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GENDER AND SEXUALITY ALLIANCE ADVISORS'
PERCEPTIONS OF SELF-EFFICACY AND SOCIAL EMOTIONAL COMPETENCY:
AN EXPLORATORY STUDY

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Thesis
presented in partial fulfillment of the requirements
for the degree of

Master of Arts
in Clinical Psychology

The University of Montana
Missoula, MT

May 2021

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Davis, Kelly, M.A., May 2021

Clinical Psychology

Gender and Sexuality Alliance Advisors' Perceptions of Self-Efficacy and Social Emotional Competency: An Exploratory Study

Chairperson: Bryan Cochran, Ph.D.

Background: Literature consistently demonstrates mental health disparities among sexual and gender minority (SGM) youth due to their unique experiences of discrimination, victimization, and rejection on the basis of their sexual and/or gender identity. Findings from the resilience literature highlight the importance of emotion regulation skills, supportive communities, and a relationship with at least one supportive, stable adult in mitigating risk and thriving despite adversity. Relationships with adults confer tremendous benefit for youth and provide opportunities for youth to learn important social and emotional skills. However, due to the rates of family and school rejection that SGM youth often experience, they have fewer opportunities to develop close relationships with adults and to cultivate these skills. One potential place that youth could access these protective factors is in the context of a school-based Gender and Sexuality Alliance (GSA). Findings consistently demonstrate that the presence of a GSA reduces risk for youth across a variety of domains, but little research has examined the specific activities within GSAs or the advisor-level variables that might be contributing to these observed benefits. As such, this study assessed usual practices within the GSA context explored relationships between advisors' receipt of professional development, perceived role-specific self-efficacy and social emotional competencies.

Methods: GSA Advisor participants (N=170) completed an online survey that consisted of questions about the school at which they work, their GSA activities, and their training experiences. Additionally, participants completed measures related to their own social emotional competencies and their perceived self-efficacy in completing a variety of tasks related to their role as a GSA advisor.

Results: Results from this study provide a descriptive picture of advisor characteristics, school-level variables, and usual practices within the GSA context that contribute to understanding processes and practices within GSAs that may confer protection for SGM youth. Additionally, we found support for relationships between advisor tenure and perceived self-efficacy and between advisor receipt of role-specific professional development and perceived self-efficacy (hypothesis 1). Further, advisor social emotional competency significantly predicted perceived self-efficacy (hypothesis 2); receipt of professional development was positively associated with engagement in practice-specific social emotional learning strategies (hypothesis 3); and both receipt of professional development and social emotional competency positive predicted perceived self-efficacy, as well (hypothesis 3).

Discussion: Descriptive findings from this study contribute to our understanding of advisor and school-level variables within the context of GSAs. Additionally, they begin to elucidate the activities and foci of GSA meetings that may be partially responsible for the observed benefits of GSAs for SGM youth. Exploratory findings examining relationships between advisor tenure,

training, social emotional competency, and self-efficacy point to potentially novel opportunities for providing training and technical assistance to GSA advisors, with a focus on social emotional competencies, in order to increase their perceived efficacy in working with SGM youth.

Introduction

In recent years, there has been a marked increase in the amount of literature focusing on mental health disparities among Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) youth in comparison to their heterosexual and cisgender peers. This increased representation among the scientific community has been paralleled by greater representation in media and popular culture, which has contributed to increased societal acceptance (GLAAD, 2018). Indeed, since one national poll began measuring Americans' attitudes toward LGBTQ individuals in 2013, results have shown continual increases in attitudes of acceptance and comfort. However, in the most recent report, "the acceptance pendulum stopped and swung in the opposite direction" (GLAAD, 2018, p. 2), demonstrating that social progress is never linear, and that LGBTQ+ youth are still at-risk of experiencing various forms of marginalization within their communities.

It is theorized that these unique experiences of marginalization, coupled with the stressors related to the oft-tumultuous developmental period of adolescence, place LGBTQ+ youth at heightened risk for the development of a variety of mental health disorders (Hatzenbuehler, 2009; Meyer, 2003). For example, in a recent survey of sexual and gender minority (SGM) youth, 71% of youth reported feeling down, depressed, or hopeless for a period of at least two weeks and 39% of youth reported that they seriously considered completing suicide within the past 12 months (The Trevor Project, 2019). Additionally, SGM youth are more likely to engage in problematic substance use and are estimated to experience post-traumatic stress disorder at rates nearly three times greater than their heterosexual, cisgender peers (Marshal et al., 2008, Reisner, et al., 2015; Russell & Fish, 2016). These prevalence data provide compelling evidence to sound the alarm: the kids are not alright.

While risk factors and mental health disparities have been a large focus of research on SGM youth, there has begun to be an emphasis on ways to foster resilient development and bolster protective factors among this population as well. Research from the child development literature has consistently pointed to a “short list” of factors that help to cultivate resilient trajectories, with emphasis placed on the protective effects that a relationship with one close, trusted, accepting adult can have in reducing risk and teaching youth important social emotional skills (Masten, 2001; National Scientific Council on the Developing Child, 2015). Certainly, these relationships and other protective factors are important in the lives of *all* youth; however, they may be particularly salient and deserving of careful attention to cultivate in the lives of SGM youth due to their unique experiences of rejection, discrimination, and victimization across the various contexts of their lives. One potential setting that has begun receiving attention in the literature is the Gender Sexuality Alliance (sometimes referred to as a Gay Straight Alliance (GSA)), a school-based club for SGM youth and their allies. Literature consistently demonstrates that the presence of a GSA helps to confer protection and mitigate risk (Heck, Flentje, & Cochran, 2013; Marx & Kettrey, 2016; Poteat et al., 2013; Toomey et al., 2011), with findings demonstrating that GSAs promote safer school climates, reduce substance use and depressive symptoms, and increase self-esteem and educational attainment (Toomey et al., 2011). However, to date, few studies have examined a) the specific activities and tasks that occur within GSAs to help account for these positive outcomes and b) the adult advisor-level variables that foster the development of social emotional competencies and additional resilience-promoting factors among participating youth.

To address this gap, this study aimed to better understand the specific structural and advisor-level variables within school-based GSAs. We used quantitative survey methodology to

elucidate what constitutes “usual” practice within GSAs and to explore advisors’ perceptions of self-efficacy in their roles across a range of domains (e.g., to discuss difficult identity-related topics, to connect youth with resources, to organize advocacy events). Additionally, due to the important role adults play in embodying, modeling, and teaching social emotional skills to youth, this study explored GSA advisors’ own social emotional competencies and practices related to socializing these competencies among the youth with whom they work. Results from this study shed light on ways to meaningfully support GSA advisors in their work with sexual and gender minority youth in schools through the provision of professional development opportunities focusing on meeting the social, emotional, and identity-based needs of youth. Additionally, results suggest that targeting advisors’ own social emotional competencies through ongoing professional learning may increase their self-efficacy in their roles and perhaps, in turn, their actions with SGM youth. Relationships with supportive adults can save the lives of LGBTQ+ youth; this study aimed to learn more about the role-specific competencies and needs of adult advisors in these opportune positions in order to make these adult-youth relationships as strong and supportive as possible.

Literature Review

Terminology

Terminology utilized to describe the experiences of sexual and/or gender minorities (SGM) is ever-evolving, largely to allow individuals to accurately describe their unique, individual experiences of sexual and/or gender identity. The term “sexual minority” broadly refers to individuals who self-describe their sexual orientation as situated outside of the heterosexual paradigm. Sexual orientation consists of three dimensions: sexual attraction, sexual behavior, and self-identification (Badgett, 2009). These self-identification labels may include

gay, lesbian, bisexual, pansexual, or queer, among many others (Stief, Merrill, & Savin-Williams, 2016). “Gender minority” refers to individuals whose gender identity and/or expression differs from their assigned sex at birth (Resiner, 2016). This term is used to broadly encompass individuals who self-identify along the gender continuum and who may use labels such as transgender, gender non-conforming, genderqueer, nonbinary, or intersex (Herman, 2016). The acronym LGBTQ+ (lesbian, gay, bisexual, transgender, and queer) is widely utilized as a blanket term referring to individuals who self-identify anywhere outside of the heterosexual and cisgender binaries. It is important to note that these labels are ideally utilized to accurately reflect ways in which individuals meaningfully self-describe their experiences, rather than to externally impose labels of identity that do not capture individuals’ concept(s) of themselves. It is also important to note that individuals’ sexual and/or gender identities are situated within an intersectional framework, meaning that these experiences must always be interpreted and understood through their interaction with other salient pieces of identity (social, racial, ethnic, ability status) (American Psychological Association, 2017).

Mental Health Disparities Among LGBTQ+ Youth

Numerous studies document mental health disparities among sexual and gender minority (SGM) youth. An inaugural, population-based survey was conducted last year attempting to understand the current mental health landscape for a diverse sample of LGBTQ+-identified youth (defined for these purposes as individuals between the ages of 13-24) (The Trevor Project, 2019). A United States-based sample of 25,896 LGBTQ+-identified youth responded to a variety of questions related to sexual orientation and gender identity (SOGI), including those about depressed mood and suicidality. These questions were aligned with the Center for Disease Control and Prevention’s Youth Behavior Risk Surveillance System (YBRSS) to allow for direct

comparisons to their sample. Findings indicated that 71% of LGBTQ+-identified youth had felt down, depressed, or hopeless for a period of at least 2 weeks within the past 12 months.

Additionally, 39% of youth reported that they had seriously considered completing suicide within the past 12-months; this rate was 54% for gender-minority youth (The Trevor Project, 2019). Results from this survey indicate an elevated level of risk for depressive symptoms across sexual orientation and gender minority categories.

Additionally, literature examining trauma exposure among LGBTQ+-identified youth has found that in addition to experiencing the same types of potentially traumatic events as all youth, they are also at risk for experiencing potentially traumatic events specifically related to their sexual orientation and/or gender identity (e.g., physical assault/harassment, sexual assault/harassment, hate crimes, police and/or community violence, and family/parental rejection) (Cohen, et al., 2018; Kosciw et al., 2017; Ryan, 2009; Ryan, 2019). Studies have shown that this disproportionate exposure to potentially traumatic events based on identity status in LGBTQ+-identified youth is also reflected in disparities in prevalence of Post-Traumatic Stress Disorder (PTSD) as compared to heterosexual and/or cisgender peers (Cohen et al., 2018). For example, Russell and Fish (2016) highlighted a 12-month PTSD prevalence rate of 11.3% among LGBTQ+-identified youth (aged 16-20), compared to a national annual rate of 3.9%. Additional studies have documented the relationships between exposure to specific identity-related potentially traumatic events and PTSD among sexual minority youth (Beckerman & Auerbach, 2014; D'Augelli et al., 2006; Dragowski et al., 2011) and gender minority youth (Roberts et al., 2012). These data indicate that youth who identify under the LGBTQ+ umbrella are at increased risk for both trauma exposure and reaction.

Taken together, this section highlights startling mental health disparities between LGBTQ+-identified youth and their heterosexual, cisgender peers. Adverse mental health outcomes are well-documented and consistent within the literature discussing LGBTQ+-identified individuals, both in adolescence and adulthood (Russell & Fish, 2016). A natural next step is to wonder what, specifically, contributes to these disparities? The following section will briefly discuss predominant theories within the field that attempt to account for the intrapersonal, interpersonal, and societal processes that contribute to deleterious outcomes for LGBTQ+-identified youth.

Conceptual Frameworks for Understanding Mental Health Disparities Among LGBTQ+ Youth

The predominant framework currently available for understanding mental health disparities among LGBTQ+-identified populations is minority stress theory (Meyer, 2003). This theory posits that minority stress—that is, the pervasive and unique experiences of stress experienced by those who embody one or more marginalized identities—creates a “hostile and stressful social environment” that results in the development of mental health problems (Meyer, 2003, p. 674). Meyer (2003) suggests that this occurs through distal and proximal processes that can be conceptualized as a) external stressors such as structural or societal discrimination in the form of prejudice and victimization, b) one’s expectations of rejection and/or victimization, c) concealment of one’s identity, and d) internalization of negative societal attitudes (often referred to as internalized homophobia/transphobia). Applied to LGBTQ+-identified youth, minority stress theory also intersects with processes of adolescent development, which at times can serve to exacerbate and amplify both distal and proximal processes within this framework in ways that may elevate risk. In their review of the literature of LGBTQ+ youth mental health, Russell and

Fish (2016) discuss this hypothesis, describing trends toward “coming out” or disclosing one’s sexual and/or gender identities at younger ages (potentially due to increased societal acceptance) and thus disclosing marginalized identity status during a developmental period that makes youth more vulnerable for peer rejection, victimization, and in turn, self-stigmatization (Russell & Fish, 2016).

Building off Meyer’s (2003) minority stress theory and integrating literature regarding general stress processes contributing to psychopathology among the broader population, Hatzenbuehler (2009) proposes a psychological mediation framework to explain elevated rates of psychopathology among sexual minority populations. This framework posits that distal processes (as delineated by Meyer (2003)) involving prejudice, discrimination, and stigma contribute to elevated levels of stress experienced by sexual minority populations. These higher levels of experienced stress result in elevated levels of emotion dysregulation, increased social/interpersonal difficulties, and alterations in cognitive processes that in turn mediate the relationship between prejudice events and psychopathology. Hatzenbuehler (2009) adds to minority stress theory by arguing that group-specific processes (minority stress theory) and general psychological processes are both important to consider in the conceptualization and treatment of mental health disparities among sexual minority populations. Further, he proposes a mediation model, in which proximal processes (Meyer (2003)) and general psychological processes interplay and influence one another in cyclical ways. For example, expectations of rejection (proximal process) may influence one’s social isolation (general process), or, conversely, social isolation (general process) may lead one to be more likely to conceal one’s identity (proximal process). These processes potentially involve a dynamic interplay that results in psychopathology (Hatzenbuehler, 2009).

Of importance, both Meyer's (2003) and Hatzenbuehler's (2009) frameworks for understanding the relationships between experiences of minority stress and mental health disparities were originally posited in the context of sexual minority adults. However, since their original publication, numerous studies have applied these theoretical frameworks to adolescent sexual and/or gender minority populations as well (e.g., Hatzenbuehler & Pachankis, 2016; Hendricks & Testa, 2012; Rood et al., 2012).

Due to the distal-proximal distinction Meyer's (2003) minority stress framework provides, and its exclusion of the mediating general psychological factors that Hatzenbuehler (2009) added, a large proportion of intervention efforts have been geared toward ameliorating societal and structural stressors through attempts to reduce prejudice events via public policy efforts, the creation of non-profit organizations, and additional systemic efforts toward change (Hatzenbuehler, 2009). However, affecting change on such a large scale takes time, and given the statistics demonstrating the rates at which SGM youth are disproportionately impacted by mental health conditions, there is a need to focus efforts on individual and microsystem-level factors (Bronfenbrenner, 1977) and on interventions to bolster protective factors, help youth develop resilience, and cope with discrimination and its sequelae, in the present.

Resilience

Broadly speaking, resilience refers to the processes by which individuals display positive outcomes despite experiences of adversity or trauma that threaten development or adaptation (Luthar & Cicchetti, 2000; Masten, 2001). It is a developmental process, rather than an individual attribute or trait (Luthar & Cicchetti, 2000). In defining the construct, Masten (2001) argues that two components are necessary: 1) the experience of adversity or threat to development, and 2) operationalized criteria assessing positive development, adaptation, or

outcome. While there is general agreement in the field about the existence of these criteria, there is ongoing contention regarding how these criteria should be decided, and by whom (Masten, 2001; Ungar, 2005). Some theorists advocate for conceptualizing “positive adaptation” purely as an absence of psychopathology (e.g., Wingo et al., 2010), while others utilize an individual’s “observable track record of meeting the major expectations of a given society or culture” (Masten, 2001, p. 229; Luthar & Cicchetti, 2000). Importantly, resilience is embedded within both psychological factors and structural factors that provide individuals with the resources necessary to thrive. Examining the individual in isolation provides an incomplete picture; the social, cultural, and structural forces in an individual’s life largely determine their access to resources and opportunities that are necessary for well-being. As such, resilience is inherently culturally encapsulated and expressed (Ungar, 2005). This is of particular importance when discussing resilient development in the context of sexual and gender minority youth, as culturally embedded definitions of resilience based on predetermined “normative” markers of adjustment have the potential to inadvertently stigmatize youth whose sexual and/or gender identities may have relegated them to the margins of society, or resulted in accommodating minority stress in ways that are adaptive for survival, but maladaptive in the eyes of the privileged majority. For example, an SGM youth may avoid school or drop out altogether in order to escape identity-based victimization. While this may be adaptive for the youth in that it helps to minimize harm and protect well-being, it may be viewed negatively by those who view school attendance as a marker of resilience or success.

In their review of the resilience literature, Davydov and colleagues (2010) conceptualized three approaches to resilience research in mental health as 1) harm-reduction approaches, 2) protection approaches, and 3) promotive approaches. Harm-reduction approaches examine

resilience in terms of an individual's ability to recovery quickly, or "bounce back" after experiences of adversity or stress. Protection approaches conceptualize resilience in terms of protective mechanisms, or those which allow an individual to maintain a level of well-being despite experiences of adversity. These protective factors serve to shield individuals from the potentially deleterious outcomes of a challenging event or risk factor. In promotive approaches, resilience is associated with additive assets that promote mental health and well-being. These promotive factors equip the individual with resources to experience positive outcomes independent of experiences of risk (Davydov et al., 2010; Hill & Gunderson, 2015). As illustrated in Davydov et al. (2010), despite resilience being widely used and studied, there is significant variation in definitions of the construct. They note that this inconsistency in definition and measurement makes comparison across studies difficult. However, Masten (2015) argues that despite "controversies and confusion," (p. 147) the body of literature examining resilient trajectories in children and youth has been surprisingly consistent with findings regarding the "set of attributes of child, context, or their relationships that turn out to be well-established general predictors of positive development" (Masten, 2015, p. 149).

Factors Contributing to Resilience

Over several decades of research examining factors that foster resilient outcomes in children and youth, a common set of important resilience factors has emerged (Center on the Developing Child, 2015; Garmezy, 1985; Luthar, 2006; Masten & Garmezy, 1985; Masten 2015). These are often referred to as the "short list" and include ten resilience factors that Masten (2015) argues are the "product of biological and cultural evolution" (p. 149). These resilience factors are effective caregiving, close relationships with other adults, close friends and romantic partners, intelligence and problem-solving skills, self-control/emotion regulation/planfulness, motivation

to succeed, self-efficacy, belief that life has meaning, effective schools, and effective neighborhoods (Masten, 2015). Many of the skills included on this list, such as the ability to plan for the future, to monitor and regulate both behavior and emotions, and to develop a sense of mastery or competency in a variety of experiences and circumstances, are developed in the context of supportive, stable relationships. Indeed, findings consistently show that the single most important factor in fostering resilient outcomes among children and youth is the relationship with at least one committed adult (National Scientific Council on the Developing Child, 2015). This suggests the importance of cultivating systems of support around sexual and gender minority youth and of equipping adults with skills and strategies to scaffold youth's social emotional skills.

Fostering Resilient Outcomes Among Sexual and Gender Minority Youth

Literature has begun to focus on both the exploration and application of resilience processes unique to the experiences of sexual and gender minority youth. This research is largely attempting to identify factors, processes, and interventions that have the potential to help sexual and gender minority youth in coping with and overcoming experiences related to minority stressors such as discrimination and victimization (Asakura, 2017; DiFulvio, 2011; Grossman, D'Augelli, & Frank, 2011; Hill & Gunderson, 2015). While exploring factors that contribute to improved outcomes for sexual and gender minority youth in the present is a necessary focus of resilience literature, especially given the current sociopolitical climate, Meyer (2015) highlights the importance of remaining focused on public policy and systemic forces as well. In this way, holding the "both/and" of equipping youth to successfully cope with minority stress in the present while continuing the social justice work that recognizes that disadvantaged social groups

are not afforded the same opportunities for resilient trajectories when “underlying social structures are unequal” (Meyer, 2015, p. 211).

Extant literature demonstrates that sexual and gender minority individuals benefit from the same “short list” of resilience promoting factors as their heterosexual and/or cisgender peers (Akasura, 2016; Akasura & Craig, 2014; Eisenberg & Resnick, 2006; Grossman, D’Augelli, & Frank, 2011; Kwon, 2013). For example, in a study of 55 transgender-identified youth, Grossman, D’Augelli, and Frank (2011) found that higher self-esteem, greater levels of social support, and higher sense of personal mastery were correlated with improved psychological functioning. Resulting from a review of the literature, Kwon (2013) posited a framework suggesting that social support, emotional openness, and hope and optimism for the future created pathways to resilience for lesbian, gay, and bisexual individuals. Family connectedness, adult caring, and school safety have also been identified as particularly salient protective factors for sexual minority youth (Eisenberg & Resnick, 2006; Gastic & Johnson, 2009). Additionally, family acceptance of youths’ sexual and/or gender identities is associated with greater self-esteem, social support, and reductions in psychopathology (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). It stands to reason that the factors implicated in promoting resilience among all children and youth would be also be applicable to sexual and gender minority youth. However, the unique experiences of rejection, discrimination, and victimization lead to important considerations regarding resilience-promoting factors, as well.

Unique Considerations

Importance of Caring Adults. As highlighted above, supportive, stable relationships with at least one caring adult are instrumental in supporting resilient trajectories in all youth. However, the importance of caring adults is likely amplified in the lives of sexual and gender

minority youth due to the experiences of discrimination and victimization and, in turn, expectations of rejection and lack of social support they are likely to experience across the various contexts of their lives.

Family Rejection. Expectations of rejection based on one's sexual orientation and/or gender identity are highlighted as a proximal stressor in Meyer's (2003) minority stress model and refer to the anticipation and vigilance that one's LGBTQ+ identity will not be accepted by the dominant culture. This aspect of minority stress is particularly salient for LGBTQ+ youth, due to their increased dependence on family, schools, and other societal structures to meet their basic needs. Indeed, these expectations of rejection are not misguided; a recent (2017) report released by the University of Chicago found that LGBTQ+ youth were 120% more likely to experience homelessness than their heterosexual and cisgender peers. Additionally, it was reported that LGBTQ+ youth comprise 40% of the youth population experiencing homelessness, despite only comprising 5-10% of the entire youth population (Morton, Dworsky, & Samuels, 2017). Among LGBTQ+ youth experiencing homelessness, Durso & Gates (2012) found that 68% of LGBTQ+ youth in their survey had experienced family rejection, with 89% of their sample (n=381) citing either running away due to family rejection (46%) or being forced out by their family because of LGBTQ+ identity (43%) as the reason for LGBTQ+ youth experiencing homelessness. Family rejection also has dire consequences for LGBTQ+ youths' mental health. Youth who experienced high levels of family rejection as adolescents were more than 8 times more likely to have attempted suicide, 6 times as likely to report high levels of depression, and 3 times more likely to use illegal drugs and/or be at high risk for HIV and sexually transmitted diseases in young adulthood as compared to youth who were "not at all rejected or only rejected a little" by their parents (Ryan, 2009, p. 5). These findings are echoed across the literature

(McConnell, Birkett, & Mustanski, 2016; Ryan et al., 2010; Shilo & Savaya, 2011; Yadegarfar, Meinhold-Bergman, & Ho, 2014) and demonstrate the importance of cultivating and bolstering supportive adult relationships in the lives of sexual and gender minority youth, family or otherwise.

School Rejection. In addition to experiences of family acceptance (or lack thereof), experiences within school systems can confer either risk or protection as well. For many LGBTQ+-identified youth, schools are experienced as hostile environments, with 90% of LGBTQ+ youth reporting having been harassed at school due to their sexual orientation and/or gender identity (Kosciw et al., 2017). Experiences of physical and verbal harassment lead to youth reporting that they do not feel safe at school; these negative experiences have been linked to a variety of negative mental health and academic outcomes (Toomey, Ryan, Diaz, & Russell, 2011). Conversely, sexual minority students who report access to/relationships with supportive adults report a greater sense of belonging and demonstrate higher academic achievement (Gastic & Johnson, 2009; Kosciw et al., 2017). Access to supportive adults also appears to be incremental, with youths' self-reported experiences improving as a function of the number of supportive adults they could identify. For example, sexual and gender minority students who could identify many supportive staff in their school felt safer related to their sexual orientation and/or gender identity/expression, reported a greater sense of school belonging, were less likely to miss school, and demonstrated higher academic achievement (Kosciw et al., 2017). Taken together, the presence of supportive adult relationships is paramount for sexual and gender minority youth. Given the rates of family rejection and its documented sequelae, cultivating positive school climates and supportive relationships becomes even more dire for youth who may have nowhere else to go for affirmation.

Emotion Regulation

There is an ever-growing literature base linking emotion regulation processes and psychopathology, with discussion centering on adolescence as a developmental period of importance due to stressors related to rapid physical, cognitive, and social changes that youth must navigate. These rapid changes result in increased perceived experiences of stress and negative affect, placing youth in a position where they must learn to successfully identify and understand their emotions and effectively implement strategies in order to reach their goals (McLaughlin et al., 2011). Difficulties with emotion regulation place youth at risk for developing psychopathology across a broad range of categories (McLaughlin et al., 2011; McLaughlin, Hatzenbuehler, & Hilt, 2009). In a study exploring the relationship between peer victimization and emotion regulation on adolescent mental health, McLaughlin and colleagues (2009) found that increased experiences of peer victimization were associated with increased emotion dysregulation over time. These experiences of emotion dysregulation accounted for the link between victimization and internalizing symptoms, suggesting that the stress of victimization reduces youths' abilities to allocate sufficient resources for emotion regulation over time. Further, when examining emotion regulation processes in LGB-identified youth specifically, Hatzenbuehler, McLaughlin, and Nolen-Hoeksema (2008) examined the relationship between emotion regulation deficits and internalizing symptoms among sexual minority adolescents as compared to their heterosexual peers. Findings demonstrated that youth who endorsed same-sex attraction scored higher on measures of internalizing symptoms and emotion regulation deficits (poor emotional awareness and rumination) when compared to heterosexual peers. Additionally, emotion regulation deficits mediated the relationship between sexual minority status and symptomology (Hatzenbuehler et al., 2008). These findings make sense when placed within

Hatzenbuehler's (2009) psychological mediation framework discussed above; sexual and gender minority youth are more likely to experience victimization and discrimination (distal processes), which in turn likely contribute to deficits in general emotion regulation processes in ways that exacerbate difficulties and contribute to increased rates of psychopathology (Stettler & Fainsilber-Katz, 2017). Adolescents are already at increased risk for psychopathology due to developmental demands and increased experiences of stress; it stands to reason, then, that LGBTQ+-identified youth would be particularly vulnerable to the deleterious impacts of stress on emotion regulation processes and subsequent mental health difficulties due to the increased risk of experiencing identity-based victimization and rejection (Stettler & Fainsilber-Katz, 2017).

Emotion Socialization in Families

Developmental literature lends broad support for the notion that supportive parent-child relationships foster youths' emotional awareness, expression, and regulation skills through a process known as emotion socialization (Eisenberg et al., 1998; Stettler & Fainsilber-Katz, 2017). Emotion socialization happens through three pathways: 1) social learning, 2) general emotional climate, and 3) direct instruction regarding emotional skills (Morris et al., 2007). While these skills ideally begin developing at a young age, youth continue to learn about their own emotional worlds through relationships with parents through adolescence (Stettler & Fainsilber-Katz, 2017). For sexual and gender minority youth experiencing family rejection or engaging in concealment behaviors related to their sexual and/or gender identities, family-based opportunities for emotion socialization are likely limited during this critical developmental period, potentially resulting in emotion regulation deficits precipitated by minority stressors (Meyer, 2003; Stettler-Fainsilber-Katz, 2017). Furthermore, youth might experience social isolation and victimization from their peer groups and other ecological contexts, making it more

difficult to engage in relationships that may bolster these skills for heterosexual, cisgender youth outside of the family context. Additionally, while parents of youth from other marginalized identity groups (e.g., race/ethnicity) may be equipped to help youth develop emotion regulation skills specifically related to their identities, parents of sexual and gender minority youth do not typically share these identities, making it difficult to lend support at the intersection of emotion regulation, identity socialization, and minority stress (Peck et al., 2014; Stettler & Fainsilber-Katz, 2017; Tran & Lee, 2010). Given the importance of emotion regulation in preventing psychopathology and promoting resilience, coupled with the often-limited opportunities for youth to receive identity-related emotional support and skill instruction within their family contexts, it makes sense to look to other ecological systems that may be equipped to provide these critical services.

Social Emotional Learning in Schools

Over the past 25 years, the Collaborative for Academic, Social, and Emotional Learning (CASEL) has been focusing on the role of schools in fostering skills in students across five broad domains: self-awareness, self-management, social awareness, relationship skills, and responsible decision making (CASEL, 2017). Similar to emotion socialization research within the family context, researchers in the area of social emotional learning (SEL) have been examining the role of teachers and schools in teaching important skills related to emotions and relationships, with promising results. A meta-analysis conducted in 2011 examined the impact of 213 school-based SEL programs and found that students who participated in SEL programs demonstrated significant improvements in their “social and emotional skills, attitudes, behavior, and academic performance that resulted in an 11-percentile point gain in academic achievement” (Durlak, et al., 2011). A follow-up meta-analysis was conducted in 2017 reviewing 82 different SEL

interventions involving over 97,000 students from kindergarten through high school and found that in follow-up assessment occurring, on average, 3.5 years after the last intervention, students exposed to SEL programs evidenced academic achievement 13 percentile points higher than their non-SEL-exposed peers. Additionally, follow-up from these studies showed that SEL increased students' social emotional competencies, prosocial attitudes and behavior, and decreased conduct problems, drug use, and reported emotional distress (Taylor et al., 2017). These studies demonstrate the profound impact that social emotional learning, and by extension the relationships with the adults imparting these skills, can have on fostering resilient trajectories among students long-term.

Teacher Social Emotional Competencies

Certainly, in this context, the programs themselves are important. However, just as *parents'* social and emotional competencies are important in imparting emotional skills, so are the social and emotional competencies of *teachers and school staff* (Crain, et al., 2017; Jennings & Greenberg, 2009; Schonert-Reichl, 2017). Indeed, teachers' own social emotional competencies (SECs) shape their relationships with their students and their ability to embody, model, and explicitly teach SEL skills (Jones et al., 2013; Schonert-Reichl, 2017). Interestingly, despite burgeoning discussion emphasizing the importance of teachers' social emotional competencies over the past decade (Crain, et al., 2017; Jennings & Greenberg, 2009; Jones et al., 2013; Schonert-Reichl, 2017), consensus regarding the definition of teacher SEC is lacking. While some studies have operationalized teacher SEC in terms of engagement in mindfulness practices, lower reported scores on measures of psychological and physical distress, engagement in adaptive emotion regulation, and teaching efficacy (e.g., Jennings, Frank, & Doyle, et al., 2017), others argue that SEC is represented by emotional processes, interpersonal skills, and

cognitive regulation skills (Jones et al., 2013). Still others conceptualize teacher SEC along similar competencies to the five domains of student competencies delineated by CASEL (e.g., Yoder, 2014). On closer examination, the operationalization of various components of teacher SEC presented by Jennings and colleagues (2017) can be categorized into the five-competency definition laid out by Yoder (2014). For example, adaptive emotion regulation (Jennings et al., 2017) would likely fit under “Self-Management/Emotion Regulation” (Yoder, 2014). As such, it seems that Yoder (2014) lays out the broadest, most comprehensive definition of teacher SEC we could find, while helping to distinguish SEC from broader dimensions of health and well-being. Certainly, SEC and well-being are intricately related, with SEC acting as a buffer against stress and high levels of stress interfering with development and use of SEC (Jennings & Greenberg, 2009; Jones et al., 2013). However, it seems that conceptualizing them as two distinct, yet related, constructs may be helpful.

Teacher SEC with LGBTQ+ Youth. Combining findings regarding the importance of adults across the ecological systems of youths' lives in teaching social and emotional skills, it stands to reason that adults' relational presence and adults' own SEC are fundamental for all youth. However, when applying this to sexual and gender minority youth, one could argue that teachers and school staff have an even more important role in fostering the development of these social emotional skills, particularly considering the degree to which adolescents are reporting family rejection at home. Additionally, some school staff who identify as sexual or gender minorities may have a unique opportunity to acknowledge stressors unique to embodying an SGM identity and to both assist with identity socialization and the development of social emotional skills that LGBTQ+ youth need to thrive. Importantly, despite evidence demonstrating the effectiveness of social emotional learning programs, teachers are reporting a need for

additional training at alarming rates. A recent report by CASEL (2016) found that 82% of teachers report interest in receiving additional SEL training; only 55% report having previously received any training at all. When this is placed in the context of potential LGBTQ+-identified mentors for SGM students, additional barriers arise. Gastic and Johnson (2009) highlight that it may be difficult for SGM-identified educators to mentor SGM students because it forces them to relive painful memories from their own youth related to their sexual and/or gender identity. Additionally, they report that educators may be preoccupied with navigating the marginalization they themselves are experiencing within the school, making it difficult for them to be available to meet the needs of LGBTQ+ youth. Further, in the context of GSAs, Poteat and Sheer (2016) found that advisors report differential feelings of self-efficacy related to working with LGBTQ+ students. For example, advisors reported feeling more efficacious working with transgender-identified youth than with LGBTQ+ youth of color, suggesting that additional training might be needed in order to advisors to feel equipped to meet the needs of their LGBTQ+-identified students more broadly. Taken together, the above section highlights a) the powerful potential school staff have to cultivate protective social emotional skills among LGBTQ+-identified youth and b) the possible need for additional, specialized training aimed at school staffs' own social emotional competencies and addressing unique considerations for working with SGM youth. Further, considerations of perceived self-efficacy among school staff to effectively work with SGM youth should also be considered.

Self-Efficacy

Self-efficacy is a related concept of importance when considering school staff members' potential effectiveness at cultivating social emotional skills and fostering resilient trajectories among SGM youth. Bandura (1982) defines perceived self-efficacy as "judgments of how well

one can execute courses of action required to deal with prospective situations” (p. 122) and emphasizes that it is concerned with beliefs about what can do, rather than what one will do (Bandura, 2006). Perceived self-efficacy influences a variety of human behaviors, including choice of activities, effort expenditure, and duration of time spent persisting in the face of adversity or obstacles (Bandura & Adams, 1977). Bandura and Adams (1977) note that perceived self-efficacy stems from personal accomplishment, vicarious learning through watching others succeed, verbal persuasion from others, and states of physiological arousal. While self-efficacy and competence are often used interchangeably, the constructs are distinct (Rodgers et al., 2014). Competence, particularly in clinical and teaching contexts, broadly refers to attitudes, knowledge, and skills necessary to successfully complete a task (e.g., Van Den Bergh & Crisp, 2004), while self-efficacy refers to one’s beliefs in their abilities to complete a task, regardless of actual engagement in behavior or outcome (Bandura, 2006).

Self-efficacy has been examined among teachers in relation to a variety of factors, including teaching competency, teacher well-being, and the fidelity with which teachers implement social emotional learning programs (Jennings et al., 2017; Klassen & Tze, 2014; Schonert-Reichl, 2017; Skaalvik & Skaalvik, 2007; Tschannen-Moran & Hoy, 2007). In regard to perceived self-efficacy to work with SGM youth specifically in the school context, limited literature is available. Some studies have explored pre-service teachers’ perceptions of efficacy in working with LGBTQ+ youth in their classrooms, teaching LGBTQ+ content in their curriculum, and disrupting homophobia/transphobia both within the curriculum and the broader school context (Brant, 2017; Brant & Tyson, 2016). Findings indicated that pre-service teachers report the highest perceptions of efficacy in working with LGBTQ+ youth, with lower perceptions of efficacy for including LGBTQ+ content in their course content and for disrupting

bias. Additional studies have focused on the perceptions of efficacy of school mental health providers in working with SGM youth and on the role self-efficacy has in relation to intervention in bias-based harassment of SGM students (e.g., Luke & Goodrich, 2017; McCabe et al., 2013). Luke and Goodrich (2017) found that engaging school counselor trainees in a training intervention increased perceptions of efficacy in effectively working with LGBTQ+ youth, suggesting that increased population-specific training could influence perceptions of self-efficacy over time. Another study examined perceptions of efficacy in the context of GSA advisors (Poteat & Scheer, 2016), with findings indicating that advisors' efficacy was variable across different domains in working with LGBTQ+ youth. Given the robust literature on teacher self-efficacy more broadly, the dearth of literature related to teachers' and other school staffs' self-efficacy in working with SGM youth is surprising. School staff can serve protective and supportive roles in the lives of SGM youth across many contexts, ranging from classroom settings, to mental health contexts, to GSAs. Based on the limited literature available, it seems that perceived efficacy of school staff to support SGM might be an important consideration. GSA advisors are of particular interest to us in this regard, due to both the available literature suggesting the positive impact of these clubs and to the fact that advisors represent a wide range of professional roles (e.g., teachers, school psychologists, administrators).

School Context: The Promise of GSAs

While school staff can be supportive of sexual and gender minority youth across a variety of contexts, one area that has received a lot of attention in the literature is the GSA. Literature consistently demonstrates that the presence of a GSA helps to confer protection and mitigate risk (Heck, Flentje, & Cochran, 2013; Marx & Kettrey, 2016; Poteat et al., 2013; Toomey, Ryan, Diaz, & Russell, 2011). For example, in a retrospective survey of 245 young adults, Toomey and

colleagues (2011) found that the presence of a GSA was associated with lower rates of adult depression, higher reports of adult self-esteem, and increased educational attainment. When the authors tested the relationship between GSA participation and psychosocial outcomes (N=55), they found that participation was associated with fewer problems related to substance use. Finally, when they examined the relationship between perceived GSA effectiveness in promoting a safe school climate, they found that perceived effectiveness was related to less depression, less problematic substance use, and greater college education attainment (Toomey, Ryan, Diaz, & Russell, 2011). Additionally, GSAs have been shown to be associated with lower levels of school-based victimization (Goodenow, Szalacha, & Westheimer, 2006; Marx & Kettrey, 2016), lower engagement in truancy, casual sex, substance use, and suicide attempts (Poteat et al., 2013), increased school engagement (Seelman et al., 2015), lower levels of psychological distress, and higher levels of perceived school belonging (Heck, Flentje, & Cochran, 2011). Further, involvement in a GSA is associated with greater civic engagement and participation in LGBTQ+-specific advocacy (Poteat, Calzo, & Yoshikawa, 2018). Certainly, the findings regarding relationships between GSAs and a number of variables indicating improved outcomes point to the powerful potential for GSAs to promote resilient trajectories. However, surprisingly little is known about what specific “active ingredients” of GSAs help to mitigate risk, and about the characteristics of safe, supportive adults in these spaces that communicate safety and acceptance to LGBTQ+ youth.

“Usual Practices” in GSAs

Meeting Structure and Content

To date, few studies have examined structures, activities, and/or processes that comprise GSA meetings. Broadly speaking, GSAs are typically student-run organizations that aim to bring

sexual minority, gender minority, and allied youth together to build community and support and to organize around social justice issues within their schools and communities. Each individual GSA creates its own mission, vision, and goals. According to the GSA Network (<https://gsanetwork.org/what-is-a-gsa/>), there are three types of GSAs: social, support, and activist. These focus on social connection, safe spaces/emotional support, and social justice activism, respectively. While it is likely that many GSAs focus on all three of these components from time to time, much remains unknown about wide-scale practices within these clubs.

A study by Fetner and colleagues (2012) involved qualitative interviews with youth who had participated in a GSA to better understand their experiences within these clubs. They found that most youth reported joining a GSA in order to receive shelter from hostility experienced within the larger social climate, but that youth experienced this safety and shelter to varying degrees. In their sample, it was reported that the experiences of transgender youth and youth of color were largely ignored. Additionally, while some GSAs reported engaging in social activism, not all endorsed these activities, suggesting that there is wide variability among the GSAs within this study. In one of the few known studies to examine factors at the student, advisor, and contextual levels that might contribute to positive outcomes for sexual and gender minority youth participating in GSAs, Poteat and colleagues (2015) utilized mixed-methods in an attempt to capture the nuances between GSAs and the ways in which they navigate provision of support, engagement in advocacy, and degree of meeting structure. While support provided within GSAs predicted youths' sense of mastery, purpose, and self-esteem, observational qualitative data demonstrated that GSAs vary significantly in terms of their structure and goals. For example, some GSAs were observed to run as an unstructured "group-therapy" structure, while others solely focused on planning events and engaging in advocacy. Interestingly, youth whose advisors

perceived more control and had been serving as a GSA for longer periods of time reported better outcomes, suggesting that specific advisor-level variables may be important. This article points to gaps in understanding exactly what happens in GSA meetings, the variability among them, and the need to understand what training is important for advisors to receive in order to support positive outcomes for their GSA-involved youth (Poteat et al., 2015).

In an attempt to better understand the specific components of GSAs that promote well-being, Poteat, Calzo, and Yoshikawa (2016) examined the relationship between different functions of GSAs and sense of agency among a sample of 295 youth. Findings indicated that youth who received more social connection and support, information and resources, and participated in advocacy reported a greater sense of agency. Additionally, organizational structure of the meetings, assessed by asking questions such as “How often does your GSA do check-ins at the beginning of GSA meetings?”; and “How often does your GSA meeting follow an agenda?” enhanced the association between social support and agency and between advocacy and agency for sexual minority youth. These findings suggest that it is possible and important to determine specific functions and roles that GSAs might be performing to contribute to improved youth outcomes, rather than treating all GSAs as one homogenous entity.

Advisor-Level Variables

Despite literature demonstrating the importance of supportive adult relationships in the development of resilience and the importance of adult embodiment, modeling, and teaching of social emotional skills in fostering social emotional competencies among youth, surprisingly little is known about GSA advisors in terms of their training, competencies, and experiences. A study examining advisors' motivations for becoming involved in GSAs found themes around feelings of protectiveness toward LGBTQ+ youth and a personal connection with sexual

minority populations. When the decision-making process was analyzed, advisors mentioned worries around lack of credibility, job loss, and considerations regarding security (e.g., did tenure prevent them from being at risk of being fired?) (Valenti & Campbell, 2009). It should be noted that this study was conducted with a small sample (N=14) and that participants largely focused on issues related to sexual minority status. Another qualitative study interviewed 22 GSA advisors in an attempt to understand their use of advocacy strategies within their schools and highlighted a variety of advocacy strategies implemented dependent on contextual variables (Graybill et al., 2009). A similar study examined the multiple systems (sociocultural, school, individual) advisors had to navigate within their role as an advocate for LGBTQ+ youth. Participating advisors discussed the ways in which these various systems either facilitated or prevented advocacy efforts. Interestingly, this study captured individual level factors (knowledge of LGBTQ+ issues, personality characteristics, personal experiences, personal identity factors), with several educators stating that not having knowledge of LGBTQ+ issues and not feeling professionally qualified to support youth with psychological challenges served as barriers to advocacy in their roles (Watson et al., 2010). This complements findings from Poteat and Scheer (2016) examining advisors' self-efficacy related to working with LGBTQ+ youth of color and transgender youth. Advisors who reported greater efficacy in addressing issues for transgender youth also reported greater levels of efficacy in working with LGBTQ+ youth of color. Surprisingly, they found that length of time as an advisor was not associated with levels of efficacy, but younger advisors did report more efficacy in working with both groups. Advisors varied in their reported self-efficacy to work with some of their schools' most marginalized populations, an important finding when considering the dearth of attention advisors receive in the literature and in professional development, considering the unique opportunities they have to

serve as a substantial protective factor for LGBTQ+ youth. Finally, one study has examined advisor demographics (N=262) and found that their sample was “more homogenous than teachers in general” (Graybill, Varjas, Myers, & Deaver et al., 2015, p. 454). These advisors were predominately female-identified, white, well-educated (master’s level or higher) and straight. However, it should be noted that this sample identified at 54.5% heterosexual (compared to the national estimate of 95.9%), suggesting that educators who identify as sexual minorities may often be assuming this role in schools. The authors note that GSA advisors are a notoriously difficult-to-reach population in need of further study in order to better understand ways to effectively leverage this incredible resource in schools.

Summary

The discussion above highlights important findings within the field. Sexual and gender minority youth continue to be at elevated, disproportionate risk for psychopathology due to the unique identity-related stressors they encounter on a daily basis (Hatzenbuehler, 2009; Meyer, 2003). Over the past several decades, significant strides have been made in understanding important factors that help “protect” youth and enable them to thrive despite experiences of adversity. These factors are supportive of all youth, but are particularly important for SGM youth, who often experience multiple adversities and forms of victimization. A salient finding from the literature is the importance of a stable, supportive relationship with at least one caring adult; a finding arguably even more significant for LGBTQ+ youth, who experience familial rejection at alarming rates. This lack of a supportive relationship has cascading effects: adults are the primary socializers of emotional and social skills for children and youth. Without opportunities to learn these skills in context, youth are at risk for developing deficits in emotion regulation, which has known connections to deleterious mental health outcomes. Schools have

increasingly become settings of potential support for LGBTQ+ youth and research has shown that Gender and Sexuality Alliances confer numerous mental health and academic benefits for youth. However, much remains unknown about what specific factors contribute to these findings, both on the structural level (e.g., what is happening within GSAs that is so meaningful?) and on the advisor level (e.g., what training, characteristics, competencies, and skills are important for advisors to possess to maximize their effectiveness in this role?). As such, this study aims to address these gaps in the literature by examining “usual practice” within GSAs and advisor level variables (self-efficacy, social emotional competencies, training experiences) that might glean important insights into future professional development opportunities to support individuals doing this work.

The Current Study

Given the body of literature demonstrating the protective benefits that Gender and Sexuality Alliances confer for LGBTQ+ youth, coupled with literature suggesting the important role that consistent, supportive relationships with adults play in fostering resilient outcomes, the current study aims to address gaps in understanding about what variables, on both the GSA and advisor levels, might contribute to the degree of GSA effectiveness. This study intended to expand our knowledge regarding what “usual practice” looks like in GSA settings, what training advisors both receive and desire in relation to their roles in leading GSAs, and regarding advisor-level variables related to self-efficacy and social emotional competencies. To achieve this, we proposed the following research questions (RQs):

RQ 1: What are the demographic characteristics of GSA Advisors?

RQ 2: What does usual practice look like in GSA meetings?

RQ3: What role specific training have advisors received and what would be most supportive to them in their role?

RQ 4: What relationship(s) exist between advisor tenure, training, social emotional competency (SEC), and self-efficacy?

Due to the exploratory nature of research questions one, two, and three, we had no *a priori* hypotheses. To answer research question four, this study tested the following hypotheses:

1. Greater length of time as a GSA advisor and more role-specific professional development received will be associated with higher levels of role-specific self-efficacy, defined as the overall score on a measure assessing efficacy across various GSA-related tasks and domains.
2. Greater advisor social emotional competency, defined as overall scores on measures assessing 1) emotional awareness in self and others, emotional expression, and emotional regulation; and 2) application of social emotional competencies in their role as a GSA advisor, will be associated with higher levels of role-specific self-efficacy.
3. Receipt of role-specific professional development will be associated with greater endorsement of engaging in practice-specific SEL strategies.

Methods

This study used a cross-sectional, survey methodology to achieve the goals of understanding advisor demographics, usual practices within the GSA context, and advisor self-efficacy and social emotional competencies. Quantitative measures were the primary source of data collection, while one qualitative, open-ended response item was used to supplement understanding of advisors' motivations to assume this important role in schools.

Participants

Participants were eligible for the study if they were 1) adult individuals (≥ 18 years old), 2) living in the United States and 3) currently serving as an advisor for a Gender Sexuality Alliance, Gay Straight Alliance, or their school's equivalent club centered around students' sexual orientation and/or gender identity and expression. Sampling procedures involved non-random, purposive sampling of this population. Participants were recruited through social media (Facebook) and through accessing the social networks of state-wide chapters of Gender and Sexuality Alliances via email. The Principal Investigator created a recruitment flyer and posted to various GSA Advisor and LGBTQ+ focused educator groups (See Appendix A for advertisement). Additionally, five states were selected using a random number generator: Arizona, Utah, Washington, North Carolina, and Michigan. From these five randomly selected states, we generated a list of school districts and contacted potential participants via the email addresses listed on their respective schools' websites (See Appendix B for sample recruitment text).

Recruitment began on May 15, 2020 and ended on July 20, 2020. A total of 209 individuals consented to participate in the survey. Of those 209, thirty-nine participants failed to complete the survey. The remaining participants ($N=170$) comprised the final eligible participant pool. This sample size surpasses the estimated 150 participants needed based on a power analysis to detect a medium effect size ($r=.30$) in computing a linear, bivariate regression and a medium effect size ($f^2=0.15$) in computing a multiple linear regression with three predictors. For this sample estimate, beta was set at 0.95 with alpha set at $p<.05$.

Procedure

The survey and study procedures were reviewed and approved by the University of Montana's Institutional Review Board (IRB) for the Protection of Human Subjects in Research on May 7, 2020 (IRB# 83-20). Individuals who were eighteen years of age or older, resided in the United States of America, and who were currently serving as their school's Gay Straight Alliance, Gender Sexuality Alliance, or equivalent school club advisor were eligible to participate in this study. Eligibility was determined by a three-question screener using Qualtrics.

Upon determination of eligibility, participants were asked to consent to a 30-minute survey. During the consent process, participants were provided with information about the survey, including length and types of measures. They were also notified that they could refuse or discontinue the survey at any point (for full consent, see Appendix C). After consenting to the survey, eligible participants were prompted to complete a survey via Qualtrics consisting of 143 items. Not all questions were posed to all participants, depending on participant responses regarding receipt of role-specific professional development (e.g., if participants stated that they had never received professional development related to their GSA advisor role, they were not administered items focused on training experiences). All data were collected concurrently, and participants were given one week from the time they began the survey to complete it. Upon completion of the survey, participants were given the option to access a separate forum to enter their email addresses for a chance to win one of 10, \$20 gift cards to Target.

Measures

The sections of the survey included: 1) demographic data; 2) advisor training experiences and GSA usual practices; 3) advisor role-specific efficacy; and 4) advisor social emotional competence. Descriptions of these sections and their measures are listed below. Measures are listed in their respective sections and in order of use.

Section 1-Demographic Questionnaire. The demographic questionnaire (Appendix D) asked participants to answer questions related to their personal demographic information, basic information about their respective schools, and their roles within them. Demographic information included questions about age, assigned sex at birth, gender identity, sexual orientation, ethnicity, and highest level of education completed. School information included questions about level of school (e.g., Middle School, High School, or Secondary (6-12)), estimated student population, and estimated percentage of students receiving Free and Reduced Lunch. Additionally, participants were asked to identify their role at the school (e.g., teacher, counselor, administrator) and number of years serving as a GSA advisor. Participants were prompted to use decimals if they had been an advisor for less than one year. This questionnaire provided needed data for descriptive statistics and provided vital information for data analysis.

Section 2-Training and GSA Usual Practices. This section included quantitative measures to capture advisor training experiences, frequency and duration of GSA meetings, and typical activities comprising each meeting. Additionally, one open-ended response was included to provide participants with space to discuss their motivations for becoming a GSA advisor.

Training Questionnaire. The training questionnaire (Appendix E) asked participants to report whether they have received role-specific training and/or professional development. If participants responded in the affirmative, they were asked to select from a variety of training modalities they have received (e.g., online, in person, conferences) and to estimate how much time they have spent in role-specific training. They were also asked to report how helpful they found these trainings in supporting their duties as a GSA advisor, with responses ranging from 1 (very unhelpful) to 5 (very helpful). Lastly, participants were asked to select three items from a provided 10 item list that they believe would be most helpful in supporting them in their roles as

GSA advisors. The aim of including this measure was to contribute to understanding the relationship(s) between received training, perceived helpfulness of training, desired training, and other important variables of interest.

Usual Practice Questionnaire. The usual practice questionnaire (Appendix F) included quantitative items, with one open-ended qualitative response. Participants completed items regarding the frequency of GSA meetings and other GSA-sponsored events, typical length of meetings, and average student attendance. They were also asked to report the percentage of time (0-24%; 25-49%; 50-74%; 75-99%) they spend each meeting on certain activities. These activities were derived from GSA Network's description of "types" of GSA meetings (<https://gsanetwork.org/what-is-a-gsa/>) and extant literature describing GSA activities. Participants were also asked to select three items from a provided 11-item list that they believe are most important regarding their role as a GSA advisor; participants were able to select "other" and specify on this item as well. Lastly, this measure included an open-ended response item in which participants were prompted to describe their primary motivation for becoming a GSA advisor. This measure was included to help conceptualize usual practice in GSAs, to better understand advisor motivation and perception of important role-specific activities, and to examine the extent to which activities and practices vary from school to school.

Section 3-Advisor Self-Efficacy. Since there are no validated measures, to our knowledge, assessing GSA advisors' role-specific self-efficacy across a number of domains, two measures were adapted for the purposes of this study. This was to help assess the exploratory construct in question. However, due to the use of two measures, and potential differences between them, results may vary between statistical analyses.

GSA Advisor Self-Efficacy Scale. Poteat and Scheer (2016) created a 4-item measure assessing GSA advisors' self-efficacy in working with transgender youth and a 4-item measure assessing GSA advisors' self-efficacy in working with LGBTQ+ youth of color, specifically. Response options ranged from 1 (strongly disagree) to 5 (strongly agree). On both measures, an exploratory factor analysis was conducted and confirmed that the items represented a unidimensional factor. On the measure for working with transgender youth, coefficient alpha reliability was $\alpha=.85$. On the measure for working with LGBTQ+ youth of color, coefficient alpha reliability was $\alpha=.91$. For this study, items assessing working with transgender youth were modified to "transgender/gender diverse" in order to more accurately assess advisors' comfort with the gender spectrum. Nine additional items were also added to this scale to assess advisors' efficacy working with sexual minority students and addresses minority stress processes (e.g., "*I feel capable to talk in GSA meetings about experiences of discrimination that LGBTQ+ students face*") (Appendix G) For this sample, coefficient alpha reliabilities for the scales assessing efficacy working with LGBTQ+ youth of color and with transgender/gender diverse scales were $\alpha=.93$ and $\alpha=.84$, respectively. For the nine newly added items, coefficient alpha reliability was $\alpha=.90$. The entire 17-item scale had a coefficient alpha reliability $\alpha=.94$. This scale was included to help to examine relationships between tenure as an advisor, training received, advisor SEC, and self-efficacy.

Adapted School Psychologist Efficacy Scale. Items were also adapted from Monahan's (2019) self-efficacy scale for school psychologists working with LGBTQ+ youth. Monahan developed this measure as a thesis, integrating existing scales from the counseling context (e.g., Biddell, 2005; Burkard et al., 2009 Dillon & Worthington, 2003) and literature on student needs. Items were then sent to an expert panel to provide feedback and inform modification of items for

the final scale. The original scale consists of 56 items and 7 subscales: application of knowledge, emotional bond, relationship, establishing tasks, advocacy, self-awareness, and school level. Due to the emotional bond, relationship, and self-awareness items having overlap with the construct of adult social emotional competency, they were not included in the adapted self-efficacy scale. Additionally, some items pertained to the specific role of school psychologists, rather than the role of GSA advisors more broadly, and thus were omitted. After omissions, the final scale for this study included 4 application of knowledge items, 5 establishing tasks items, 12 advocacy items, and 11 school-level items, for a total of 32 items (Appendix H). Response options on each item range from 1 (strongly disagree) to 5 (strongly agree). Coefficient alpha reliabilities for each subscale were $\alpha=.84$, $\alpha=.88$, $\alpha=.92$, and $\alpha=.88$, respectively. The entire scale had a sample alpha reliability of $\alpha=.94$. Inclusion of this scale aimed at providing additional information in examining relationships between advisor-level variables above and self-efficacy.

Section 4-Advisor Social Emotional Competency. Two measures were used to assess advisor social emotional competency. The first measure largely focused on internal emotional processes, while the second focused on both internal emotional processes and engagement in social emotional skills with others as they pertain to the school context. Both measures are fundamental to addressing the aims of this study. Assessing SEC through internal emotional processes and engagement in social emotional skills allowed us to run analyses regarding the potential role adult SEC might play in perceptions of efficacy. Further, since SEC has never, to our knowledge, been assessed in this context, it will potentially provide important rationale for focusing on advisor SEC in future professional development programming.

The Assessing Emotions Scale. The Assessing Emotions Scale (Schutte et al., 2009) is a 33-item self-report measure broadly assessing “emotional intelligence.” Response options for

each item range from 1 (strongly disagree) to 5 (strongly agree), with higher scores on the scale indicating higher levels of emotional intelligence (Appendix I). A principal components analysis has previously identified a strong first factor, with authors suggesting the use of total scores on the entire item scale (Schutte et al., 1998). However, other authors have conducted factor analysis on the scale and have found support for four subscales: “perception of emotions, managing emotions in the self, social skills or managing others’ emotions, and utilizing emotions” (Schutte et al., 2009, p. 122). Several studies have used the scale and report good internal consistency. In a summary of the scale, Schutte and colleagues (2009) highlight 38 studies with internal consistencies ranging from $\alpha=0.76-0.95$. For this sample, internal consistency was computed for subscales perception of emotions ($\alpha=.82$), managing emotions in the self ($\alpha=.78$), managing others’ emotions ($\alpha=.66$) and utilizing emotions ($\alpha=.72$). Internal consistency for the entire, 33-item measure was $\alpha=.90$.

The Adapted RISE Questionnaire. The Resilience in Schools and Educators (RISE) Questionnaire (Fitzgerald et al., in preparation) is a 33-item, self-report scale assessing various domains of school staff members’ social emotional competence, both in terms of internal experiences (e.g. self-awareness, self-regulation) and relational interactions/skill use with students (relationship skills, responsible decision making) (Appendix J). It aligns closely with the domains of educator SEC outlines by Yoder (2014). The measure asks participants to rate how often items are true for them, with response options ranging from 1 (rarely or not at all) to 5 (almost always). The measure consists of five subscales (educator emotion management, educator empathy, educator connection, educator attunement, and educator emotion coaching). An earlier pilot of this measure demonstrated good internal consistency across previous formulation of scales; the modified measure is currently being validated and psychometrics are

expected to be available soon. For this sample, internal consistencies for each subscale were calculated as follows: educator emotion management ($\alpha=.81$), educator empathy ($\alpha=.85$), educator connection ($\alpha=.75$), educator attunement ($\alpha=.80$) and educator emotion coaching ($\alpha=.90$). Internal consistency for the entire 33-item measure was $\alpha=.94$. This measure was included to contribute to understanding of advisor SEC and to allow for analyses determining potential relationships among advisor-level variables.

Data Handling and Analytic Strategy

Data collection was via Qualtrics survey software and converted into SPSS files for data cleaning and analysis. All data cleaning, variable computation, and descriptive statistics were conducted using SPSS Version 25 (IBM Corporation, 2017). Tables were generated in Microsoft Word.

Items on all measures were rescored or reverse scored according to predetermined scales. Total scores were calculated for each scale measuring GSA advisor self-efficacy and GSA advisor social emotional competency. Full scales in this project include: Adapted GSA Advisor Self-Efficacy Scale (Poteat & Scheer, 2016), Adapted School Psychologist Self-Efficacy Scale (Monahan, 2019), The Assessing Emotions Scale (Schutte et al., 2009), and the Adapted RISE Questionnaire (Fitzgerald et al., 2019). Additionally, descriptive statistics were computed for exploratory measures, including the Usual Practice Questionnaire and the Training Questionnaire.

Inclusion Criteria for Analysis

Participants had to complete at least 90% of the total survey to be included in analyses. Of the 170 participants who submitted the full survey, three participants (1.76%) were excluded from analyses due to missing data. 167 participants met inclusion criteria for the study,

consented to the study protocol, and completed at least 90% of the total survey. Additionally, participants were excluded from analyses if they did not complete at least 90% of each measure assessing variables of interest (Self-Efficacy and Social Emotional Competency).

Results and Implications

RQ1: What are the demographic characteristics of GSA Advisors?

To answer research question 1, frequency data were calculated for all demographic items, including age, sex assigned at birth, gender identity, sexual orientation, race/ethnicity, education, length of time as a GSA advisor, and role at the school. The age range in this sample ranged from 25-65+, with the modal number of participants ($n = 60$; 35.9%) falling in the 35-44-year age bracket. Most of this sample was assigned female at birth ($n = 129$; 77.2%). A majority identified as cisgender ($n = 158$; 94.7%) and indicated their racial/ethnic identity as white ($n = 156$; 93.4%). In terms of sexual identity, about half of the participants identified as heterosexual ($n = 85$; 50.9%), with the other half identifying as non-heterosexual (e.g., gay, lesbian, bisexual, pansexual, queer, questioning, or prefer to self-identify). The sample was highly educated, with most participants ($n = 142$; 85.0%) having obtained a graduate or professional degree. Participants represented 22 out of 50 United States, with the most participants ($n = 37$) being from Colorado. See Table 1 for a full demographic breakdown.

Additionally, data regarding participant role within their school and length of time (tenure) as a GSA advisor were analyzed. Most GSA advisors in this study were teachers ($n = 111$; 66.5%), followed by counselors ($n = 21$; 12.6%). Participants had been in their role as a GSA advisor ranging from 3 months to more than 10 years. Most participants had been in their role between 1 and 5 years ($n = 100$; 59.9%). Full role and tenure breakdowns are represented in Table 2.

Frequencies on school level variables, including level of school (Middle School, High School, 6-12 Secondary School), type of school (Public, Private, Charter), rurality of school, total estimated student population and estimated free and reduced lunch (FRL) population were calculated as well. A majority of participants indicated that they worked in non-rural (n = 142; 85.0%), public (n = 161; 96.4%), high schools (n = 116; 69.5%). The modal estimated student population was tied between 500-999 students (n = 40, 24.0%) and 1,000-1,499 students (n = 40; 24.0%), with responses ranging from under 100 students (n = 1; 0.6%) to over 2,000 students (n = 37; 22.2%). A total of 75 participants indicated that they worked in a school in which the percentage of students receiving FRL is 40% or higher (n = 75; 45.0%), which is the cutoff that determines whether a school receives Title 1 funds (supplemental funds provided to schools with large concentrations of low-income students) (United States Department of Education, 2018). See Table 3 for full school-level variable breakdown.

RQ 2: What does “usual practice” look like in GSA meetings?

Quantitative Analyses

Frequency data were gathered on several items aiming to capture typical or “usual” practice within GSA meetings, including frequency and duration of meetings, number of students in attendance, and percentage of time spent providing emotional support, advocacy, and social connection. Additionally, participants were asked to estimate the amount of time they spend each week on their role as a GSA advisor. Lastly, participants were asked to choose three options out of provided list of 11 items that they believe are most important regarding their role as a GSA advisor, and frequency counts were gathered.

Most participants indicated that their GSAs meet once a week (n = 110; 66.7%) for 31-59 minutes (n = 89; 53.9%). Participants endorsed a range of options regarding the average number

of students in their meetings, with 7.9% (n = 13) indicating less than 5 students, 37.6% (n = 62) indicating 5-10 students, 29.1% (n = 48) indicating 11-15 students, 17.6% (n = 29) indicating 16-20 students, and 7.3% (n = 12) indicating 20 or more. When asked to estimate how much time their clubs spent providing students with emotional support, 55 participants (33.3%) estimated they spend 0-24% of their meeting time, while 73 (44.2%) participants estimated they spend 25-49% of their meeting time on this task. The remaining 36 participants (21.8%) indicated that they spend more than half of their meeting time on student emotional support (50-74% of time; n = 28; 17.0%; 75-99% of time; n = 8; 4.8%). Regarding club time spent on school/community LGBTQ+ advocacy, a majority of participants (n = 93; 56.4%) estimated that they spend less than 24% of their meeting time on this task, with 65 participants (39.4%) estimating that they spend somewhere between 25-49% of their meeting time dedicated to advocacy efforts. Lastly, participants indicated a range of meeting time spent on socializing and social connection, with 78 respondents (48.4%) indicating they spend 50% of their time or more on this task (50-74% of time; n = 56; 33.9%; 75-99% of time; n = 24; 14.5%). See Table 4 for full breakdown of sample frequencies among the usual practice items.

Additional items in this domain aimed to capture advisor time commitments related to their roles and advisor beliefs about the most important parts of their roles. Frequencies were computed for two items to assess these domains. An overwhelming majority (n = 154; 93.3%) of participants indicated that they personally spend 0-3 hours per week on activities related to their role as an advisor, with the remaining percentage (6.7%) estimating they spend 4-6 hours per week. Participants were prompted to select three items from a pre-determined list (with an option write-in) in response to the question: *Out of the options below, choose the three (3) that you believe are most important regarding your role as a GSA advisor.* The top three responses to this

item were: 1) providing a space for students to connect with their peers (n = 136; 82.4%), 2) providing students with social and/or emotional support (n = 103; 62.4%), and 3) serving as an adult ally/advocate in the school (n = 99; 60.0%). See Table 5 for full item frequency breakdowns.

Qualitative Analyses

Participants were prompted to complete one, open-ended response item related to their personal motivations for becoming a GSA advisor in their school. A majority of participants responded to this question (n = 162). Data were analyzed for themes using a general inductive approach (Creswell, 2007; Thomas, 2006). Five steps were followed, as outlined by Thomas (2006): 1) organize and clean the raw data; 2) closely read the text to gain familiarity with content and themes; 3) create preliminary categories; 4) considering overlapping and un-coded text; and 5) continued revision and refinement of categories and system.

Researcher Positionality and Trustworthiness. The primary coder identifies as a white, cisgender, queer-identified woman and is a master's level mental health clinician. She has experience working with youth and adults in school contexts as a mental health professional and consultant. Additionally, her research interests center around mental health disparities among sexual and gender minority populations and the ways in which protective adult relationships may serve as buffers against deleterious mental health outcomes. As such, these identities and areas of professional interest necessarily informed her approach and interpretation of the data. To help minimize the impact of these various positions on the interpretation of the data, the principal investigator engaged in peer debriefing with a colleague uninvolved in this study and with a second coder. She also engaged in ongoing reflexivity throughout the project, attempting to bracket biases and fore structures (Smith, Flowers, and Larkin, 2012).

The second coder identifies as a white, cisgender, gay woman and is a doctoral-level licensed psychologist. Her clinical and research expertise lie outside of the topic of this study. However, she has personal experiences related to being a gay-identified youth in schools that informed her approach to this data. In an attempt to bracket experiences related to both her professional role and her personal experiences in development, the second coder engaged in debriefing throughout the coding process as well.

Once the primary coder had become familiar with the data, a preliminary codebook was created, and participant responses were coded. Throughout this iterative process, categories were refined as needed. After initial coding had been completed, a second rater (described above) coded the data and served as a peer debriefer to help establish trustworthiness (Lincoln & Guba, 1985). When disagreements emerged, the principal investigator and second coder discussed codes, returned to the generated themes, and generated consensus among the coded items. Among the 162 responses, seven themes emerged that help to further elucidate reasons GSA advisors may be motivated to serve in their roles. See Appendix K for the generated codebook.

Safe and Brave Spaces. Many participants discussed their primary motivation for serving as a GSA advisor in the context of creating safe or brave spaces where youth could freely express themselves. This code was assigned anytime written responses identified safe spaces or alluded to creating a container within the school context that allowed for authenticity without the fear of harm. For example, one participant noted:

“I want students to know they have a safe space to meet where they can support one another,” while another stated that they aim to create “a safe place where all are welcomed to be as uncensored and unrestricted as possible.”

Similar sentiments were expressed by this participant as well, who emphasized the importance of a space where youth feel celebrated and cared for:

“I want to provide a space to let these kids know that they are marvelous just the way they are and [are] loved. To provide a safe and supportive space where the queer kids and their allies feel like they have a home.”

Many participants identified this theme and used similar language to denote the importance of safety and spaces for expression.

Advocacy and Allyship. Another theme emerged highlighting participants' motivations surrounding allyship and advocacy. Within this theme, we further coded responses into two sub-themes: 1) adult advocacy and allyship and 2) empowering youth advocacy and leadership.

These codes were assigned any time participants 1) discussed the important role (or explained ways) that adult advisors advocate for sexual and gender minority students, or 2) discussed intentions (or provided examples of ways) they empower GSA-involved youth to advocate and lead within the school and community. For example, one participant stated:

“We have worked with our students and put together a training that all of our building staff completed before school this year. I can't explain how beneficial it was for teachers to include pronoun questions on surveys, to address students by their preferred names, and to wear/post rainbow ribbons in their rooms.”

Participants also highlighted that serving as an advocate in this role sometimes required persistence and tenacity. One participant described needing to pursue the opportunity to start a GSA for several years before it was approved:

“When I was told NO, I enthusiastically pursued this opportunity until I was told YES (three years later). The fact that I even had to "fight" for the GSA to become officially recognized continues to keep me motivated to provide the advocacy that these students need.”

Another participant highlighted the need for adult advocacy and allyship when students' advocacy on their own behalf was not enough:

“For many years (5+), I assisted students through the process of establishing a GSA, only to have that student's proposal denied by Administration, despite the Administration's actions be unlawful. Six years into this process, the GSA was finally approved following

a change in Administrative Staff. We will celebrate our tenth year as part of the school culture in 20/21.”

Regarding the second subtheme in this category (empowering youth advocacy and leadership), participants described the importance of helping youth participate in advocacy on behalf of themselves and their peers. For example, one respondent noted:

“I saw it as a responsibility and honor to assist the LGBTQ+ youth find their voice and find their way! The students have started to advocate for their needs and to change policies at school so I would like to help them continue their work.”

Another advisor discussed the importance of empowering student leadership to direct the GSA in ways that feel most important to them:

“For the students, I try to enable them to make the club whatever they need it to be. Some years, students had focused on advocacy and attended rallies (the year our system began to implement protections for transgender students, or the year that Maryland passed marriage equality). Last year, students were focused on charity and helped collect supplies for a local shelter.”

Respondents also noted the importance of youth learning skills to advocate for themselves and to educate others regarding policies and issues that may impact SGM youth:

“I want my students to learn to advocate for themselves and others. I want my students to feel proud of ALL their identities. I want my students to know how to educate their peers. I especially want my students to learn how to educate adults.”

Taken together, advocacy and allyship (both adult advocacy and empowering youth advocacy) emerged in many participants' responses regarding their motivations to serve in their role.

Personal Connection and Experience. Many participants described personal connections and/or experiences in common with sexual and gender minority youth that inspired them to serve as advisors. Within this larger theme, three subthemes emerged: 1) participants are personally members of the LGBTQ+ community or had previous GSA involvement; 2) participants were inspired to be the person they needed when they were younger; and 3) participants have family

members/friends who are part of the LGBTQ+ community. These codes were assigned any time participants indicated self-identification as a LGBTQ+ individual, described motivation due to lack of support around sexual and/or gender identity when they were in school, or whenever they mentioned close relationships with individuals who identified as LGBTQ+, respectively. For example, one participant described their desire to serve as a GSA advisor due to lack of support when they were in school:

“I tried to start a GSA when I was in high school, and my principal told me that the idea was ‘inappropriate.’ I didn’t come out until my mid-20s and would have come out and learned to really love myself MUCH earlier if I had had more support.”

These sentiments were echoed by several other participants as well. One spoke of identity-based victimization and mental health concerns related to their experiences and expressed a desire to prevent youth in their care from navigating similar struggles:

“I had a rough time in high school both internally and externally. I am now in a position to help others avoid that. If I save one student from considering suicide like I did or having to deal with being called faggot to their face like I did, then it is worth it.”

Other participants described their motivations being driven by having close family members or friends who are a member of the LGBTQ+ community. Several participants noted that they have children who identify as sexual and/or gender minorities. One participant stated: “My reasons are selfish. I have a non-binary child who attends my school, and I started the GSA the year before they came to school so they would have support,” while another identified their sister as their motivation: “I have a special needs, non-binary, sister.” Another participant described the devastating loss of LGBTQ+ friends to suicide and identified these losses as a motivator: “I’ve always had LGBTQ+ friends, and their gender and sexuality had an isolating impact. I have lost more friends than I can count on two hands to suicide over the years.”

Student Request or Nomination. Some responses indicated that advisors were serving in their roles due to direct student request for help. Participants indicated that students would seek them out due to perceptions of allyship and/or due to needing an adult sponsor in order to be recognized as a school-sanctioned activity. Some responses within this domain also discussed the difficulty in getting a club started, even with student request, due to administrative difficulties and resistance:

“A few years ago, I was approached by some students who wanted to start a club and needed an advisor. I decided if they wanted it then I sure couldn't say no. It took some convincing and it had to be co-run by the counseling department. It was a private group that met during school hours and so permission slips were needed.”

Other participants noted that they stepped into the role despite feeling unprepared to do so. For example, this participant describes student request and figuring it out as they have gone along:

“Initially, I was approached by a small group of students who asked that I serve as their advisor after the previous faculty advisor transferred to another school. I was happy to do it and have been sort of muddling along since.”

Recognition of Need; No other adults would do it. Additional respondents discussed being motivated due to a recognition of student need and/or a realization that if they did not serve in this role, no one else would step in. These responses were characterized by a recognition of need based on students' experiences of marginalization and vulnerability and/or a lack of other supportive adults being willing to meet the needs of LGBTQ+ students. One participant recognized the unique stressors facing their LGBTQ+ students and wanted to sponsor a club to help: “This is one of the more marginalized populations in our school. These students receive the largest amount of bullying, and they need to see that adults are on their side.” Other responses were more pragmatic and discussed filling a hole: “The previous teacher left, and no one was picking up the role of advisor.” Some participants also described barriers to serving in this

important role, stating that they serve in this role because no one else would and alluding to the need for broader supports for adults serving in these roles:

“If I didn't sponsor the GSA Club, it would not exist. Educators are overworked/underpaid, and we've hit a point in history where it is less feasible to step up and do something fun for free, just because of time constraints as teachers rush to second jobs...”

Provision of Support. Many participants discussed their motivation for becoming an advisor hinged on the provision of support to students. Responses in this category were further characterized into 1) general provision of information and social emotional support and 2) support aimed to mitigate the risks/mental health outcomes that result from identity-based victimization and discrimination. Responses were coded into the general support sub-category if they alluded to widespread or non-specific support. For example, “I want to be there to love and support them [LGBTQ+ students] to develop strong identities and express themselves in the world,” and:

“I'm their ears to listen to their problems, their shoulder to cry on or just to lean on, their arms to give a hug to let them know they are loved, their eyes to let them know someone notices them, and their "mom" to give them the unconditional love they need.”

However, other participants spoke to provision of support specifically in the face of identity-based stressors. One participant mentioned “consistent homophobic and transphobic bullying” while another expressed a desire to prevent suicide and substance abuse.

Admiration, Joy, and Celebration. Lastly, participants discussed the personal joy and benefit they receive from being a GSA advisor. Any responses that mentioned personal joy, personal gain, or celebration related to their role as an advisor were coded in this category. One participant simply described the GSA as their “chosen family,” while another described the joy and connection they feel in more depth:

“Our GSA members are incredible, multi-faceted, multi-dimensional, multi-talented young people. Being a part of, even sometimes facilitator to, their growth is a gift every day. They regularly surprise me and my co-advisor and occasionally allow themselves to need us. I honestly couldn't think of anywhere else I'd rather spend Tuesday and Thursday mornings. For all that the role asks of us, it gives us so much more.”

Responses in this category indicated the potential two-way benefit of these advisor-student relationships, with many participants highlighting the learning, joy, and sense of connection they personally feel as a result of serving in their roles.

RQ 3: What role specific training have advisors received and what would be most supportive to them in their role?

Only 57 participants (34.5%) selected that they had received training related to their role as a GSA advisor and were presented the follow-up training items. Participants indicated they had received training in a variety of formats, including Webinars (n = 11; 19.3% of the subsample having received training), independent study (n = 22; 38.6%), conference presentations or seminars (n = 38; 66.7%) and in-person trainings (n = 39; 68.4%). Participants were able to select all options that applied and thus frequencies do not add up to 57 total participants or 100%. Of the 57 participants who indicated that they had received training, most estimated they had received more than 20 hours of training related to their role (n = 16; 9.7%), followed by 10-14 hours (n = 15; 9.1%) and 5-9 hours (n = 13; 7.9%). Additionally, more than half of participants indicated that these training experiences were very helpful (n = 26; 45.6%) or somewhat helpful (n = 18; 10.9%). See Table 6 for full training/professional development breakdown.

All eligible participants for this analysis (n = 165) were also asked to select three items from a pre-determined list (with an optional write-in) in response to the question: *Out of the options below, choose three (3) that would be most helpful in supporting you in your role as a*

GSA advisor. The top three responses to this item were: 1) receiving specific lessons and/or activities I could implement with my GSA students (n = 97; 58.8%), 2) training related to supporting the social emotional needs of my students (n = 72; 43.6%), and 3) training related to helping my GSA students navigate experiences of discrimination and victimization (n = 69; 41.8%). See Table 7 for full item frequency breakdowns.

RQ 4: What is the relationship(s) between advisor training, tenure, self-efficacy, and social emotional competency?

Hypothesis 1. Greater length of time as a GSA advisor and more role-specific professional development received will be associated with higher levels of role-specific self-efficacy, defined as the overall score on a measure assessing efficacy across various GSA-related tasks and domains.

To test hypothesis 1, we computed scores on both self-efficacy measures (Adapted School Psychologist Self-Efficacy Scale and GSA Advisor Self-Efficacy Scale), excluding participants who had not completed 1) at least 90% of the entire survey and 2) at least 90% of the respective self-efficacy measures. Then, due to the exploratory nature of this study and the lack of validated measures available to capture the construct of GSA Advisor self-efficacy, we used two measures of self-efficacy for this analysis. To correct for multiple statistical tests of the same construct, p-values were corrected by multiplying by 2. Figure 1 lists the analyses and variables included to test hypothesis 1.

Figure 1*Analyses and Variables for Hypothesis 1.*

Analysis	Independent Variable	Dependent Variable Measure
One-way ANOVA	Advisor Tenure	GSA Advisor Self-Efficacy Scale
One-way ANOVA	Advisor Tenure	School Psychologist Self-Efficacy Scale
Hierarchical multiple regression	Advisor Tenure	GSA Advisor Self-Efficacy Scale
Hierarchical multiple regression	Advisor Tenure	School Psychologist Self-Efficacy Scale
Independent samples t-test	Prof. Development	GSA Advisor Self-Efficacy Scale
Independent samples t-test	Prof. Development	School Psychologist Self-Efficacy Scale
One-way ANOVA	Prof. Development	GSA Advisor Self-Efficacy Scale
One-way ANOVA	Prof. Development	School Psychologist Self-Efficacy Scale
Pearson correlation	Prof. Development	GSA Advisor Self-Efficacy Scale
Pearson correlation	Prof. Development	School Psychologist Self-Efficacy Scale

To test the relationship between amount of time as a GSA advisor (tenure) and scores on the GSA Advisor Self Efficacy Scale (Poteat & Scheer, 2016), we conducted a one-way between-subjects ANOVA with 166 eligible participants. There was a statistically significant effect of tenure on self-efficacy scores at the $p < .05$ level for the four tenure conditions [$F(3,162) = 4.90, p = .003$; adjusted $p = .006, \eta^2 = .082$]. Tukey's honestly significant difference (HSD) post-hoc test showed statistically significant differences between the "less than 1 year" group and the "6-10 years" group ($p = .008$) and between the "1-5 years" and "6-10 years" group ($p = .016$), suggesting that participants in this sample differed in their perceptions of self-efficacy based on the length of time they had served as a GSA advisor. However, this difference does not seem to be incremental in nature, as scores on self-efficacy in the 10+ years group were lower than those in the 6-10 years group and were not statistically significantly different than lower tenure groups. Tables 8 and 9 summarize these results.

Another one-way between-subjects ANOVA was conducted to test the relationship between tenure and the Adapted School Psychologist Self-Efficacy Scale (Monahan, 2019). There was also a statistically significant effect of tenure on this measure of efficacy [$F(3,163) = 3.526, p = .016$; adjusted $p = .032, \eta^2 = .06$]. A Tukey's HSD post hoc analysis showed a

statistically significant difference between the “1-5 years” group and the “6-10 years” group ($p = .025$). Similar to the above analysis, these differences were not incremental in nature and scores on self-efficacy in the 10+ years group were lower than those in the 6-10 years group. This may suggest that, somewhat paradoxically, perceived self-efficacy decreases with increased experience in this sample. These results are summarized in Tables 10 and 11.

Next, to test the predictive utility of GSA advisor tenure on self-efficacy scores, hierarchical multiple regression analyses were run. Prior to conducting these regression analyses, data were checked for assumptions of the statistical test. We checked for normality, homoscedasticity, and multi-collinearity. Data approximated a normal P-P plot, suggesting a normal distribution. Additionally, a scatterplot of the residuals indicated that the data were homoscedastic. Lastly, multi-collinearity was checked using variance inflation factor (VIF) values. All VIF values were below ten, indicating this assumption was met.

After checking to ensure test assumptions were met, a two-stage, hierarchical regression model was run with GSA Advisor Self-Efficacy Scores as the dependent variable. To account for two measures being used to assess self-efficacy and to correct for multiple statistical tests, p -values were adjusted and multiplied by 2. The first model included two covariates: gender identity (cisgender versus non-cisgender) and sexual orientation (heterosexual versus non-heterosexual). This was done to account for any variance that might be explained by advisors themselves identifying as a sexual and/or gender minority. Advisor tenure was added in to the second model. The results of the hierarchical regression analysis indicated that the covariates contributed statistically significantly to the regression model, [$F(2, 163) = 6.625, p = .002$]. In the second stage, advisor tenure accounted for an additional 6.8% of the variance and this change

in R^2 was significant [$F(3, 162) = 9.375, p = <.0005$]. Participants' scores on the GSA Advisor Self-Efficacy scale were positively and statistically significantly predicted by tenure (Table 12).

Another hierarchical multiple regression was run to test the predictive utility of tenure on Adapted School Psychologist Self-Efficacy scores, with scores on this scale as the dependent variable. To account for two measures being used to assess self-efficacy and to correct for multiple statistical tests, p-values were again adjusted and multiplied by 2. The first model included gender identity and sexual orientation as covariates, with tenure being added to the second model. The results of this hierarchical multiple regression indicated that the covariates did not statistically significantly contribute to the regression model [$F(2, 164) = .322, p = .725$]. In the second stage, advisor tenure accounted for an additional 4.1% of the variance and this change in R^2 was significant [$F(3, 163) = 2.892, p = .005$; adjusted $p = .01$]. Participants' scores on the Adapted School Psychologist Self-Efficacy scale were also positively and statistically significantly predicted by tenure. See Table 13 for full results.

To test the second part of hypothesis 1, examining the impacts of professional development on role-specific self-efficacy, we ran an independent samples t-test to see if participants who had received professional development differed in scores on the GSA Advisor Self-Efficacy scale from those who had not. To account for two measures being used to assess self-efficacy and to correct for multiple statistical tests, p-values were adjusted and multiplied by 2. After accounting for missing data, 166 participants were eligible for this analysis. There was a significant difference in the scores between participants who had received training ($M = 72.5, SD = 7.82$) and those who had not ($M = 67.27, SD = 12.94$); $t(164) = 2.813, p = .006$; adjusted $p = .012, d = .46$). We then ran another independent samples t-test to assess for group differences between training and non-training groups on the Adapted School Psychologist Self-Efficacy

scale. For this analysis, 167 participants were eligible. There was a significant difference in the scores for participants who had received training ($M = 131.84$, $SD = 15.79$) and those who had not ($M = 125.03$, $SD = 19.02$); $t(165) = 2.343$, $p = .02$; adjusted $p = .04$, $d = .38$). Thus, in this sample, participants who received role-specific professional development reported, on average, higher levels of role-specific self-efficacy.

Once we determined a statistically significant difference between participants who had received training and those who had not, we conducted one-way between-groups ANOVAs to determine if a difference existed depending on the amount of training received. Results from a one-way ANOVA examining group differences on the GSA Advisor Self-Efficacy measure with 58 participants indicated there was a statistically significant effect of amount of training received on self-efficacy scores at the $p < .05$ level for the five training conditions [$F(4, 53) = 3.261$, $p = .018$; adjusted $p = .036$, $\eta^2 = .198$]. We then conducted a Tukey's HSD post hoc and found a statistically significant difference between the "0-4 hours" group and the "more than 20 hours" group ($p = .018$), suggesting that a difference exists between the lowest amount of training received and the highest amount of training received groups on self-efficacy scores (Tables 14 and 15). We conducted another one-way, between-groups ANOVA to examine group differences on the Adapted School Psychologist Self-Efficacy scale as well [$F(4, 54) = 4.088$, $p = .006$; adjusted $p = .012$, $\eta^2 = .232$]. A Tukey's HSD showed statistically significant differences between the "0-4 hours" group and the "5-9 hours" group ($p = .044$), the "10-14 hours" group ($p = .021$), and the "more than 20 hours" group ($p = .030$) (Tables 16 and 17).

Lastly, Pearson product moment correlations were computed to assess for relationships between amount of professional development received and self-efficacy scores. Amount of training received and scores on the GSA Advisor Self-Efficacy scale were found to be

moderately, positively correlated, $r(56) = .374$, $p = .004$; adjusted $p = .008$. Training and scores on the Adapted School Psychologist Self-Efficacy scale were not statistically significantly correlated, $r(57) = .225$, $p = .087$; adjusted $p = .174$.

Hypothesis 2. Greater advisor social emotional competency, defined as overall scores on measures assessing 1) emotional awareness in self and others, emotional expression, and emotional regulation; and 2) application of social emotional competencies in their role as a GSA advisor, will be associated with higher levels of role-specific self-efficacy.

To test hypothesis 2, we computed scores on both self-efficacy measures (Adapted School Psychologist Self-Efficacy Scale and GSA Advisor Self-Efficacy Scale) and on both measures of social emotional competency (Assessing Emotions Scale and Adapted RISE Questionnaire). For all of these analyses, we excluded participants who had not completed 1) at least 90% of the entire survey and 2) at least 90% of the respective self-efficacy and social emotional competence measures. To account for two measures being used to assess the construct of self-efficacy, with each one used in a different statistical test, p -values were adjusted and multiplied by 2. Figure 2 outlines analyses and variables used to test hypothesis 2.

Figure 2

Analyses and Variables for Hypothesis 2.

Analysis	Independent Variable	Dependent Variable Measure
Pearson correlation	Assessing Emotions Scale	GSA Advisor Self-Efficacy Scale
Pearson correlation	Assessing Emotions Scale	School Psychologist Self-Efficacy Scale
Pearson correlation	RISE Questionnaire	GSA Advisor Self-Efficacy Scale
Pearson correlation	RISE Questionnaire	School Psychologist Self-Efficacy Scale
Hierarchical multiple regression	Assessing Emotions Scale	GSA Advisor Self-Efficacy Scale
Hierarchical multiple regression	Assessing Emotions Scale	School Psychologist Self-Efficacy Scale
Hierarchical multiple regression	RISE Questionnaire	GSA Advisor Self-Efficacy Scale
Hierarchical multiple regression	RISE Questionnaire	School Psychologist Self-Efficacy Scale

We first conducted Pearson Product Moment correlations to determine whether a relationship exists between advisor social emotional competency and advisor self-efficacy. Participant scores on the Assessing Emotions Scale were statistically significantly correlated with scores on the GSA Advisor Self-Efficacy Scale, but this relationship was no longer statistically significant after p-value correction ($r(164) = .197, p = .032$; adjusted $p = .064$). Scores on the Assessing Emotions Scale were statistically significantly correlated with the Adapted School Psychologist Self-Efficacy Scale, even after p-value correction ($r(165) = .360, p < .0005$). Participants' scores on the Adapted RISE Questionnaire and the GSA Advisor Self-Efficacy Scale were not significantly correlated ($r(164) = .103, p = .186$; adjusted $p = .372$). However, scores on the Adapted RISE Questionnaire were statistically significantly correlated with scores on the Adapted School Psychologist Self-Efficacy Scale ($r(165) = .253, p = .001$; adjusted $p = .002$).

To test the predictive utility of participants' scores on measures of social emotional competency on self-efficacy scores, we then conducted hierarchical multiple regression analyses. Prior to conducting these regression analyses, data were checked for assumptions of the statistical test. We checked for normality, homoscedasticity, and multi-collinearity. Data approximated a normal P-P plot, suggesting a normal distribution. Additionally, a scatterplot of the residuals indicated that the data were homoscedastic. Lastly, multi-collinearity was checked using variance inflation factor (VIF) values. All VIF values were below ten, indicating this assumption was met. To account for multiple measures being used to assess these constructs and to correct for multiple statistical tests, p-values were adjusted and multiplied by 2.

We again conducted a two-stage, hierarchical regression model with GSA Advisor Self-Efficacy Scores as the dependent variable. The first model included two covariates: gender

identity (cisgender versus non-cisgender) and sexual orientation (heterosexual versus non-heterosexual). Participants' scores on the Assessing Emotions Scale were added in to the second model. The results of the hierarchical regression analysis indicated that the covariates contributed statistically significantly to the regression model, $[F(2, 163) = 6.625, p = .002]$. In the second model, advisor social emotional competency (as measured by scores on the Assessing Emotions Scale) accounted for an additional 3.3% of the variance, and this change in R^2 was significant $[F(3, 162) = 6.980, p = .009; \text{adjusted } p = .018]$. Participants' scores on the GSA Advisor Self-Efficacy scale were positively and statistically significantly predicted by scores on the Assessing Emotions Scale (Table 18). We then ran another model to examine the predictive utility of scores on the Adapted RISE Questionnaire on GSA Advisor Self-Efficacy, using the same covariates. In this model, advisor social emotional competency (as measured by scores on the Adapted RISE Questionnaire) accounted for an additional 0.3% of the variance, and this change in R^2 was not significant $[F(3, 162) = 4.935, p = .220; \text{adjusted } p = .44]$ (Table 19).

Next, additional hierarchical regression analyses were conducted to determine the predictive utility of social emotional competency on scores on the Adapted School Psychologist Self-Efficacy Scale. In these two stage models, the Adapted School Psychologist Self-Efficacy Scale was the dependent variable. Sexual orientation (heterosexual vs. non-heterosexual) and gender identity (cisgender vs. non-cisgender) were included as covariates in the first model. In the second model, scores on the Assessing Emotions Scale were added. Results demonstrated that covariates entered in step one did not significantly contribute to the regression model $[F(2, 164) = .322, p = .725]$. In the second model, advisor social emotional competency (as measured by scores on the Assessing Emotions Scale) accounted for an additional 13.1% of the variance, and this change in R^2 was significant $[F(3, 163) = 8.792, p < .0005; \text{adjusted } p < .0005]$. Advisor

social emotional competency significantly and positively predicted self-efficacy in this model (Table 20).

Lastly, we conducted another hierarchical multiple regression with the same dependent variable and covariates, with scores on the Adapted RISE Questionnaire being added in step 2. Results demonstrated that advisor social emotional competency (as measured by scores on the Adapted RISE Questionnaire) accounted for an additional 5.8% of the variance, and that this change in R^2 was significant [$F(3, 163) = 9.893, p = .001$; adjusted $p = .002$] (Table 21).

Hypothesis 3. Greater receipt of role-specific professional development will be associated with greater endorsement of engaging in practice-specific SEL strategies.

To test hypothesis three, we again computed scores on both self-efficacy measures and on both measures of social emotional competency. For all of these analyses, we excluded participants who had not completed 1) at least 90% of the entire survey and 2) at least 90% of the respective self-efficacy and social emotional competence measures. To account for two measures being used to assess the construct of self-efficacy and to correct for multiple statistical tests, p -values were adjusted and multiplied by 2. Figure 3 outlines analyses and variables used to test hypothesis 3.

Figure 3

Analyses and Variables for Hypothesis 3.

Analysis	Independent Variable	Dependent Variable Measure
Independent samples t-test	Prof. Development	RISE Questionnaire
One-way ANOVA	Prof. Development (Amount)	RISE Questionnaire
Pearson correlation	Prof. Development (Amount)	RISE Questionnaire
Hierarchical multiple regression	Prof. Dev.; Assessing Emotions Scale	GSA Advisor Self-Efficacy Scale
Hierarchical multiple regression	Prof. Dev.; Assessing Emotions Scale	School Psychologist Self-Efficacy Scale
Hierarchical multiple regression	Prof. Dev.; RISE Questionnaire	GSA Advisor Self-Efficacy Scale
Hierarchical multiple regression	Prof. Dev.; RISE Questionnaire	School Psychologist Self-Efficacy Scale

We first conducted an independent samples t-test to determine if differences in reported engagement in practice specific SEL strategies existed between participants who had received role-specific professional development versus those who had not. After accounting for missing data, 166 participants were eligible for this analysis. There was not a significant difference in the scores for participants who had received training ($M = 130.08$, $SD = 15.90$) versus those who had not ($M = 130.55$, $SD = 18.45$).

Next, we conducted a one-way between-groups ANOVA to determine if differences in self-reported engagement in practice specific SEL strategies (as measured by the Adapted RISE questionnaire) existed depending on the amount of training received. Results from a one-way ANOVA examining group differences on the Adapted RISE Questionnaire measure with 58 participants indicated there was a statistically significant effect of amount of training received (for those who indicated they had received at least some training) at the $p \leq .01$ level for the five training conditions [$F(4, 54) = 3.66$, $p = .01$, $\eta^2 = .214$]. We then conducted a Tukey's HSD post hoc analysis and found a statistically significant difference between the "0-4 hours" group and the "more than 20 hours" group ($p = .018$) and between the "5-9 hours" group and the "more than 20 hours" group ($p = .049$). In this sample, participants who received more than 20 hours of professional development reported higher engagement in practice specific SEL strategies with students when compared to participants who had received 9 hours of professional development or less. See Tables 22 and 23 for detailed results.

We also conducted a Pearson Product Moment Correlation to determine the relationship between amount of training received and engagement in practice specific SEL strategies. Training received was moderately, positively correlated with scores on the Adapted RISE Questionnaire, and this correlation was statistically significant ($r(57) = .436$, $p = .001$).

Finally, we conducted a series of hierarchical multiple regressions to determine predictive utility of 1) professional development on self-reported engagement in practice specific SEL strategies (as measured by scores on the Adapted RISE Questionnaire) and 2) professional development on self-reported SEC (as measured by both the Assessing Emotions Scale and the Adapted RISE Questionnaire) and whether this, in turn, predicted self-efficacy (as measured by the GSA Advisor Self-Efficacy Scale and the Adapted School Psychologist Self-Efficacy Scale). For the first analysis, we conducted a two-stage hierarchical regression analysis with scores on the Adapted RISE Questionnaire as the dependent variable. Demographic variables (binary heterosexual vs non-heterosexual and cisgender vs. non-cisgender) were added into the first model, with professional development received (yes/no) added in the second. Neither step of this model was statistically significant.

To test for potential predictive relationships between professional development, social emotional competency, and self-efficacy, a series of four hierarchical regressions were completed to assess relationships between the Assessing Emotions Scale and both Self-Efficacy Scales and between the Adapted RISE Questionnaire and both Self-Efficacy Scales. To account for two measures being used to assess self-efficacy and to correct for multiple statistical tests, p-values were adjusted and multiplied by 2. Assumptions of hierarchical regressions were met for each analysis. In the model assessing the predictive utility of professional development received (yes/no) and scores on the Assessing Emotions Scale with scores on the GSA Advisor Self-Efficacy scale as the dependent variable, each step of the model was statistically significant, with an additional 4% of the variance being explained in step 2 [$F(3,162) = 8.262, p = .005$; adjusted $p = .01$ and an additional 2.6% of the variance being explained in step 3 [$F(4, 161) = 5.95, p = .016$; adjusted $p = .032$]; both of these changes in R^2 were significant (Table 24). This suggests

that training received and social emotional competency both predict scores on the GSA Advisor Self-Efficacy Scale.

Next, scores on the Adapted School Psychologist Self-Efficacy Scale were added into the model as the dependent variable. In this model, covariates entered in step 1 were not statistically significant. In step 2 of the model, training received accounted for an additional 2.6% of the variance, and this change in R^2 was statistically significant [$F(3,163) = 5.45$, $p = .021$; adjusted $p = .042$]. In the third step of the model, an additional 12.3% of the variance was explained, and this change in R^2 was statistically significant as well [$F(4,161) = 24.30$, $p < .0005$]. Results from this regression analysis indicate that training received and social emotional competency both positively predict scores on the Adapted School Psychologist Self-Efficacy Scale (Table 25).

Lastly, hierarchical regressions were again conducted, with scores on the Adapted RISE Questionnaire being added in the third step. In the model assessing the predictive relationship between professional development and scores on the Adapted RISE Questionnaire on scores on the GSA Advisor Self-Efficacy Scale, the first model with the covariates was statistically significant [$F(2, 163) = 6.63$, $p = .002$]. The second model accounted for an additional 4% of the variance, and this change in R^2 was statistically significant [$F(3, 162) = 8.26$, $p = .005$; adjusted $p = .01$]. The third model was not statistically significant (Table 26).

Finally, an additional analysis was conducted with scores on the Adapted School Psychologist Self-Efficacy Scale as the dependent variable. The first model with covariates was not statistically significant. The second model accounted for an additional 2.6% of the variance [$F(3,163) = 5.44$, $p = .021$; adjusted $p = .042$] and the third model accounted for an additional

6% of the variance [$F(4, 162) = 11.56, p = .001$; adjusted $p = .002$]. Both of these changes in R^2 were statistically significant (Table 27).

Discussion

The benefits that the presence of a Gender and Sexuality Alliance confers to sexual and gender minority students are well-documented in the literature (Heck, Flentje, & Cochran, 2013; Marx & Kettrey, 2016; Poteat et al., 2013; Toomey et al., 2011). These clubs are consistently associated with safer school climates and improved outcomes for students across a variety of domains (Toomey et al., 2011). However, little is known about what, specifically, happens in these clubs that makes them so effective. Literature examining resilience in development consistently points to the important role that a relationship with at least one supportive, caring adult can play in helping to buffer against adversity (Masten, 2001), yet minimal attention has been paid to potentially supportive adults in the lives of sexual and gender minority youth. Results from this study begin to fill these gaps and provide important insight into the demographic characteristics, training experiences and needs, and usual practices of GSA advisors. Further, this study provides preliminary evidence for the relationship between advisors' own social emotional competencies and their perceived self-efficacy in their work with LGBTQ+ students. This discussion section will take each of these important contributions, in turn.

Demographic Characteristics of GSA Advisors

In the context of the lack of available literature focusing on the characteristics of GSA advisors, findings from this study contribute to our understanding of “who” is serving in this important role. Additionally, they may help elucidate potential areas for supporting these professionals. Although participants in this sample overwhelmingly identified as White and cisgender, nearly half of advisors in this study endorsed a non-heterosexual identity. This may

suggest that school professionals who assume the role of GSA advisor do so, in part, because of their own personal connections to the LGBTQ+ community. Indeed, many participants in this study mentioned their own experiences as an LGBTQ+ adolescent as an important motivating factor in their decision to be a youth advisor. However, considering the disproportionate number of sexual minority participants in this sample when compared to nationwide estimates of sexual minority adults (National Health Interview Survey, 2018), it is also possible that disproportionate responsibility is placed upon sexual minority school professionals to care for sexual and gender minority youth, constituting “invisible labor” being placed upon educational professionals with non-heterosexual identities (Social Sciences Feminist Network Research Interest Group, 2017; Flaherty, 2019). While this discussion of invisible labor and the disproportionate burden placed on educators with minority identities in the broader literature has largely focused on service and mentorship responsibilities within higher education institutions, future investigation into this phenomena in K-12 institutions may be warranted. Certainly, it is important to highlight the importance of this representation of sexual minority adults, as marginalized youth benefit from seeing their experiences represented in their natural ecologies. At the same time, it is also important to consider the potential minority stressors that advisors are navigating within the workplace themselves, and to ensure that adequate support is being provided to adults serving such a vital role for students, too.

Additionally, these data provide a compelling look into “where” GSA advisors are working as well. Most participants reported working in public, urban, high schools, which may suggest that a lack of GSAs and in rural areas and in elementary and middle schools. Given that transgender and gender diverse (TGD) children often have an awareness of their gender identity as young as three years of age (Olson & Gülgöz, 2017) and that sexual minority youth may have

awareness of non-heterosexual attractions in elementary school (Institute of Medicine, 2011), creation and promotion of GSAs in elementary and middle schools may be an important future step. However, it should also be noted that limitations related to sampling methodology and recruitment in this study may not fully capture the landscape of GSA presence across the K-12 educational spectrum.

Typical Practices and Advisor Motivations

Regarding usual practice, results from this study help provide a glimpse at the types of activities and provision of supports that GSA advisors focus on during their meetings with youth. Participants in this study indicated that they spend a majority of their time focusing on emotional support and social connection; these findings were echoed in participants' rankings of the most important functions advisors serve in their GSAs and in participants' discussions about their primary motivations for serving as a GSA advisor as well. Interestingly, participants indicated that they spend the least amount of time, on average, dedicated to school-wide advocacy efforts. This may suggest that, while still valuable, advocacy is perceived as a less primary focus for advisors than ensuring that students' emotional and social needs are met within GSAs.

These data may help to shed light on potential processes by which GSAs confer protection; provision of social and emotional support on a consistent basis within GSAs appears to be an important piece of the puzzle when considering ingredients that make GSAs effective. It is possible that students are receiving significant identity-based emotional support in the context of a safe relational environment, and that this support is a key component of the protective nature of GSAs. Indeed, a recent article published by Poteat, Rivers, and Vecho (2020) found that students' perceptions of receiving social-emotional support within GSAs predicted higher levels of student hope at the end of the school year. Interestingly, Poteat and colleagues also found that

when considering social-emotional support, advocacy efforts, and receiving information and resources concurrently, receiving information and resources had a unique predictive relationship on hope and also reduced the deleterious impacts of victimization. Thus, while advisors' reports of their time allocation within GSA meetings and their ranked items of importance coincide with Poteat et al.'s (2020) findings regarding the importance of social-emotional support, the roles of advocacy and provision of resources may warrant further investigation from advisors' perspectives as well.

When using these data to consider possible places for dedicated prevention, intervention, and professional learning programming, focusing on the adults holding this important social and emotional support space may be one powerful way to reach a larger number of LGBTQ+ youth than simply focusing on individual level mental health supports alone. Based on the estimates provided by participants in this study, 164 GSA advisors in this sample are currently influencing the lives of anywhere between 1,567 to 2,194 youth. Given these staggering numbers of youth who could benefit from having a relationship with just one GSA advisor, and the number of youth that one GSA advisor could potentially serve year over year, developing and delivering supports to equip GSA advisors to meet the unique needs of their participating youth is one way to make a larger impact in service of LGBTQ+ mental health. Certainly, mental health "happens" in counseling rooms and clinics, but it also happens in the ordinary, supportive relationships within youths' lives as well.

While professional development programs currently exist to train GSA advisors in key terminology and possible mental health concerns impacting sexual and gender minority youth (e.g., GSA Network, GLSEN, A Queer Endeavor), no programs, to our knowledge, specifically equip advisors with skills for discussing topics related to identity, mental health, and experiences

of victimization. Further, few studies have examined the specific relational qualities of adult-SGM youth mentorship relationships, with one exception examining male sexual minority youths' perceptions of their adult mentors finding that provision of social, emotional, and informational support were important qualities of these relationships (Torres et al., 2012). As such, a possible area for future development and research may center around providing supports to advisors provide this social, emotional, and informational support (Torres et al., 2012), and to name, explore, validate, and help youth cope with salient issues in their lives (Shaffer et al., 2019).

Professional Development Needs

Despite the incredible potential for GSA advisors to make a difference in the lives of many youth, and advisors' reports that they spend a significant amount of time providing social and emotional support to their students, surprisingly little attention has been paid nationwide to ensuring that GSA advisors receive training and support to meet the needs of their youth most effectively. Importantly, in this sample, approximately two-thirds of participants indicated they have not received *any* role-specific professional development, and participants indicated that they would benefit from professional learning focusing on lessons and activities to implement with youth and additional training related to addressing identity-based and social emotional needs of their students. While adult advisors can create spaces for youth to meet and explore topics related to sexual and gender identity, they may not know how to effectively navigate discussions about discrimination, victimization, or mental health concerns. As such, providing behaviorally specific and tailored professional learning opportunities that teach advisors how to respond to youth about these difficult topics is one potential avenue for future exploration.

Notably, Heck (2015) piloted a minority stress-informed (Meyer, 2003) mental health promotion program within the GSA context with promising results. Lapointe and Crooks (2018) also piloted a well-being promotion program within the GSA context and found that sessions helped youth develop coping skills and navigate identity-based stressors. However, neither program was implemented by the GSA advisor themselves and neither focused on building the capacity for adults within the school building to implement program components within their role. Given literature in the field of implementation science suggesting greater sustainability of interventions adapted locally (e.g., within the school system itself) (Forman et al., 2013), considering ways to train GSA advisors to deliver and adapt such programs to their unique contexts may be an important and innovative way to effectively meet the social emotional needs of SGM youth in schools.

Advisor Tenure, Training, Social Emotional Competency, and Self-Efficacy

As mentioned above, supportive adult relationships are a critical protective factor for youth in the face of adversity (Masten, 2001). Due to the advisor-student relationship that is present across all GSAs, it seems that these clubs have the potential to capitalize on this important resilience factor, both through cultivating meaningful relationships and through imparting important social emotional skills (Poteat et al., 2020). However, despite the importance of caring adult relationships in the context of GSAs, minimal research has been conducted examining the qualities and competencies of advisors to maximize effectiveness in this role.

To address this gap, this study explored potential relationships between advisor training, tenure in their roles, social emotional competency, and perceived self-efficacy to begin elucidating supports and processes that may contribute to advisors' feelings of efficacy in their

roles. Findings indicated an association between tenure and self-efficacy scores and suggested that participants differed in their perceptions of self-efficacy based on the length of time they had served as an advisor. However, interestingly, and somewhat paradoxically, these results were not incremental in nature, and advisors who had served 10 years or more in their roles reported less self-efficacy than other groups. This could potentially reflect a Dunning-Kruger effect of sorts, referring to the tendency for individuals to over-estimate their own knowledge and competency when they have less experience or expertise in a given subject area or domain (Dunning, 2011). Thus, the finding that participants who had served 10 years or more reported less perceived self-efficacy than their less experienced peers may suggest a greater awareness and willingness to examine both their strengths and limitations as they gain more experience, resulting in a slightly less exaggerated self-appraisal. Nonetheless, results from this study indicate that advisors' perceptions of self-efficacy can be positively and statistically significantly predicted by tenure, suggesting that perceived competence in working with SGM youth in this context may improve over time. Additionally, results indicated that receipt of role-specific professional development is positively correlated with perceived self-efficacy. As such, professional development programming may be an important avenue to pursue with GSA advisors to increase their perceived efficacy in working with SGM youth in schools.

Emotion socialization literature within parent-child relationships, and social emotional learning literature within the school context, point to the importance of *adult* social emotional competencies and skills for effectively embodying, modeling, and teaching these skills to youth. Social emotional competencies of GSA advisors are of particular interest, as these relationships may be one of the few supportive contexts for youth to practice social emotional skills and to learn how to navigate experiences of identity-based discrimination and victimization. As such,

results from this exploratory study indicating that advisor receipt of professional development positively predicts advisor social emotional competencies, which, in turn, positively predict perceptions of role-specific self-efficacy help to shed light on one potential avenue for supporting GSA advisors in their roles. These findings provide provisional support for pursuing a somewhat novel approach to prevention and intervention efforts aimed at SGM youth; if targeting and strengthening social emotional competencies in GSA advisors increases their perceived capability to effectively meet the diverse needs of SGM youth, then focusing efforts on training and supporting advisors may be an important, yet indirect, way to leverage this school-based support to the benefit of participating youth (Atkins et al., 2015; Forman et al., 2013; Mehta et al., 2019; Schaffer et al., 2019).

Limitations

Despite promising findings that help to fill critical gaps in the literature, there are several limitations to this study. Due to the non-random sampling methodology and study design, generalizability of findings is limited. Additionally, due to our inability to recruit participants on a broad scale and due to GSA advisors being a difficult-to-reach population, this sample was overwhelmingly white, highly educated, and urban. Thus, results from this study are not representative of the national population and may not capture experiences of GSA advisors who are non-white, do not have a graduate degree, or who live in rural areas. Further, since this study is cross-sectional and largely exploratory in nature, no causal inferences can be made.

Additionally, sampling procedures in this study relied heavily on advisors whose respective GSAs are either formally registered and connected to a national network or organized enough to be listed on their schools' activities websites. This may have skewed results in important ways. For example, it is likely that GSAs who are registered and more connected to a

wider national organization may represent greater cohesion, organization, and advisor training than GSAs who are not connected in this way. Further, advisors whose GSAs are listed on school websites may also receive greater school and community support for their clubs. These sampling procedures may also lend themselves to a self-selection bias, with advisors being more connected to the LGBTQ+ community more broadly being more willing to participate, or with advisors who are intrinsically more dedicated, efficacious, or motivated in their roles being more likely to engage in the survey. As such, this study may be limited in terms of its ability to reach advisors representing a wide array of experiences, support, and resources.

Lastly, due to the exploratory nature of this study, multiple measures were used for both advisor social emotional competency and for advisor self-efficacy. Many of these measures had to be adapted for the specific GSA advisor context. While two measures were used for each variable in an attempt to more broadly capture the phenomena in question, there were times when relationships between variables (social emotional competency and self-efficacy) differed. This may suggest that both sets of measures are targeting slightly different behaviors and beliefs. As such, future studies should attempt to validate these measures in a more robust manner.

Future Directions

While we hope that results from this study add to the limited research exploring GSA advisor-level variables and specific active ingredients of GSA activities as a whole, there is an ongoing need for more research in this area. Given the disproportionate rates at which sexual and gender minority youth are experiencing a variety of mental health concerns, and the staggering statistics reflecting youths' experiences of victimization and discrimination at school, research focusing on positive youth development processes and protective factors are critical. Future research exploring youths' perceptions of GSA activities and advisors would complement this

study by allowing for comparison between advisor self-reported practices and perceptions and those of the youth participating in GSAs. Additionally, studies evaluating the implementation and efficacy of professional development and school-based GSA interventions would continue to broaden our understanding of how to leverage existing structures most meaningfully and effectively within the ecological makeup of youths' lives in order to foster and support their ongoing well-being. For example, utilizing community-based models of care (e.g., Lakind et al., 2019) to build the capacity for advisors to deliver mental-health promotion programs (Crooks & Lapointe, 2018; Heck, 2015), may be one potential future direction for effectively leveraging the protective potential of these important adult relationships in fostering resilience and well-being among sexual and gender minority youth.

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Tables

Table 1*Demographic characteristics of the analytic sample*

	<i>n</i>	<i>%</i>
Age		
25-34 years	45	26.9
35-44 years	60	35.9
45-54 years	36	21.6
55-64 years	25	15.0
65+ years	1	0.6
Gender Identity		
Cisgender Woman	120	71.9
Cisgender Man	38	22.8
Trans* Woman	0	0.0
Trans* Man	2	1.2
Non-Binary	2	1.2
Genderqueer	3	1.8
Agender	0	0.0
Another gender identity	2	1.2
Race/Ethnicity		
Asian or Pacific Islander	3	1.8
Black or African American	1	0.6
Latino/a/x, Hispanic, or Chicano	3	1.8
Middle Eastern	1	0.6
Multi-racial	1	0.6
Native American/American Indian Alaska Native	0	0.0
White or European American	156	93.4
Another racial or ethnic group	1	0.6
Prefer not to answer	1	0.6
Sexual Identity		
Asexual	0	0.0
Gay	17	10.2
Lesbian	19	11.4
Bisexual	19	11.4
Pansexual	3	1.8
Queer	21	12.6
Questioning	2	1.2
Heterosexual	85	50.9
Another sexual identity	1	0.6
Education		
Some college, no degree	2	1.2
Associate degree	0	0.0
Bachelor's Degree	23	13.8
Graduate/Professional degree	142	85

Table 2*Participant role and length of time as a GSA advisor*

	<i>n</i>	<i>%</i>
Participant Role		
Teacher	111	66.5
Administrator	1	0.6
Counselor	21	12.6
Social Worker	11	6.6
Psychologist	4	2.4
Paraeducator	2	1.2
Other	17	10.2
Length of Time as an Advisor		
Less than one year	13	7.8
1-5 years	100	59.9
6-10 years	39	23.4
More than 10 years	15	9.0

Table 3*School characteristics*

	<i>n</i>	<i>%</i>
School Level		
Middle School	43	25.7
High School	116	69.5
Secondary School (6-12)	4	2.4
Other	4	2.4
Type of School		
Public	161	96.4
Private	2	1.2
Charter	3	1.8
Other	1	0.6
School Rurality		
Yes	25	15.0
No	142	85.0
Estimated Student Population		
Under 100	1	.06
100-499	20	12.0
500-999	40	24.0
1,000-1,499	40	24.0
1,500-1,999	29	17.4
2,000+	37	22.2
Percentage of Students Receiving FRL		
0-19%	34	20.4
20-39%	52	31.1
40-59%	35	21.0
60-79%	20	12.0
80-99%	20	12.0
Not applicable/Not sure	6	3.6

Table 4*Usual Practices in GSA Meetings*

	<i>n</i>	%
Frequency of GSA Meetings		
More than once a week	4	2.4
Once a week	110	66.7
Every other week	38	23.0
Once a month	12	7.3
Once every other month	1	0.6
Average Number of Students		
Less than 5	13	7.9
5-10	62	37.6
11-15	48	29.1
16-20	29	17.6
More than 20	12	7.3
Percentage of Time: Emotional Support		
0-24%	55	33.3
25-49%	73	44.2
50-74%	28	17.0
75-99%	8	4.8
Percentage of Time: Advocacy		
0-24%	93	56.4
25-49%	65	39.4
50-74%	6	3.6
75-99%	0	0.0
Percentage of Time: Social Connection		
0-24%	19	11.5
25-49%	66	40.0
50-74%	56	33.9
75-99%	24	14.5

Table 5*Advisors' rankings of most important functions of their role*

	<i>n</i>	<i>%</i>
Providing social/emotional support	103	62.4
Engaging students in advocacy/awareness building	29	17.6
Helping students with identity exploration	15	9.1
Helping students navigate discrimination/victimization	35	21.2
Providing space for students to connect with peers	136	82.4
Allowing students to lead meetings/activities	46	27.9
Connecting students to community resources	18	10.9
Supporting students regarding family interactions	14	8.5
Serving as an adult ally/advocate	99	60.0
Educating other students/staff about LGBTQ+ issues	30	18.2
Other	3	1.8

Note. Participants could select up to three options from the above list, which results in percentages adding up to more than 100% and participant numbers (n) adding up to more than 165.

Table 6*Participant training experiences related to GSA advisor role*

	<i>n</i>	<i>%</i>
Received training		
Yes	57	34.5
No	108	65.5
Training format**		
Online/webinar	11	6.7
Independent study	22	13.3
Conference presentation/seminar	38	23.0
In-person training	39	23.6
Other	2	1.2
Amount of training received		
0-4 hours	10	6.1
5-9 hours	13	7.9
10-14 hours	15	9.1
15-19 hours	3	1.8
More than 20 hours	16	9.7
Perceived helpfulness of training experiences		
Very helpful	26	15.8
Somewhat helpful	18	10.9
Neither helpful nor unhelpful	0	0.0
Somewhat unhelpful	5	3.0
Very unhelpful	8	4.8

Note. Items add up to over 57 participants; participants were able to select all that applied.

Table 7*Advisors' rankings of top items that would provide support in their role*

	<i>n</i>	<i>%</i>
Increased support from school administration	29	17.6
Training related to supporting student social-emotional needs	72	43.6
Training related to helping students navigate discrimination/victimization	69	41.8
Opportunities to collaborate with other GSA advisors	61	37.0
Receiving lessons/specific activities to implement with students	97	58.8
Increased support from colleagues related to GSA activities	29	17.6
More information about community resources for GSA students	34	20.6
Changes in school-level policies that would be supportive of GSA	41	24.8
More funding for GSA-based activities	54	32.7
Other	16	9.7

Note. Participants could select up to three options from the above list, which results in

percentages adding up to more than 100% and participant numbers (n) adding up to more than 165.

Table 8*One-Way Analysis of Variance of GSA Advisor Self-Efficacy Scores by Tenure Groups*

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Adj. p</i>
Between groups	3	1865.23	621.75	4.90	.003*	.006**
Within groups	162	20565.20	126.95			
Total	165	22430.46				

Note: * indicates statistical significance; ** indicates statistical significance after correcting p-

values for multiple tests

Table 9*ANOVA Comparisons of GSA Advisor Self-Efficacy Scores Across Tenure Groups*

Group	n	Mean	SD	Tukey's HSD Comparisons		
				Less than 1	1-5 years	6-10 years
Less than 1 year	13	62.38	13.18			
1-5 years	99	67.61	12.04	.396		
6-10 years	39	74.03	9.04	.008*	.016*	
10+ years	15	71.87	9.09	.122	.525	.922

Table 10

One-Way Analysis of Variance of Adapted School Psychologist Self-Efficacy Scores by Tenure Groups

Source	<i>Df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Adj. p</i>
Between groups	3	3348.94	1116.32	3.526	.016*	.032**
Within groups	163	51598.27	316.55			
Total	166	54947.21				

Note: * indicates statistical significance; ** indicates statistical significance after correcting p-

values for multiple tests

Table 11

ANOVA Comparisons of Adapted School Psychologist Self-Efficacy Scores Across Tenure Groups

Group	n	Mean	SD	Tukey's HSD Comparisons		
				Less than 1	1-5 years	6-10 years
Less than 1 year	13	121.00	16.96			
1-5 years	100	124.94	19.58	.876		
6-10 years	39	134.54	13.40	.086	.025*	
10+ years	15	131.27	15.50	.426	.574	.930

Table 12*Hierarchical Regression Analysis Predicting GSA Advisor Self-Efficacy Scores for Advisors*

Variables Entered	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>sig.</i>	<i>Adj. p</i>
Step 1 ($\Delta R^2=.064$)						
Sexual Identity	-6.43	1.77	-2.77	-3.64	.000*	
Gender Identity	1.92	3.90	.037	.491	.624	
Step 2 ($\Delta R^2=.132$)						
Tenure	4.22	1.13	.272	3.72	.000*	.000**

Note: * indicates statistical significance; ** indicates statistical significance after correcting p-

values for multiple tests

Table 13

Hierarchical Regression Analysis Predicting Adapted School Psychologist Self-Efficacy Scores for Advisors

Variables Entered	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>sig.</i>	<i>Adj. p</i>
Step 1 ($\Delta R^2=.004$)						
Sexual Identity	-2.27	2.86	-.063	-.80	.427	
Gender Identity	.101	6.32	.001	.016	.987	
Step 2 ($\Delta R^2=.051$)						
Tenure	5.28	1.87	.218	2.83	.005*	.01**

Note: * indicates statistical significance; ** indicates statistical significance after correcting p-

values for multiple tests

Table 14*One-Way Analysis of Variance of GSA Advisor Self-Efficacy Scores by Training Groups*

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Adj. p</i>
Between groups	4	688.28	172.07	3.261	.018*	.036**
Within groups	53	2796.22	52.76			
Total	57	3484.50				

Note: * indicates statistical significance; ** indicates statistical significance after correcting p-

values for multiple tests

Table 15*ANOVA Comparisons of GSA Advisor Self-Efficacy Scores Across Training Groups*

Group	<i>n</i>	Mean	SD	Tukey's HSD Comparisons			
				0-4	5-9	10-14	15-19
0-4 hours	9	67.67	9.14				
5-9 hours	13	72.15	6.27	.615			
10-14 hours	16	71.25	7.35	.76	.997		
15-19 hours	3	68.00	7.00	1.00	.898	.953	
20+ hours	17	77.29	6.84	.018*	.319	.134	.260

Table 16

One-Way Analysis of Variance of Adapted School Psychologist Self-Efficacy Scores by Training Groups

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Adj. p</i>
Between groups	4	3362.56	840.64	4.088	.006*	.012**
Within groups	54	11103.07	205.61			
Total	58	14465.63				

Note: * indicates statistical significance; ** indicates statistical significance after correcting p-

values for multiple tests

Table 17

ANOVA Comparisons of Adapted School Psychologist Self-Efficacy Scores Across Training Groups

Group	<i>n</i>	Mean	SD	Tukey's HSD Comparisons			
				0-4	5-9	10-14	15-19
0-4 hours	10	118.20	16.78				
5-9 hours	13	135.54	11.93	.044*			
10-14 hours	16	136.50	13.06	.021*	1.00		
15-19 hours	3	116.00	10.54	.999	.224	.170	
20+ hours	17	135.47	15.97	.03*	1.00	1.00	.207

Table 18*Hierarchical Regression Analysis Predicting GSA Advisor Self-Efficacy Scores for Advisors*

Variables Entered	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>sig.</i>	<i>Adj. p</i>
Step 1 ($\Delta R^2=.064$)						
Sexual Identity	-6.43	1.77	-2.77	-3.64	.000*	
Gender Identity	1.92	3.90	.037	.491	.624	
Step 2 ($\Delta R^2=.097$)						
Assessing Emotions	.175	.077	.197	2.64	.009*	.018**

Note: * indicates statistical significance; ** indicates statistical significance after correcting p-

values for multiple tests

Table 19*Hierarchical Regression Analysis Predicting GSA Advisor Self-Efficacy Scores for Advisors*

Variables Entered	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>sig.</i>	<i>Adj. p</i>
Step 1 ($\Delta R^2=.064$)						
Sexual Identity	-6.43	1.77	-2.77	-3.64	.000*	
Gender Identity	1.92	3.90	.037	.491	.624	
Step 2 ($\Delta R^2=.067$)						
RISE Questionnaire	.062	.050	.093	1.231	.220	.440

Table 20

Hierarchical Regression Analysis Predicting Adapted School Psychologist Self-Efficacy Scores for Advisors

Variables Entered	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>sig.</i>	<i>Adj. p</i>
Step 1 ($\Delta R^2 = .008$)						
Sexual Identity	-2.274	2.86	-.063	-.80	.427	
Gender Identity	.101	6.32	.001	.016	.987	
Step 2 ($\Delta R^2 = .123$)						
Assessing Emotions	.514	.102	.370	5.063	.000*	.000*

Note: * indicates statistical significance; ** indicates statistical significance after correcting p-

values for multiple tests

Table 21

Hierarchical Regression Analysis Predicting Adapted School Psychologist Self-Efficacy Scores for Advisors

Variables Entered	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>sig.</i>	<i>Adj. p</i>
Step 1 ($\Delta R^2 = .008$)						
Sexual Identity	-2.274	2.86	-.063	-.80	.427	
Gender Identity	.101	6.32	.001	.016	.987	
Step 2 ($\Delta R^2 = .05$)						
RISE Questionnaire	.261	.079	.251	3.316	.001*	.002**

Note: * indicates statistical significance; ** indicates statistical significance after correcting p-

values for multiple tests

Table 22*One-Way Analysis of Variance of RISE Questionnaire Scores by Training Groups*

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between groups	4	3133.03	783.26	3.67	.010
Within groups	54	11537.54	213.66		
Total	58	14670.58			

Table 23*ANOVA Comparisons of RISE Questionnaire Scores Across Training Groups*

Group	<i>n</i>	Mean	SD	Tukey's HSD Comparisons			
				0-4	5-9	10-14	15-19
0-4 hours	10	119.40	16.31				
5-9 hours	13	122.32	14.69	.978			
10-14 hours	16	133.63	13.05	.127	.299		
15-19 hours	3	138.18	7.21	.687	.868	1.00	
20+ hours	17	130.08	15.90	.018*	.049*	.898	.961

Table 24*Hierarchical Regression Analysis Predicting GSA Advisor Self-Efficacy Scores for Advisors*

Variables Entered	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>sig.</i>	<i>Adj. p</i>
Step 1 ($\Delta R^2=.064$)						
Sexual Identity	-6.43	1.77	-2.77	-3.64	.000*	
Gender Identity	1.92	3.90	.037	.491	.624	
Step 2 ($\Delta R^2=.104$)						
Training Received (y/n)	5.17	1.79	.212	2.88	.005*	.01**
Step 3 ($\Delta R^2=.130$)						
Assessing Emotions	.159	.065	.179	2.439	.016*	.032**

Note: * indicates statistical significance; ** indicates statistical significance after correcting p-

values for multiple tests

Table 25

Hierarchical Regression Analysis Predicting Adapted School Psychologist Self-Efficacy Scores for Advisors

Variables Entered	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>sig.</i>	<i>Adj. p</i>
Step 1 ($\Delta R^2 = .008$)						
Sexual Identity	-2.27	2.86	-0.63	-.797	.427	
Gender Identity	.101	6.32	.001	.016	.987	
Step 2 ($\Delta R^2 = .018$)						
Training Received (y/n)	6.81	2.92	.179	2.33	.021*	.042**
Step 3 ($\Delta R^2 = .141$)						
Assessing Emotions	.497	.101	.358	4.93	.000*	.000**

Note: * indicates statistical significance; ** indicates statistical significance after correcting p-

values for multiple tests

Table 26*Hierarchical Regression Analysis Predicting GSA Advisor Self-Efficacy Scores for Advisors*

Variables Entered	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>sig.</i>	<i>Adj. p</i>
Step 1 ($\Delta R^2=.064$)						
Sexual Identity	-6.43	1.77	-2.77	-3.64	.000*	
Gender Identity	1.92	3.90	.037	.491	.624	
Step 2 ($\Delta R^2=.104$)						
Training Received (y/n)	5.17	1.79	.212	2.88	.005*	.01**
Step 3 ($\Delta R^2=.107$)						
RISE Questionnaire	.062	.049	.093	1.27	.207	

Note: * indicates statistical significance; ** indicates statistical significance after correcting p-

values for multiple tests

Table 27

Hierarchical Regression Analysis Predicting Adapted School Psychologist Self-Efficacy Scores for Advisors

Variables Entered	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>sig.</i>	<i>Adj. p</i>
Step 1 ($\Delta R^2 = .008$)						
Sexual Identity	-2.27	2.86	-.063	-.797	.427	
Gender Identity	.101	6.32	.001	.016	.987	
Step 2 ($\Delta R^2 = .018$)						
Training Received (y/n)	6.81	2.92	.179	2.33	.021*	.042**
Step 3 ($\Delta R^2 = .078$)						
RISE Questionnaire	.263	.077	.254	3.40	.001*	.002**

Note: * indicates statistical significance; ** indicates statistical significance after correcting p-

values for multiple tests

Appendix A
Recruitment Flyer



ARE YOU A GSA ADVISOR?

Please take this survey to help us learn about
your experiences!

FOLLOW THE LINK IN THE POST TO COMPLETE A BRIEF QUESTIONNAIRE

You will have the option to enter to win a \$20 online
giftcard!

Appendix B
Sample Recruitment Text

Facebook Advertisement

Hi there! We are looking for individuals who are currently serving as a Gender and Sexuality Alliance (GSA) Advisor or their school's equivalent club to participate in a research study. The study aims to improve our current understanding of the experiences of GSA advisors in their roles. We know that you make a difference in the lives of students every day and want to capture the important work you do!

We need participants who are currently GSA advisors, are at least 18 years old, and reside in the United States. As part of your participation, you will be asked to fill out an **anonymous**, online questionnaire to tell us about your experiences. The survey should take between 20-40 minutes to complete. Your participation is completely voluntary, and you can leave the survey at any time. The survey is completely anonymous and there will be no way to track your responses back to you.

Those completing the survey will have the chance to enter a drawing for a \$20 gift card to Target!

Participate here: [LINK](#)

Thanks so much!

Invitation to Participate E-mail

Hello!

My name is Kelly Davis, and I am a doctoral student in Clinical Psychology at the University of Montana. I am requesting your participation in a study that aims to learn more about Gender and Sexuality Alliance (GSA) advisors' experiences in their roles.

The study involves completing a survey that will ask you about your experiences as a GSA Advisor. It is completely anonymous, and you may withdraw from the study at any time. We would be so grateful for your participation and for your willingness to share this e-mail with anyone in your social network who may also be eligible.

To thank you for your participation, you will have the option at the end of the survey to enter your e-mail address for a chance to win a \$20 Target gift card! You may access the survey by clicking this link [[LINK](#)].

Thank you so much for your time and consideration. Your participation will help us capture the important work that GSA advisors do with youth every day!

Appendix C
Consent Form

You are invited to participate in a research project about Gender and Sexuality Alliance (GSA) Advisors' experiences! You must be at least 18 years old to participate, and your participation is entirely voluntary.

We would like to know more about you and your experiences. This survey will take approximately 20-40 minutes to complete. We recognize that your time is valuable; your responses are greatly appreciated and may help to improve our current understanding of GSA advisors' experiences in their roles. The survey will ask questions about you, your training experiences, and your comfort with a variety of topics relevant to your role as a GSA advisor. You have the option **NOT** to respond to any questions that you choose, especially those that make you uncomfortable. All information that you provide will be kept completely **anonymous** and **confidential**, thereby ensuring your privacy to the degree permitted by the technology being used. More information about this study and a list of resources will be provided to you at the end of the survey.

When you complete the survey, you will have the option of entering your e-mail address into a drawing at the end where you could win one of ten, \$20 electronic gift cards to Target!

*** If you have any questions about the research, please contact Kelly Davis, M.A. via email at kelly2.davis@umontana.edu. You may also contact her faculty advisor, Dr. Cochran, at bryan.cochran@umontana.edu. If you have any questions regarding your rights as a research subject, contact the UM Institutional Review Board (IRB) at (406) 243-6672.

Submission of the survey will be interpreted as your informed consent to participate and that you affirm that you are at least 18 years of age.

Feel free to print or save a copy of this page for your records.

Have you read the above information, and do you agree to participate in this research?

Yes___

No___

Appendix D
Demographic Questionnaire

1. What is your age?
 - a. 18-24 years old
 - b. 25-34 years old
 - c. 35-44 years old
 - d. 45-54 years old
 - e. 55-64 years old
 - f. 65+ years old
2. Where do you currently live?
 - a. State
3. What group(s) do you belong to? (Please select all that apply)
 - a. Asian or Pacific Islander
 - b. Black/African-American
 - c. Latino/Latinx/Hispanic, or Chicano
 - d. Middle Eastern
 - e. Multi-racial
 - f. Native American/American Indian/Alaska Native
 - g. White/European American
 - h. Another racial or ethnic group: _____
4. What was your assigned sex at birth?
 - a. Male
 - b. Female
 - c. Intersex
5. How would you define your gender?
 - a. Cisgender Man
 - b. Cisgender Woman
 - c. Trans* Man
 - d. Trans* Woman
 - e. Non-binary
 - f. Genderqueer
 - g. Agender
 - h. Another gender _____
6. What is your sexual identity? (please select all that apply)
 - a. Asexual
 - b. Gay
 - c. Lesbian
 - d. Bisexual
 - e. Pansexual
 - f. Queer
 - g. Questioning
 - h. Heterosexual
 - i. Another sexual identity _____
7. What is your highest level of education?
 - a. Middle School, some high school
 - b. High School Degree, or equivalent (i.e. GED)

- c. Some college, no degree
 - d. Associate degree
 - e. Bachelor's Degree
 - f. Graduate/Professional Degree (M.S./M.A., M.D., Ph.D., J.D., etc.)
8. What is your role at the school you work in?
- a. Teacher
 - b. Administrator
 - c. Counselor
 - d. Social Worker
 - e. School Psychologist
 - f. Paraeducator
 - g. Other: _____
9. How long have you been a Gender and Sexuality Alliance (GSA) Advisor?
- a. Less than one year
 - i. Please provide decimal: _____
 - b. 1-5 years
 - c. 6-10 years
 - d. More than 10 years
10. Which best describes the school you work in?
- a. Middle School
 - b. High School
 - c. Secondary School (6-12)
 - d. Other: _____
11. The school you work in is:
- a. Public
 - b. Private
 - c. Charter
12. Would you consider the school you work in to be rural?
- a. Yes
 - b. No
13. What is the estimated student population of the school you work in?
- a. Under 100
 - b. 101-499
 - c. 500-999
 - d. 1,000-1,499
 - e. 1,500-1,999
 - f. 2,000+
14. What is the estimated percentage of students receiving Free and Reduced Lunch (FRL) at the school you work in?
- a. 0-19%
 - b. 20-39%
 - c. 40-59%
 - d. 60-79%
 - e. 80-99%

Appendix E
Training Questionnaire

The following questions relate to the different types of training and support you have received, or might want to receive in the future, as it relates to your role as a GSA advisor.

1. Have you ever received training specific to your role as a GSA advisor?
 - a. Yes
 - b. No
2. If yes, in which formats (check all that apply)?
 - a. Online/webinar
 - b. Independent study/reading
 - c. Conference presentation/seminar
 - d. In-person training
 - e. Other: _____
3. If yes, how much time would you estimate you have spent in training specific to your role as a GSA advisor?
 - a. 0-4 hours
 - b. 5-9 hours
 - c. 10-14 hours
 - d. 15-19 hours
 - e. More than 20 hours
4. If yes, how helpful were these training opportunities?
 - a. Very unhelpful
 - b. Somewhat unhelpful
 - c. Neither unhelpful nor helpful
 - d. Somewhat helpful
 - e. Very helpful
5. Out of the options below, rank the **top three** that would be most helpful in supporting you in your role as a GSA advisor:
 - a. Increased support from school administration
 - b. Training related to supporting the social emotional needs of my GSA students
 - c. Training related to helping my GSA students navigate experiences of discrimination and victimization
 - d. Opportunities to collaborate and connect with other GSA advisors
 - e. Receiving specific lessons and/or activities I could implement with my GSA students
 - f. Increased support from my colleagues related to GSA-based activities
 - g. More information about community resources for my GSA students
 - h. Changes in school-level policies that would be more supportive of my GSA and my GSA students
 - i. More funding for GSA-based activities

Other; please explain: _____

Appendix F
Usual Practice Questionnaire

This section will ask you several questions about your GSA and the types of activities you engage in. It will also ask you about your perceptions and motivations as a GSA Advisor.

Thinking about your GSA, please answer the following questions:

1. How often does your GSA meet?
 - a. More than once a week
 - b. Once a week
 - c. Every other week
 - d. Once a month
 - e. Once every other month
2. How long are your meetings, on average?
 - a. 15 minutes
 - b. 16-30 minutes
 - c. 31-59 minutes
 - d. Over 60 minutes
3. How many students attend your GSA meetings, on average?
 - a. Less than 5
 - b. 5-10
 - c. 11-15
 - d. 16-20
 - e. More than 20
4. What percentage of each meeting does your club spend providing student emotional support?
 - a. 0-24%
 - b. 25-49%
 - c. 50-74%
 - d. 75-99%
5. What percentage of each meeting does your club spend on school/community LGBTQ+ advocacy?
 - a. 0-24%
 - b. 25-49%
 - c. 50-74%
 - d. 75-99%
6. What percentage of each meeting does your club spend on socializing/social connection?
 - a. 0-24%
 - b. 25-49%
 - c. 50-74%
 - d. 75-99%
7. On average, how many hours per week do you spend on activities related to your role as a GSA advisor?
 - a. 0-3 hours
 - b. 4-6 hours

- c. 7-9 hours
 - d. More than 10 hours
8. Out of the options below, choose the top 3 that you believe are most important regarding your role as a GSA advisor:
- a. Providing students with social and/or emotional support
 - b. Engaging students in advocacy and awareness-building activities
 - c. Helping students explore their identities
 - d. Helping students navigate experiences of discrimination or victimization related to their sexual and/or gender identities
 - e. Providing a space for students to connect with their peers
 - f. Allowing students to lead GSA meetings and activities
 - g. Connecting students to community resources
 - h. Supporting students regarding their interactions with their families
 - i. Serving as an adult ally/advocate in the school
 - j. Educating other students and staff members about LGBTQ+ issues
 - k. Other; please explain: _____
9. What is your primary motivation for serving as a GSA advisor?

Appendix G
GSA Advisor Self-Efficacy Scale

How capable do you feel to do the following? (1-5; strongly disagree-strongly agree)

1. Talk in GSA meetings about sexual identity?
2. Talk in GSA meetings about experiences that sexual minorities face?
3. Support students who identify as sexual minorities?
4. Talk in GSA meetings about gender identity?
5. Talk in GSA meetings about the unique experiences that transgender/gender diverse students face?
6. Discuss transgender/gender diverse issues in GSA meetings?
7. Facilitate discussions about the difference between gender identity and sexual orientation?
8. Support students who identify as transgender/gender diverse?
9. Talk in GSA meetings about unique experiences that LGBTQ+ students of color face?
10. Address issues related to the intersection of race, sexual orientation, and/or gender identity in GSA meetings
11. Talk in GSA meetings about experiences of racism that LGBTQ+ students of color face
12. Talk in GSA meetings about LGBTQ+ students' experiences in different cultures
13. Talk in GSA meetings about experiences of discrimination that LGBTQ+ students face?
14. Talk in GSA meetings about experiences of family rejection and/or support?
15. Talk in GSA meetings about experiences of bullying, harassment, or victimization?
16. Talk in GSA meetings about experiences of internalized homophobia/transphobia?
17. Talk in GSA meetings about inclusive sexual education and safety?

Appendix H
Adapted School Psychologist Efficacy Scale

To what degree do you agree with the following statements? (1-5; strongly disagree-strongly agree)

1. I can identify specific mental health issues that influence or are a result of coming out in terms of sexual and/or gender identity.
2. I can assist a lesbian or gay student to develop effective strategies to deal with homophobia.
3. I can assist a bisexual student to develop effective strategies to deal with biphobia.
4. I can assist a transgender or gender diverse student to develop effective strategies to deal with transphobia.
5. I can help a LGBTQ+ student determine if it will likely be safe to come out.
6. I can help a lesbian or gay student understand their coming out process.
7. I can help a bisexual student understand their coming out process.
8. I can help a transgender or gender diverse student understand their coming out process.
9. I can help create an inclusive, affirming environment for LGBTQ+ youth.
10. I can provide a list of local or national LGBTQ+ affirmative community resources and support groups to a student.
11. I can assist a LGBTQ+ student in connecting with openly LGBTQ+ role models or mentors
12. I can provide a LGBTQ+ student with appropriate and positive LGBTQ+ related educational materials.
13. I know how to help an LGB student find emergency affirmative resources in cases of estrangement from their families of origin.
14. I know how to help a transgender or gender diverse student find emergency affirmative resources in cases of estrangement from their families of origin.
15. I know how an LGB student can access affirmative legal supports either locally or online
16. I know how an LGB student can access affirmative social supports either locally or online
17. I know how a transgender or gender diverse student can access affirmative legal supports either locally or online
18. I know how a transgender or gender diverse student can access affirmative social supports either locally or online
19. I can offer appropriate LGBTQ+ affirmative referrals for a LGBTQ+ student whose presenting concern is related to discrimination either locally or online
20. I can provide a student with school, state, federal and institutional ordinances and laws concerning civil rights for LGB individuals.
21. I can provide a student with school, state, federal and institutional ordinances and laws concerning civil rights for transgender and gender diverse individuals.
22. I can encourage staff members to support a Gender and Sexuality Alliance or other LGBTQ+ student organization
23. I can identify legal resources to assist students if the development of a Gender and Sexuality Alliance or other LGBTQ+ student organization receives pushback
24. I can increase visibility of positive LGBTQ+ identities, history, and acceptance around the school.

25. I can provide school staff members and administrators with information on school, state, federal, and institutional ordinances and laws concerning civil rights/student rights for LGB students.
26. I can provide school staff members and administrators with information on school, state, federal, and institutional ordinances and laws concerning civil rights/student rights for transgender and gender diverse students.
27. I can consistently use correct language when discussing LGBTQ+ related issues with staff members and students
28. I can work with school stakeholders (including administrators, staff members, families/guardians/caretakers, students) to improve school climate
29. I can work with staff members to discuss/develop methods to intervene with students who harass LGBTQ+ students or use homophobic/biphobic/transphobic language
30. I can work to educate school staff if I hear them using incorrect or offensive language or expressing homophobic/biphobic/transphobic attitudes
31. I can work to have sexual orientation included in existing non-discrimination and anti-harassment policies
32. I can work to have gender identity and gender expression included in existing non-discrimination and anti-harassment policies

Appendix I
The Assessing Emotions Scale

Each of the following items asks you about your emotions or reactions associated with emotions. After deciding whether a statement is generally true for you, use the 5-point scale to respond to the statement. Please select “1” if you strongly disagree that this is like you, the “2” if you somewhat disagree that this is like you, “3” if you neither agree nor disagree that this is like you, the “4” if you somewhat agree that this is like you, and the “5” if you strongly agree that this is like you. There are no right or wrong answers. Please give the response that best describes you.

1. I know when to speak about my personal problems to others.
2. When I am faced with obstacles, I remember times I faces similar obstacles and overcame them.
3. I expect that I will do well on most things I try.
4. Other people find it easy to confide in me.
5. I find it hard to understand the non-verbal messages of other people
6. Some of the major events of my life have led me to re-evaluate what is important and not important.
7. When my mood changes, I see new possibilities.
8. Emotions are one of the things that make my life worth living.
9. I am aware of my emotions as I experience them.
10. I expect good things to happen.
11. I like to share my emotions with others.
12. When I experience a positive emotion, I know how to make it last.
13. I arrange events others enjoy.
14. I seek out activities that make me happy.
15. I am aware of the non-verbal messages I send to others.
16. I present myself in a way that makes a good impression on others.
17. When I am in a positive mood, solving problems is easy for me.
18. By looking at their facial expressions, I recognize the emotions people are experiencing.
19. I know why my emotions change.
20. When I am in a positive mood, I am able to come up with new ideas.
21. I have control over my emotions.
22. I easily recognize my emotions as I experience them.
23. I motivate myself by imagining a good outcome to tasks I take on.
24. I compliment others when they have done something well.
25. I am aware of the non-verbal messages other people send.
26. When another person tells me about an important event in their life, I almost feel as though I experienced this event myself.
27. When I feel a change in emotions, I tend to come up with new ideas.
28. When I am faced with a challenge, I give up because I believe I will fail.
29. I know what other people are feeling just by looking at them.
30. I help other people feel better when they are down
31. I use good moods to help myself keep trying in the face of obstacles.
32. I can tell how people are feeling by listening to the tone of their voice.
33. It is difficult for me to understand why people feel the way they do.

Appendix J

Adapted RISE Questionnaire

Instructions: As you complete this questionnaire, please note that your answers should reflect your actual experience rather than what you think your experience should be. Please take a moment to pause and check in with yourself as you respond to these questions. There are no right or wrong answers.

Please use the scale below to rate yourself on how often this is true for you.

- 1 – Rarely or not at all
- 2 – Once in a while
- 3 – Some of the time
- 4 – Most of the time
- 5 – Almost always

1. I am able to identify my feelings and how they are impacting my behavior.
2. I tune into how I am feeling what I need during the day when with students.
3. I prioritize my self-care activities.
4. I understand how students' behavior (positive and negative) affects my emotions and my behaviors.
5. Through the effective management of my feelings (e.g. breathing, simple stress reduction activities), I am better able to create a positive environment for my GSA students.
6. I pause to tune into my own feelings before responding to any potentially challenging situation with a student.
7. I use strategies to maintain a sense of calm for myself while at work as a regular practice (not only when experiencing intense emotions)
8. I let my GSA students know that it makes sense that they are feeling the way that they do.
9. I let me GSA students know that others have felt the same way that they do.
10. I am able to empathize with my GSA students' feelings
11. I am comfortable talking with GSA students who are experiencing difficult feelings.
12. I am comfortable talking with GSA students who are experiencing stressful life events.
13. I show GSA students I care and am able to listen when they are experiencing difficult feelings.
14. I can take GSA students' perspectives even if I see the situation or experience differently.
15. I can show support and acceptance of GSA students' feelings even when I also need to set limits on inappropriate behavior.
16. I describe or narrate positive or neutral behaviors that I see GSA students engaging in during GSA activities.
17. I create opportunities to notice and appreciate each GSA student.
18. We have a GSA meeting ritual that lets each student know I see them.
19. I not only recognize what students do, but also notice and appreciate who they are (their personal qualities, interests, creative talents, etc.)
20. I am aware that there are some students I am less likely to give positive attention to, and I make special effort during GSA meetings to notice and appreciate these students.

21. I reflect/repeat what students say to show that I “hear” what they are saying when discussing misbehavior.
22. I reflect/ repeat what students say to me when they share something important to them.
23. I fully listen to understand what is causing a student’s distress before I engage in problem solving and coping.
24. I encourage students to label how they are feeling.
25. When I notice a student, who appears to be upset, I check in with them to see how they are feeling.
26. I pause and move slowly when talking with students about feelings.
27. I intentionally model strategies that will help students to monitor and regulate their feelings.
28. I help students to extend their understanding of feelings (such as talking to them about mixed feelings or feeling intensities).
29. I teach strategies that support emotion regulation (e.g. breathing, mindfulness, labeling feelings) on a regular basis with my GSA students.
30. I support students to develop independent coping and problem-solving skills.
31. I encourage student to identify internal (physiological cues) for their feelings.
32. I teach students how to identify the intensity of their emotional experience.
33. I encourage students to learn to take others’ perspectives on a regular basis.

Appendix K
Qualitative Codebook

Code	Description of Code	Examples
Safe Spaces/Brave Spaces	Any time a safe space is mentioned; alluding to a supportive space where youth can be authentic or express themselves	<p>“I want students to know they have a safe place to meet where they can support one another”</p> <p>“Student support for a safe place where all are welcomed to be as uncensored and unrestricted as possible”</p>
<p>Advocacy and Allyship</p> <ol style="list-style-type: none"> 1. Adult Advocacy and Allyship 2. Empowering Youth Advocacy and Leadership 	<ol style="list-style-type: none"> 1. Discussion of the important role (or examples of ways) that adults advocate for students as an advisor 2. Discussion of intentions to (or ways they currently do) empower youth to lead and advocate in the school. 	<ol style="list-style-type: none"> 1. “To be an ally for students in a relatively conservative area of the country” “We have worked with our students and put together a training that all of our building staff completed before school this year. I can't explain how beneficial it was for teachers to include pronoun questions on surveys, to address students by their preferred names, and to wear/post rainbow ribbons in their rooms” 2. “The students have started to advocate for their needs and to change policies at school so I would like to help them continue their work”

		<p>“I help guide them in their discussions and ideas for the campus”</p>
<p>Personal Connection/Experience</p> <ol style="list-style-type: none"> 1. Member of the LGBTQ+ Community; Personal GSA Experiences 2. Be the person you needed when you were younger 3. Family/Friends are members of the LGBTQ+ Community 	<ol style="list-style-type: none"> 1. Indication of self-identification as an LGBTQ+ person 2. Discussion of motivation due to lack of support when they were younger/in school 3. Mention of friends, family members, other close relationships who belong to the LGBTQ+ community 	<ol style="list-style-type: none"> 1. “I am a member of the LGBTQ+ community, and I was a peer leader in the GSA when I was in school, so I wanted to support my students with my knowledge. 2. “I tried to start a GSA when I was in high school, and my principal told me that the idea was "inappropriate." I didn't come out until my mid-20s and would have come out and learned to really love myself MUCH earlier if I had had more support” 3. “When my spouse came out as trans, I reached out to our existing GSA to learn more and to participate”
<p>Student Request or Nomination</p>	<p>Mention of becoming an advisor because students directly asked them</p>	<p>“A few years ago I was approached by some students who wanted to start a club and needed an advisor. I decided if they wanted it then I sure couldn't say no. It took some convincing and it had to be co run by the counseling department. It was a private group that met during school hours</p>

		and so permission slips were needed.”
<p>Recognition of Need/No one else would do it/Call to Action</p>	<p>Discussion of how they decided to become an advisor based on noticing marginalization, vulnerability, or lack of adults stepping up.</p>	<p>“This is one of the more marginalized populations in our school. These students receive the largest amount of bullying, and they need to see that adults are on their side”</p> <p>“The previous teacher left and no one was picking up the role of advisor. I knew several of the kids and wanted to keep/build on my connection with them.”</p> <p>“The students live in a rural community and it can often feel very closed”</p>
<p>Support</p> <ol style="list-style-type: none"> 1. General information or provision of social emotional support 2. Support aimed to mitigate risks/mental health outcomes as a result of victimization/discrimination 	<ol style="list-style-type: none"> 1. General mention of wanting to support students, help them feel less alone, more seen, etc. 2. Discussion of risk and protective factors; mental health prevention 	<ol style="list-style-type: none"> 1. “Adolescence is hard for most but I think even more difficult for LGBTQ students. I want to be there to love and support them to develop strong identities and express themselves in the world.” 2. “Consistent homophobic and transphobic bullying, desire to support LGBTQ+ students and make school feel like a more open, loving place for them” <p>“And I have read the studies and statistics that show that having a place</p>

		<p>in school that affirms identity-- even if no one attends that meeting or enters the space-- has positive life-long impacts”</p>
<p>Admiration, Joy, Celebration</p>	<p>Any mention of personal joy, gain, celebration related to their role as an advisor</p>	<p>“they have taught me so much more than I've been able to give them in that time”</p> <p>“It's my chosen family”</p>