

Designing Developmentally Appropriate School Counseling

Interventions for LGBTQ Students

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Abstract

Lesbian, gay, bisexual, and questioning (LGBQ) students must face the physical, cognitive, and emotional challenges of adolescent development while becoming aware of and coping with a sexual minority orientation. As an invisible minority, LGBQ students are stigmatized, and many experience negative outcomes (e.g., isolation, depression) as a result of heterosexism. The authors discuss how Cass' model of sexual identity development serves as an appropriate template from which school counselors may work directly with students at each stage of sexual identity development. Additionally, the authors highlight numerous indirect services school counselors can provide to LGBQ students.

Designing Developmentally Appropriate School Counseling Interventions for LGBTQ Students

The extent of developmental, emotional, and psychosocial challenges faced by lesbian, gay, bisexual, and questioning (LGBTQ) adolescents is overwhelming and may be difficult for school counselors to understand without conceptualizing the psychological and emotional struggles of these adolescents. A plethora of research focuses on the psychological and physical consequences LGBTQ youth experience because of their sexual identity. However, researchers have yet to consider *comprehensively* how a school counselor might assess LGBTQ students' personal development, sexual identity development, and the effects of heterosexism. Moreover, there is limited information on how to tailor counseling interventions to an LGBTQ student's stage of sexual identity development. The central aim of this article is to address these shortcomings by comprehensively examining the risk factors, stigmatization, and developmental issues facing LGBTQ students and offering practical interventions to aid school counselors in working effectively with this population, using Cass' (1979) model of sexual identity development as the theoretical framework. Further, the benefits of support groups and strategies for eliminating institutionalized heterosexism are discussed, along with gaps in the current research base of LGBTQ adolescent issues and implications for future research.

Consequences Associated with an LGBTQ Identity

Lesbian, gay, bisexual, and questioning students are an invisible minority; they experience the same biological, cognitive, and psychosocial tasks of heterosexual students, while at the same time struggle with an awareness of a minority sexual

orientation. However, because lesbian, gay, bisexual, and questioning students are struggling to define a sexual identity within a heterosexist society, they face an abundance of challenges that their heterosexual peers do not (Fontaine & Hammond, 1996). It is estimated that 10% of the population is lesbian or gay (Dahlheimer & Feigal, 1991), and that most lesbian and gay people become aware of their sexual orientation during early adolescence (Dempsey, 1994). Additionally, research has suggested that gay persons experience an awareness of “differentness” as early as age 4 (Telljohann & Price, 1993). A study of lesbian and gay college students found that 37% of men and 17% of women knew they had a same-sex orientation by high school (Elliott & Brantley, 1997).

Many negative emotional consequences are associated with being either an open or “in the closet” LGBTQ adolescent. These risk factors have been researched extensively and include emotional distress (Morrow, 2004; Savin-Williams, 1994), isolation (Hetrick & Martin, 1987; Pope, 2003; Radkowsky & Siegel, 1997), internalized homophobia (Radkowsky & Siegel), depression (Morrow; Radkowsky & Siegel), substance abuse (Hammelman, 1993; Morrow; Radkowsky & Siegel), suicide (D’Augelli & Hershberger, 1993; Morrow; Radkowsky & Siegel), violence/victimization (Hetrick and Martin; Radkowsky & Siegel), family conflict (D’Augelli & Hershberger; Morrow; Radkowsky & Siegel), poor school performance (Fontaine & Hammond, 1996), sexually transmitted diseases (Bontempo & D’Augelli, 2002), and pregnancy (Bontempo & D’Augelli; Fontaine & Hammond). Social stigmatization, including homosexist jokes and negative language, is an additional negative consequence resulting in significant

negative discriminatory effects on LGBTQ adolescents' psychosocial development (Morrow).

In a study of 194 lesbian, gay, and bisexual youth, Pilkington and D'Augelli (1995) found that by age 21, 80% of their sample of lesbian, gay, and bisexual youth had experienced verbal abuse, 44% had been physically threatened, 31% had been chased or followed, 22% had been sexually assaulted, 18% had been physically assaulted, 11% had been spat on, and 10% had been assaulted with a weapon. In addition to the threat of physical harm, researchers have found that youth with a same-sex orientation experience significant emotional harm. A survey conducted by Ryan and Futterman (1997) found that 46% of gay youth who disclosed their same-sex orientation lost at least one friend as a result of the disclosure.

A study by Hammelman (1993) of 48 gay and lesbian adolescents, 35% reported having a drug or alcohol problem, and 59% reported that their sexual orientation was a partial or main reason for their substance use. A study by D'Augelli and Hershberger (1993) found that 30% to 40% of LGBTQ youth reported having attempted suicide. In a 1995 "Youth Risk Behavior Survey" of 9,188 high school students, 315 of which identified as lesbian, gay, or bisexual, Bontempo and D'Augelli (2002) found that at-risk behaviors in the LGB adolescents were associated with high levels of at-school victimization. The authors also found that LGB adolescents with high levels of at-school victimization reported higher levels of substance use, suicidality, and sexual risk behaviors than their heterosexual peers. The high percentage of drug use and suicide attempts among same-sex oriented adolescents is a concern for school counselors.

Clearly, the aforementioned risk factors and consequences associated with being an LGBTQ adolescent can present a myriad of struggles. It becomes imperative that school counselors understand the psychosocial and interpersonal struggles confronting LGBTQ students, as well as the need for effective application of counseling interventions. The first step in this process is to accurately conceptualize LGBTQ adolescent identity and sexual development.

LGBTQ Adolescent Identity, Sexual Development, and Counseling Implications

During adolescence, every individual must accomplish certain developmental tasks in order to lead a productive, psychologically healthy life. Some of these tasks include achieving independence from primary caregivers, preparing for a career, adjusting to the emotional and physical changes of puberty, and moving toward a sense of personal identity by developing personal values independent from the values of others (Radkowsky & Siegel, 1997). The development of a sense of identity is perhaps the most salient developmental task of adolescence (Morrow, 2004). However, this task is significantly more complicated for LGBTQ adolescents because they must develop an “achieved” identity within the context of social stigmatization, and many times, without the support of family, peers, and schools (Radkowsky & Siegel).

Research suggests that students identifying with a minority or questioning sexuality are negatively stigmatized to the degree that it is difficult for parents, friends, or teachers to offer relationships or support. (Radkowsky & Siegel, 1997). A study by Savin-Williams (1994) found that more than 95% of gay and lesbian adolescents reported feeling separated and emotionally isolated from their peers. Unfortunately, support from family and peers is one of the most important factors in the development of

a positive identity. Without external support LGBQ youth may face challenges in positive personal and sexual identity development (Fontaine & Hammond, 1996). If the developmental tasks of sexual orientation and personal identification are not accomplished during adolescence, a developmental “chain reaction” may occur, whereby other developmental tasks, such as relationship formation, are delayed (Pope, 2003).

Implications for School Counselors

Initial Considerations. First and foremost, a school counselor must not assume that an LGBQ student wants to discuss issues related to her same-sex orientation (Fontaine & Hammond, 1996). However, a LGBQ student may express feelings of depression, isolation, or substance abuse issues, and the counselor should consider the impact that stigmatization has on these emotional and behavioral issues. Additionally, the counselor is advised to be aware that students might present as heterosexual, though they may be questioning their sexual identity (Coleman & Remafedi, 1989). Fontaine and Hammond cautioned that a school counselor address sexual identity issues only after he or she has a firm awareness that such issues may be negatively affecting the student.

Radkowsky and Siegel (1997) suggested that the most important aspect of counseling LBGQ adolescents is the establishment of a trusting and confidential counseling relationship. A nonjudgmental and accepting counselor provides an environment in which the student may discuss feelings, experiences, and ideas pertaining to sexual identity issues. Indeed, Lemoire and Chen (2005) advocated for adopting a person-centered counseling approach in working with LBGQ students,

particularly in the early stages of sexual identity development. When a student shares sexual identity issues with a counselor, it is recommended that the counselor evaluate the nature of the adolescent's homosexuality, even when sexual identity concerns are not the presenting issue. Here, again, it is important that a counselor not assume a LGBTQ student wishes to address concerns related to sexual orientation (Radkowsky & Siegel). Malyon (1981) stated that the ultimate goal in working with LGBTQ youth is to help them "develop a positive self-concept and a genuine capacity for intimacy, irrespective of sexual orientation" (p. 325).

Counselor Competencies. As with all multicultural counseling, school counselors are called upon to be aware of their own attitudes and beliefs about homosexuality, acquire knowledge specific to the LGBTQ population, and possess skills necessary to effectively work with this population (Pederson, 1988). A counselor working with LGBTQ students also must be aware of society's focus on sexual behavior and be mindful to explore the clients' feelings about homosexuality, including feelings of attraction and companionship, in order to foster a safe and accepting environment (Fontaine & Hammond, 1996).

Hetrick and Martin (1987) found that a frequent reason lesbian and gay youth sought counseling was for issues related to their family. A study by D'Augelli and Hershberger (1993) found that 55% of mothers and 37% of fathers accepted their gay or lesbian child, 25% of mothers and 36% of fathers tolerated their child, 8% of mothers and 10% of fathers neither tolerated nor rejected their child, and 12% of mothers and 18% of fathers rejected their gay or lesbian child. Given this research finding, a school counselor may choose to explore the potential costs and consequences of "coming-out"

with students (Fontaine & Hammond, 1996). Fontaine and Hammond suggested exploring availability of alternative resources, parents' moral views, motivation for coming out at a particular time, and the need to be aware that patience may be required as parents adjust to the news.

A joint effort of the American Counseling Association, American Psychological Association, American School Counselor Association, National Association of School Nurses, National Association of School Psychologists, National Association of Social Workers, and the School Social Work Association of America has resulted in a program titled the *Healthy Lesbian, Gay, and Bisexual Students Project* (Anderson & Porter, 2002). School counselors may participate in this program, which offers specialized training on developing and providing counseling services for sexual minority students. The Project can be contacted through its website, <http://www.apa.org/ed/hlgb.html>. The project is an excellent resource for school counselors who wish to gain additional competency in working with LGBTQ students (Pope, 2003).

Cass' Model of Sexual Identity Development

Sexual orientation refers to the "innate predisposition for the gender – either same or other – of one's sexual preferences" (Eliaison, 1996, p. 34). This predisposition to the same or opposite sex involves sexual or erotic feelings, desires, thoughts, fantasies, and behaviors (Savin-Williams, 1994). Although many people view sexual orientation as static throughout the lifespan, Hollander (2000) stated that sexual orientation changes throughout the development of the individual. These changes are illustrated in Cass' model of sexual identity development.

Cass' model of sexual identity development illustrates the stages through which gay, lesbian, and bisexual individuals move in a linear fashion (Cass, 1979). The model includes six stages, which may take years through which to progress. The stages are *identity confusion*, *identity comparison*, *identity tolerance*, *identity acceptance*, *identity pride*, and *identity synthesis*. The model is based on the assumption that sexual identity is acquired rather than inborn and involves the interactions between individuals and environments (Cass). Fontaine and Hammond (1996) suggested that Cass' model could serve as a conceptual foundation when counseling LGBTQ adolescents, by offering an avenue to assess which stage of development an adolescent may be experiencing. From this knowledge, school counselors can incorporate practical counseling techniques and interventions for each stage of sexual identity development. The following is a review of each stage in Cass' model, as well as suggestions for providing direct counseling services to LGBTQ students who correspond to each stage.

Stage 1: Confusion. Fontaine and Hammond (1996) suggested that most LGBTQ children and adolescents are in the confusion stage of sexual identity development as they slowly become aware of their "differentness." The adolescent may begin to acknowledge same-sex attractions, perhaps in the form of fantasies or dreams. The state of confusion interrupts the meaning-making process of sexual attraction toward the same sex, thus leading to a desire for information. An adolescent in the confusion stage wonders, "Could I be homosexual?" School librarians report that books on lesbian and gay issues often disappear from the media center without being checked out (Fontaine & Hammond). Although a clandestine search for information may occur, denial also is common in this stage.

Fontaine and Hammond (1996) suggested that counselors working with adolescents in the confusion stage should encourage students to redefine “differentness” and normalize feelings. Additionally, to provide an open and accepting environment, school counselors may want to keep books on lesbian and gay issues in their office. Importantly, when an adolescent presents in the confusion stage, a neat, linear progression through the remaining stages is not guaranteed. In this stage, one can not know with what orientation a student will eventually identify; thus, a counselor is advised to discourage premature self-labeling. By normalizing feelings, keeping reading materials nearby, and avoiding premature labeling, counselors can ensure an accepting environment in which LGBTQ students may explore their sexual identity (Fontaine & Hammond).

Stage 2: Comparison. Adolescents who present in the identity comparison stage are beginning to accept their same-sex feelings of attraction as part of themselves, though they may consider it a phase or a special case (Cass, 1979). Incongruence is experienced between an adolescent’s same-sex attractions and the predominant view of self as having an opposite-sex orientation. Lesbian, gay, or bisexual adolescents in this stage are usually aware of the social alienation they will experience as a same-sex oriented youth, leading to internalizations of “differentness” and being defective (Fontaine & Hammond, 1996). Feelings of isolation and shame are strongly associated with this stage, increasing the risk of suicidality.

An increase in the intensity of emotions during the comparison stage suggests that a school counselor explore the youths’ fears, anxieties, and feelings of shame; identify positive heterosexual and homosexual role models; and offer appropriate peer

support resources (Fontaine & Hammond, 1996). Knowledge and sharing of school and community support is increasingly important in this stage.

Stage 3: Identity Tolerance. The identity tolerance stage is marked by an acknowledgement that one is probably same-sex oriented and, the need to seek out the company of other same-sex oriented individuals in order to meet belongingness needs emerges (Fontaine & Hammond, 1996). Though much of the confusion and shame associated with the first two stages is dispelled, same-sex oriented adolescents in this stage may feel significant apprehension when comparing themselves to opposite-sex oriented peers (Fontaine & Hammond). An adolescent in this stage may be “out” to a select few, but in most environments presents as heterosexual. This, in some cases, leads to a “double-life” characterized by secretive, risk-taking behavior, or blatant denial of her or his sexuality. Thus, school counseling interventions at this stage may focus on increasing the student’s self-acceptance, assisting in interpreting negative experiences, developing interpersonal skills, addressing fears of exposure, facilitating decision-making on coming out, and offering insight on the identity formation process (Fontaine & Hammond). Recommending community support groups (discussed later) is particularly appropriate for an adolescent in the tolerance stage of sexual identity development (Fontaine & Hammond).

Stage 4: Acceptance. Adolescents in the acceptance stage of sexual identity development are no longer struggling with determining their sexual identity and may be exploring “coming out” issues (Fontaine & Hammond, 1996). These adolescents may be scapegoated at home or at school. Severe loneliness and alienation may intensify, and grief and loss issues may need to be a focus in counseling because the adolescent is

aware of “giving up” the heterosexual lifestyle. Same-sex oriented adolescents in the stage of identity acceptance have greater clarity of their sexual identity and often wish to have increased contact with other same-sex oriented youth (Cass, 1979). However, according to Fontaine and Hammond, finding other gay and lesbian youth is difficult, particularly in rural areas, prompting the need for support groups. Exploring coming out issues, focusing on building the student’s self-esteem, affirming self-worth, and offering alternative lifestyle suggestions and role models are important interventions for students in this stage of Cass’ model (Fontaine & Hammond).

Stage 5: Pride. Stage five of Cass’ (1979) model is pride. Though Fontaine and Hammond (1996) stated that few adolescent reach this level of sexual identity, an increasing number of adolescents are presenting in the pride stage. Characteristics of the pride stage include an “us/them” attitude toward opposite-sex oriented individuals, a belief in the superiority of LGBTQ lifestyle, an aggressive “out” stance, interpersonal conflicts, and anger at prejudice and discrimination (Cass). An adolescent in this stage may spend much of her time preoccupied with fighting for lesbian and gay rights at the sacrifice of other aspects of her identity. Moreover, aggression displayed by some adolescents in this stage creates interpersonal conflict, as when lesbian and gay students clash with institutionalized heterosexism in school settings (e.g., not supported in starting a gay-straight alliance at school, told she or he can not bring a same-sex date to a school dance). Fontaine and Hammond suggested the counselors encourage positive self-esteem and pride, assist the adolescent in bridging the gap with heterosexual peers, and caution the teen against becoming exhausted and bitter by zealously trying to have her gay pride message heard and accepted. A school

counselor may assist students to identify appropriate ways to go about having their messages heard. For example, a school counselor may recommend that a teen contact an organization such as the Safe Schools Coalition about establishing gay-straight alliance clubs at local schools and churches.

Stage 6: Synthesis. Fontaine and Hammond (1996) posited that it is rare for an adolescent to reach the synthesis stage of sexual identity development, usually a stage experienced in adulthood. Nonetheless, as society is becoming ever more accepting of sexual minorities, adolescents may begin presenting characteristics of the synthesis stage. Individuals who have reached the synthesis stage of Cass' model have rejoined supportive opposite-sex oriented peers, have increased empathy, and have a renewed interest on work, school and family roles (Cass, 1979). Fontaine and Hammond suggested that school counselors need to promote a confluence of sexual and personal identities for students who reach the synthesis stage.

Although linear progression through the 6 stages is ideal, individuals can and do become "stuck" in stages (Cass, 1979). School counselors can use Cass' model as a foundation to assess a student's stage of sexual identity development, identify roadblocks to successful completion of a particular stage, and incorporate counseling interventions to help students work through sticking points along the way. Hollander (2000) found Cass' model helpful in understanding the processes, stigmatization, and inevitable hardships faced by LGBTQ adolescents today. Additionally, the model assists school counselors in highlighting the difficult emotions that may arise among LGBTQ students, thus leading to appropriate counseling interventions (Fontaine & Hammond, 1996).

Support Groups

Research has found that because many organizations fear repercussions for providing supportive services for LGBQ adolescents, most supportive services and resources are aimed at lesbian and gay adults (Radkowsky & Siegel, 1997). Nonetheless, Kunreuther (1991) concluded that positive peer support is crucial for LGBQ adolescents' successful development in all domains. A study of members of a gay youth support group found that feelings of depression and isolation disappeared when gay youth were able to interact with each other in a nonthreatening environment (Martin & Hetrick, 1988). A similar study by Anderson (1987) concluded that "having the support of a gay peer group can be an important factor in encouraging the gay adolescent to meet interpersonal challenges that are important for his or her uninterrupted development" (p. 179). Support organizations provide same-sex oriented youth with a nurturing environment which normalizes the same-sex orientation and affords youth an opportunity to find role models and make friends without hiding their sexual orientation. The result often leads to greater confidence in building social skills and experimenting with intimate relationships, as well as increases in self-esteem (Radkowsky & Siegel).

The following case study of "Thomas," based on the first author's (HK) clinical experiences, briefly illustrates the concerns, issues, and strategies, based on Cass' model, in working with an LGBQ youth. Notice that the original presenting concern was related to career pursuits and that sexuality issues emerged later, after a strong alliance had been forged. Also, notice how the counselor encouraged the use of support groups as a compliment to regular counseling.

Case Study

Thomas* was a tenth grade student in a suburban high school who presented to his school counselor intern. His initial concern was that he did not know what he wanted to study after high school and he was anxious about choosing a course of study. A conscientious student, Thomas appeared extremely nervous at the beginning of the first session, but by the end of the session he admitted he was more relaxed and appreciated the counselor's concern as well as her guidance in helping him with career exploration. For the next three weeks, the two met and discussed career and academic concerns. Gradually, Thomas began discussing his personal life at school and at home. During their fourth session, Thomas stated that he felt different from his classmates, and that he was not comfortable around most students. Upon exploration, he acknowledged that he was experiencing same-sex attractions. He stated that he felt alone and wondered why he was not "normal." He told the counselor that he felt safe with her after noticing that she had books about same-sex oriented persons and a rainbow flag on her wall. After Thomas's confession to the counselor, their sessions no longer focused on career exploration. Instead, Thomas and the counselor discussed, processed, and explored his fears and feelings of shame. The counselor shared some of her books and other readings with Thomas which helped to normalize his feelings. Additionally, the counselor and Thomas worked together to identify and explore his positive characteristics. Then, Thomas was encouraged to repeat positive affirmations when he experienced feelings of isolation and shame.

After a couple of months of exploring thoughts and feelings related to Thomas's sexual identity, the counselor recommended some community peer support groups to

Thomas. Thomas began attending these groups and met same-sex oriented role models. As time progressed and Thomas continued to meet with the counselor and attend the support groups, Thomas reported increased self-esteem as well as decreased isolation. After several months, Thomas progressed to the identity tolerance stage of sexual identity development.

Eliminating Institutionalized Heterosexism

Depending on the setting, the amount of direct services a counselor may provide to LGBQ youth is variable (Fontaine & Hammond, 1996). However, Fontaine and Hammond have argued that all counselors should work toward eliminating institutionalized heterosexism in order to provide and promote a safe environment for LGBQ adolescents. In a school setting, Fontaine and Hammond and Johnson and Johnson (2000) suggested that counselors publish articles about LGBQ youth in the school newspaper, provide same-sex literature in the library and counseling office, educate teachers and administrators on LGBQ issues, and develop policies supportive of challenging homophobic remarks. Johnson and Johnson stated that through the elimination of institutionalized heterosexism, identifying with a same-sex orientation would no longer pose unique developmental challenges.

Gaps in Knowledge Base and Directions for Future Research

Although Cass' model offers a theoretical framework related to sexual identity development, empirical support is needed to validate this model and determine if stage appropriate interventions are effective. Indeed, a primary gap in the literature is the lack of empirical support for the effectiveness of any counseling interventions with LGBQ students. Also missing are specifics of working with "questioning" adolescents. The

literature offers no conclusive information, as there is no clear definition of who is considered a “questioning” youth.

A study by Remafedi, Resnick, Blum, and Harris (1992) identified one in four early adolescents to be questioning youth. Based on their finding, they suggested that schools devote resources to address these youths’ developmental needs. Hollander (2000) stated that because questioning youth are considered along with LGB youth, programs designed to address the needs of questioning youth carry the assumption that they will eventually identify as same-sex oriented, but this assumption is not necessarily accurate. Thus, more research should be conducted to further define the issues, risk factors, and stigmatization of questioning youth, and how counselors may be effective in working with this population.

Conclusion

LGBQ adolescents face the same cognitive, biosocial, psychosocial development issues as their opposite-sex oriented peers. Additionally, LGBQ students face challenges of exploring a minority sexual identity within a school setting that supports institutionalized heterosexism. These youth are stigmatized and often suffer depression, isolation, emotional distress, and family conflict. Substance abuse often results as a means of coping with the discrimination they face. School counselors working with LGBQ students should consider the issues specific to these adolescents and provide a safe and supportive environment in which students may explore their sexual identity development. Fontaine and Hammond (1996) suggested counseling interventions appropriate for each stage of sexual identity development. Aside from providing direct services to LGBQ students, counselors are encouraged to be knowledgeable of

community support and resources available for LGBTQ youth. Finally, as an indirect service for all LGBTQ students, school counselors are called upon to work toward eliminating heterosexism within their school.

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