take less than 30 minutes of your time. Participation is voluntary, and responses will be kept anonymous. As a thank you for participation, those who complete the survey may choose to enter a drawing for one of twenty $25 Amazon.com gift cards.

If you are an interested school psychologist who currently works in a school for pay (no externs or unpaid interns, please), visit this link to access the consent form and survey: [Insert link]

If you have any questions, please contact me at ashley.hicks15@stjohns.edu.

Thank you for your time.

Ashley Hicks, M.S.
School Psychology Psy.D. ‘20
St. John’s University
APPENDIX G

Survey Consent Form

You have been invited to take part in a research study to learn more about the training and professional activities of school psychologists working with several different student populations. This study will be conducted by Ashley Hicks, from the Psychology Department in the St. John’s College of Liberal Arts and Sciences at St. John’s University as part of her doctoral dissertation. Her faculty sponsor is Mark Terjesen, also from the Psychology Department in the St. John’s College of Liberal Arts and Sciences at St. John’s University.

If you agree to be in this study, you will be asked to complete an online questionnaire about your demographic information, training, and professional activities. Participation in this study will involve less than 30 minutes to complete the questionnaire. There are no known risks associated with your participation in this research beyond those of everyday life. Although you will receive no direct benefits, this research may help the investigator better understand the training and professional activities of school psychologists as they pertain to different student groups. You may enter into a drawing to receive one of twenty $25 Amazon.com gift cards for completing the survey; if you withdraw before the end of the study, you will not be able to enter the drawing.

Confidentiality of your research records will be strictly maintained. You will not be asked to provide any identifying information, such as your name or email address, and Qualtrics will not collect information such as your location or IP address. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study. At the end of the survey
you will be asked to provide your email if you are interested in entering the drawing for an Amazon.com gift card. If you choose to provide your email address, you will be directed to a separate survey to enter it so that your email is not linked to your survey responses.

Participation in this study is voluntary. You may refuse to participate or withdraw at any time without penalty. You have the right to skip or not answer any questions you prefer not to answer.

If there is anything about the study or your participation that is unclear or that you do not understand, or if you have questions or wish to report a research-related problem, you may contact Ashley Hicks or the faculty sponsor Mark Terjesen by email at ashley.hicks15@stjohns.edu or terjesem@stjohns.edu, by phone at (718) 990-5860, or by mail c/o Mark Terjesen, St. John’s University, Department of Psychology, Room 409, 8000 Utopia Parkway, Jamaica, NY, 11439. For questions about your rights as a research participant, you may contact the St. John’s University’s Institutional Review Board (IRB) by reaching out to Dr. Raymond DiGiuseppe, Chair (digiuser@stjohns.edu, 718-990-1955), or Marie Nitopi, IRB Coordinator (nitopim@stjohns.edu, 718-990-1440).

You may print a copy of this consent form for your records. Clicking the “Agree” button below indicates that you read the above information and you voluntarily agree to participate.
APPENDIX H

Survey

Inclusion Criteria

[Note: Not meeting any inclusion criteria sent the potential participant to the end of the study.]

1. Are you a practicing school psychologist working for pay?
   a. Yes
   b. No

2. Do you work in a school in the United States?
   a. Yes
   b. No

Part I: Demographics

1. What is your age?

2. How many years have you worked as a school psychologist (not including externship or internship placements for which you were not paid)? Enter 0 if you have worked for less than a year.

3. In which country were you born?

4. Do you identify as Latino/Latina/Latinx?
   a. Yes
   b. No

5. How would you describe your heritage (check all that apply)?
   a. Native American, Alaska Native, or First Nations
   b. Mexican, Central American, or South American
c. Caribbean

d. African

e. European

f. West Asian or Middle Eastern

g. South Asian

h. East Asian

i. Pacific Islander

6. Do you consider yourself to be religious?

   a. Yes

   b. No

7. How do you identify your religious background (or that of your family, if you do not consider yourself to be religious)?

   a. Christian

   b. Jewish

   c. Muslim

   d. None

   e. Other (please describe)

8. What is your gender? (Note: cisgender indicates a match between the sex you were assigned at birth and your gender identity. For example, someone who is assigned female at birth and identifies as a woman is a cisgender woman).

   a. Cisgender woman

   b. Transgender woman

   c. Cisgender man
d. Transgender man

e. Any identity outside the gender binary (non-binary, genderfluid, two-spirit, etc.)

9. Which term most closely aligns with your sexual orientation?

a. Straight

b. Gay or lesbian

c. Bisexual (or related identities such as pansexual, etc.)

10. In which state did you receive your specialist degree?

11. In which state did you receive your doctoral degree, if you have one?

12. In which state do you currently practice?

13. What is the highest degree you hold?

a. Specialist degree

b. Doctoral degree

14. Please indicate the religious affiliation of the school you work in:

a. No affiliation

b. Christian

c. Jewish

d. Muslim

e. Other (please describe)

15. Is the school you work in a:

a. Public school

b. Private school

c. Charter school
16. What age(s) do you work with? (Select all that apply)

   a. Elementary school
   b. Middle school
   c. High school

**Part II: Graduate Training**

In the following section, you will be asked about required and voluntary training you received about working with several populations during your graduate training.

**Required** training is any lectures, readings, or assignments, etc. that were mandatory components of courses that all students in your degree program had to take in order to graduate.

Training is considered **voluntary** if it was any lectures, readings, or assignment, etc. that was connected to an elective course or considered suggested/extra credit for a required course. Note that if you completed some lecture, reading, assignment, etc. about the target population but it was not required that you do it on that population (e.g., you were required to give a presentation on any topic and happened to choose one of the following target populations), it is considered voluntary.

The populations you will be asked about are:

- People from low income backgrounds (defined as an annual income of up to 200% of the federal poverty level; for example, up to about $50,000 for a family of four)
• People with bipolar disorder
• Sexual and/or gender minorities (defined as people who identify as any type of gay, lesbian, bisexual, transgender, queer, or a similar culturally bound term such as two-spirit)
• People with attention-deficit/hyperactivity disorder (ADHD)
• People with anxiety disorders
• People who are racial/ethnic minorities (defined as people whose heritage is not solely European American and/or are not native English speakers)

[Note: The following information was presented in a matrix so that participants could select their answers for all populations at once.]

1. Please estimate, to the closest option, how many hours of your graduate training (including required and voluntary training) you spent learning about each population [LI/BPD/SGM/ADHD/ANX/REM]:
   a. Less than 1 hour
   b. 1 hour
   c. 2 hours
   d. 3 hours
   e. 4 hours
   f. 5 or more hours
2. Of the total time in training provided above, please estimate the number of hours you spent learning about each population [LI/BPD/SGM/ADHD/ANX/REM] in required training:
   a. Less than 1 hour
   b. 1 hour
   c. 2 hours
   d. 3 hours
   e. 4 hours
   f. 5 or more hours

3. Looking back at both your required and voluntary training, do you feel the amount of training you got in graduate school for working with each population [LI/BPD/SGM/ADHD/ANX/REM] was sufficient?
   a. Yes
   b. No

PART III: Professional Development

In the following section, you will be asked about required and voluntary professional development you have completed about working with the same populations.

Required professional development is any workshop, activities, or readings, etc. that was mandated for those in your job position by an institution you are connected to.
Training is considered **voluntary** if it was any workshops, activities, or readings, etc. that was connected to professional development you chose to attend or considered suggested/supplemental to a required professional development. Note that if you completed some professional development about the target population but it was not required that you do it on that population (e.g., you were required to attend professional development on any topic and you happened to choose one of the following target populations), it is considered voluntary.

As a reminder, the populations you will be asked about are:

- People from low income backgrounds (defined as an annual income of up to 200% of the federal poverty level; for example, up to about $50,000 for a family of four)
- People with bipolar disorder
- Sexual and/or gender minorities (defined as people who identify as any type of gay, lesbian, bisexual, transgender, queer, or a similar culturally bound term such as two-spirit)
- People with attention-deficit/hyperactivity disorder (ADHD)
- People with anxiety disorders
- People who are racial/ethnic minorities (defined as people whose heritage is not solely European American and/or are not native English speakers)
[Note: The following information was presented in a matrix so that participants could select their answers for all populations at once.]

1. Considering 2014-2018 (or as long as you have been working for pay, if you have been working for less than five years), please estimate how many hours you spent in professional development (both required and voluntary training) learning about each population [LI/BPD/SGM/ADHD/ANX/REM]:
   a. Less than 1 hour
   b. 1 hour
   c. 2 hours
   d. 3 hours
   e. 4 hours
   f. 5 or more hours

2. Of the total time in professional development provided above, please estimate the number of hours you spent learning about each population [LI/BPD/SGM/ADHD/ANX/REM] in required professional development:
   a. Less than 1 hour
   b. 1 hour
   c. 2 hours
   d. 3 hours
   e. 4 hours
   f. 5 or more hours
3. Looking back at both your **required and voluntary** professional development, do you feel the amount of professional development you got from 2014-2018 for working with each population [LI/BPD/SGM/ADHD/ANX/REM] was sufficient?  
   a. Yes  
   b. No  

**PART IV: Professional Engagement**

As a reminder, the populations you will be asked about are:

- People from low income backgrounds (defined as an annual income of up to 200% of the federal poverty level; for example, up to about $50,000 for a family of four)
- People with bipolar disorder
- Sexual and/or gender minorities (defined as people who identify as any type of gay, lesbian, bisexual, transgender, queer, or a similar culturally bound term such as two-spirit)
- People with attention-deficit/hyperactivity disorder (ADHD)
- People with anxiety disorders
- People who are racial/ethnic minorities (defined as people whose heritage is not solely European American and/or are not native English speakers)

[Note: The following information was presented in a matrix so that participants could select their answers for all populations at once.]
1. Please estimate how many hours a month, on average, you spend working with students from each group [LI/BPD/SGM/ADHD/ANX/REM] (This may include indirect activities, such as consultation or advocacy, or direct activities, such as counseling or advising a club relevant to a specific population):
   a. Less than 1 hour
   b. 1 hour
   c. 2 hours
   d. 3 hours
   e. 4 hours
   f. 5 or more hours

2. Of the amount of time you indicated you spend with each population above [LI/BPD/SGM/ADHD/ANX/REM], about how much is spent providing services mandated on students’ Individualized Education Plans?
   a. 0%
   b. 25%
   c. 50%
   d. 75%
   e. 100%

The last couple questions will ask you about your engagement in activities with one population from those you have been asked about thus far.
[Presented on next page:] The population you will be answering questions about is sexual and/or gender minority (SGM) youth. As a reminder, the term SGM refers to people who identify as any type of homosexual, bisexual, transgender, queer, or a similar culturally bound term such as two-spirit.

3. In your entire career as a paid school psychologist, have you (select all that apply)…

   a. Advocated at the school, district, or state level for inclusion of information about or relevant to SGM populations in school curricula?

   b. Helped to create bullying policies with specific protections for SGM youth?

   c. Directly responded to bullying against SGM students?

   d. Assumed a leadership role in starting or continuing (i.e., acting as advisor) for your school’s Gay-Straight Alliance or Gender/Sexuality Alliance (GSA)?

   e. Provided mental health assessment and/or counseling to an SGM student about issues unrelated to their SGM identity?

   f. Provided mental health assessment and/or counseling to an SGM student or their family specifically struggling with issues of identity (i.e., deciding how they identify, coming out, harassment, etc.)?

   g. Facilitated a therapeutic group for SGM students?

   h. Please briefly name any other ways in which you have worked with SGM students:
4. Please indicate on a scale of 1 (not at all comfortable) to 5 (completely comfortable) how comfortable you feel in engaging in the following activities with sexual and/or gender minority youth:
   a. Advocating at the school, district, or state level for inclusion of information about or relevant to SGM populations in school curricula?
   b. Helping to create bullying policies with specific protections for SGM youth?
   c. Directly responding to bullying against SGM students?
   d. Assuming a leadership role in starting or continuing (i.e., acting as advisor) for your school’s Gay-Straight Alliance or Gender/Sexuality Alliance (GSA)?
   e. Providing mental health assessment and/or counseling to an SGM student about issues unrelated to SGM status?
   f. Providing mental health assessment and/or counseling to an SGM student or family specifically struggling with issues of identity (i.e., deciding how they identify, coming out, harassment, etc.)?
   g. Facilitating a therapeutic group for SGM students?

5. Please indicate how much the following factors have stopped you from engaging in SGM-related activities on a scale of 1 (not at all) to 5 (very much):
   a. Personal feelings of lack of knowledge and/or competency
b. Personal opinion that SGM topics are not appropriate for school

c. Personal opinion that most SGM-specific activities are not needed in your school

d. Your religious beliefs

e. The religious beliefs of the community you work in

f. Anticipation of an unsupportive administration

g. Actual pushback from an unsupportive administration

h. Anticipation of unsupportive parents

i. Actual pushback from unsupportive parents

j. SGM-related activities are not consistent with your prescribed role in your school

k. Other (Please describe):

l. Other (Please describe):

m. Other (Please describe):
REFERENCES


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<table>
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<th><strong>Name</strong></th>
<th>Ashley Hicks</th>
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<tr>
<td><strong>Baccalaureate Degree</strong></td>
<td>Bachelor of Arts, New York University, New York, Major: Psychology</td>
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<td><strong>Date Graduated</strong></td>
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<td><strong>Other Degrees and Certificates</strong></td>
<td>Master of Science, St. John’s University, Jamaica, Major: School Psychology with Bilingual Extension</td>
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<td><strong>Date Graduated:</strong></td>
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