**LICENSED PROFESSIONAL COUNSELORS' PERCEPTIONS OF ETHICS AND**

**DIVERSITY IMPLICATIONS FOR SERVING SEXUAL AND GENDER MINORITY**

**YOUTH**

by

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A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

Canella University

August 2023

**Abstract**

The purpose of this generic qualitative study was to understand licensed professional counselors' perceptions of ethics and diversity implications for serving youth identifying as sexual and gender minorities. The research question at the center of this endeavor asked what are licensed professional counselors' perceptions of ethics and diversity implications for serving sexual and gender minority youth? And the subquestion asked how do licensed professional counselors' perceptions of ethics and diversity implications for serving sexual and gender minority youth inform Counselor Education and Supervision? Utilizing the purposive sampling method and one instance of snowball sampling, the study included data from 10 participants. Semi-structured interviews were the primary data collection tool. The sample was licensed professional counselors between the ages of 23 and 85 living in one of the five major geographic regions of the United States, who attended a graduate program based in the United States, and whose licenses were in good standing with their state boards. Participants described clinicians denying counseling to sexual and gender minority youth. Through the guided interviews data emerged in the form of participants' perceptions. The data included perceptions concerning clinicians' lack of competency for counseling sexual and gender minority youth which implicated counselor educators. This generic qualitative study aligned with social constructivist theory, a lens to explore licensed professional counselors' perceptions of ethics and diversity implications for serving sexual and gender minority youth. The constructivist foundation allowed participants to collaborate, openly sharing beliefs, opinions, and perceptions in a safe and supportive environment. The researcher fostered that collaboration through warmth and acceptance throughout the research process. The researcher's rapport with the participants and the constructivist foundation strengthened the collaborative nature of this study exploring

counselors' perceptions. Inductive analysis was used to search the collected data for recurring words or ideas, highlighting important data related to the research question and subquestion. Themes were identified from patterns the researcher coded by grouping participants' ideas and use of similar phrases. This thorough analysis facilitated the researcher's intimacy with the data, a process resulting in categories and ultimately the three themes (counselor training and preparation, clinicians' competency, and clinicians' advocacy). Subthemes emerged from the first main theme: graduate programs, continuing education, and recommendations. And a subtheme emerged from the second main theme: ethical factors. The results of this study documented the perceptions of licensed professional counselors concerning ethics and diversity implications for counseling sexual and gender minority youth. The study described perceptions regarding clinicians denying service to sexual and gender minority youth as well as practitioners' unethical practices related to competently serving this population.  Unethical practices implicated counselor education programs and faculty who train clinicians. The results of this study may assist counselors and counselor educators through heightened understanding of competency issues affecting mental health counselors' approach to serving sexual and gender minority youth.

## Dedication

I dedicate this dissertation to my grandparents, especially to "Bopi" Clyde B. Matters, PhD, and to my parents, Charles V. Carroll, JD and Cynthia A. Carroll, CTE. Through example and encouragement, they instilled in me the value of education and the courage to follow my heart.

I dedicate this publication to my best friend and beautiful wife Tanya M. Carroll, who unconditionally supported me throughout this endeavor, and to my lovely daughters, Alexis Mae and Alysa Marie, who expressed limitless patience with me through the process.

I further extend this dedication to friends of Bill W. who understood when nobody else could. To the latter: *Thank you! Let's continue carrying the message!*

## Acknowledgments

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**CHAPTER 1. INTRODUCTION**

Licensed mental health clinicians are denying counseling to youth identifying as sexual and gender minorities (Grzanka et al., 2019; Liu et al., 2020). Counselors deny services by making accessibility challenging for sexual and gender minority youth (Liu et al., 2020; Mustanski et al., 2017; Smith et al., 2021). These challenges are linked to clinicians' inadequate preparation in their graduate counselor education programs and continuing training (Bruner et al., 2019; Mustanski et al., 2017). Counselors' inadequate preparation results in a lack of awareness for making counseling accessible for these youth (Liu et al., 2020; Smith et al., 2021). Pointedly, the lack of content related to sexual and gender minority youth (SGMY) in Counselor Education and Supervision (CES) results in program administrators underequipped to support instructors and their students, entry level clinicians, for counseling this population (Bruner et al., 2019; Mustanski et al., 2017). Counselors' unsatisfactory preparation for counseling SGMY results in incompetent behaviors and ethical violations (Bruner et al., 2019; Goodrich & Ginicola, 2017; Mustanski et al., 2017).

This study sought to explore counselors' perceptions of ethics and diversity considerations for serving SGMY and how this may impact clinicians as well as counselor educators. It sought to inform counselors and counselor educators by addressing clinicians' incompetent behaviors and unethical practices impacting service accessibility for sexual and gender minority youth. Understanding these factors is important for counselors as well as counselor educators (Goodrich & Ginicola, 2017; Mustanski et al., 2017). This knowledge might

assist CES program directors and faculty to improve programs, preparing emerging clinicians to counsel sexual/gender minority youth (Mustanski et al., 2017). This chapter includes the background of the study, the need for the study, purpose and significance of the study, the research questions, and the definition of terms in addition to the research design, assumptions, limitations, and organization of the remainder of this study.

## Background of the Study

Clinical mental health counselors denying services to sexual and gender minority youth is problematic (Smith et al., 2021). The problem includes counselor educators without satisfactory institutional influence or resources to support program development for competently counseling these youth (Mustanski et al., 2017; Smith et al., 2021). The existing literature in the field of Counselor Education and Supervision (CES) identifies the phenomenon, the lack of program resources impacting SGMYs' access to counseling due to underprepared clinicians which negatively impacts entry level counselors, exacerbating counseling accessibility challenges for sexual and gender minority youth (Mustanski et al., 2017; Smith et al., 2021). Additionally, it is known these challenges affect counselors, SGMY and their family members as well as their communities (Liu et al., 2020; Smith et al., 2021). Counselors, aware or not, are frequently incompetent when communicating with potential SGMY clientele (Liu et al., 2020). Clinicians who act incompetently violate ethics by prejudicially treating SGMY or failing to provide referrals (Lindley et al., 2020; Liu et al., 2019; Smith et al., 2021). Current researchers establish counselors' ethical violations discourage sexual and gender minority youth from obtaining mental health services (Lindley et al., 2020; Smith et al., 2021). The literature indicates understanding clinicians' incompetent behaviors and ethical violations is key to impacting

counselor education programs and service accessibility for these youth (Mustanski et al., 2017; Lindley et al., 2020).

Inadequately trained and unaware counselors exacerbate the problem of clinicians denying counseling to sexual and gender minority youth (Bruner et al., 2019; Goodrich & Ginicola, 2017; Mustanski et al., 2017). For example, clinicians interacting with these youth exhibit microaggressions by failing to use sexual- and gender-identity affirming language (Liu et al., 2020; Smith et al., 2021). Throughout the U.S., the problem of counselors denying services to SGMY is more serious than in prior decades, evidenced by these youths' increasing suicide rates (Grzanka et al., 2019; Lindley et al., 2020). Clinicians' lack of knowledge concerning individuals' sexual and gender identifications are linked to that increase (Lindley et al., 2020; Liu et al., 2019; Smith et al., 2021).

Additionally, some counselors refuse to serve sexual and gender minority youth, citing personal moral objections (Goodrich & Ginicola; Lindley et al., 2020; Parker, 2018). Refusing services based on personal moral views is one concern although refusing to issue referrals or use respectful language is another issue (Liu et al., 2020). The latter point earmarks incompetent behavior and ethical violations (Smith et al., 2021). Clinicians' lack of regard for professional standards highlights their incompetency for counseling sexual and gender minority youth (Smith et al., 2021). If counselors are not competent to effectively serve clients then "they avoid entering or continuing counseling relationships" (ACA, 2014, A.11.a). In those cases, referrals are appropriate however outright refusal of services violates ethics standards (ACA, 2014; A.11.b; Liu et al., 2020; Lindley et al., 2020). By violating ethics clinicians fuel counseling accessibility challenges for sexual and gender minority youth (Lindley et al., 2020; Liu et al., 2020). These difficulties impact counselors and counselor educators by perpetuating doubts

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concerning clinicians' adequacy and integrity (Lindley et al., 2020; Liu et al., 2020). Also, the accessibility challenges negatively affect family members of sexual and gender minority youth (Bruner et al., 2019; Goodrich & Ginicola, 2017) who frequently distrust mental health counselors (Smith et al., 2021). Family members and allies of SGMY perceive counselors do not support equitable counseling access for their loved ones (Liu et al., 2020; Smith et al., 2021). This results in emotional challenges impacting families and communities (Liu et al., 2020; Smith et al., 2021). These aspects highlight information essential to address the problem.

Existing studies focus on reports from independent researchers who primarily interview or survey educators, program administrators, and medical professionals (Lindley et al., 2020; Liu et al., 2020; Smith et al., 2021). Researchers discuss CES program needs related to supporting faculty who train entry level counselors (Lindley et al., 2020; Parker, 2018). They discuss emerging and established clinicians' incompetent behaviors which result in ethical violations (Goodrich & Ginicola, 2017; Lindley et al., 2020; Parker, 2018). Researchers underscore the impact compromised ethics has on the fields of counseling and counselor education (Lindley et al., 2020; Smith et al., 2021). Other researchers in the current literature discuss the problem of counselors denying services to sexual and gender minority youth (Mustanski et al., 2017), how it impacts these youth, their families and communities (Bruner et al., 2019; Smith et al., 2021). Some researchers propose improvements for counselor education and training (Bruner et al., 2019; Grzanka et al., 2019) which could affect change for graduate instructors, counselors, SGMY, and people who care about them. These studies from the current literature present the best understanding of the problem thus far (Bruner et al., 2019; Goodrich & Ginicola, 2017; Lindley et al., 2020; Mustanski et al., 2017).

Parker (2018) indicates clinicians are not appropriately trained to effectively counsel sexual and gender minority youth, suggesting they are unaware of issues important to this population. Clinicians who lack training concerning counseling SGMY frequently object to serving this population (Liu et al., 2019; Smith et al., 2021). These counselors' further compromise ethical practice by not issuing referrals in those situations (Liu et al., 2019; Smith et al., 2021). Murphy (1971) describes "conscience clause," (p. 11) echoed by Parker (2018) a claim some counselors' invoke thereby refusing to serve sexual/gender minority youth. Researchers acknowledge clinicians and counselor educators frequently benefit from understanding licensed professional counselors' views on issues impacting competency and ethics (Johns et al., 2019; Kuper et al., 2018; Morris et al., 2020; Mustanski et al., 2017; Storlie et al., 2019). Understanding licensed counselors' views on competent practice is likely to enrich clinical training and education (Smith et al., 2021). Improvements to counselor training and education are likely to affect service accessibility for sexual and gender minority youth (Bruner et al., 2019; Grzanka et al., 2019; Morris et al., 2020; Storlie et al., 2019).

Counselors' perceptions related to the problem, clinicians denying counseling to SGMY, are essentially unknown. Clinicians' views on the problem and its implications for counseling and CES are not addressed in the existing literature (Liu et al., 2020; Mustanski et al, 2017; Smith et al., 2021). Liu et al. (2020), Mustanski et al. (2017) as well as Smith et al. (2021) suggest counselors and counselor educators should share thoughts and experiences with one another related to issues impacting sexual and gender minority youth. They indicate the collaboration would impact clinicians' understanding of the population's needs (Liu et al., 2020; Smith et al., 2021). It might influence counselor education program influencers to include SGMY-specific content in Counselor Education and Supervision (CES) programs (Liu et al.,

2020; Mustanski et al., 2017). Updating CES program content specific to SGMY might similarly impact counselors' continuing education options (Liu et al., 2020; Mustanski et al., 2017; Smith et al., 2021). Bruner et al. (2019) as well as Lindley et al. (2020) explain counselor educators are frequently responsible for determining content regarding academic programs and counselors' ongoing training. Therefore, understanding counselors' perceptions about the problem is likely to affect change in clinical training and counselor education (Bruner et al., 2019; Goodrich & Ginicola, 2017; Lindley et al., 2020; Mustanski et al., 2017; Smith et al., 2021).

Although the literature is compelling and offers insight into the problem, issues remain to be understood. For example, what do clinicians think about the affects of the problem on licensed mental health counselors, counselor educators, SGMY, their families and communities? How does understanding counselors' perceptions regarding competently serving sexual and gender minority youth impact counseling and counselor education and supervision? From their own perspective, what do counselors need to avoid incompetent behaviors such as failure to provide referrals? How would understanding competency issues from clinicians' perspectives prevent emerging counselors from violating professional ethics? By discussing diversity issues related to counseling SGMY can counselors and counselor educators support service accessibility for these youth, if so, how? What if anything can change about the problem of clinicians denying counseling to this population? These questions, addressed insufficiently in the current research, form the backbone of the actual need for this study. Due to these outstanding questions pending more thorough answers than the existing literature provides, the research base calls for additional research regarding counselors' views on competently counseling sexual and gender minority youth (Liu et al., 2020; Smith et al., 2021).

Licensed professional counselors' perceptions of ethics and diversity implications for serving sexual and gender minority youth is a topic inspired by the researcher's discussions with colleagues concerning the problem (Goodrich & Ginicola, 2017; Kuper et al., 2018; Lindley et al., 2020; Liu et al., 2020; Mustanski et al., 2017; Storlie et al., 2019). Additionally, this topic is inspired by talking with acquaintances and family members of SGMY and directly observing counselors deny services (Bruner et al., 2019; Goodrich & Ginicola, 2017; Johns et al., 2019; Kuper et al., 2018; Lindley et al., 2020; Liu et al., 2020; Mustanski et al., 2017; Storlie et al., 2019). The researcher is a licensed mental health counselor, licensed family therapist, state-registered hypnotherapist, state social services specialist, adjunct faculty at a state university, and a doctoral student. These roles require understanding counselors' competency and ethical standards for serving sexual and gender minority youth. Colleagues described accessibility challenges sexual/gender minority youth experience, hardships attempting to find available and affirming counselors. Meeting the doctoral program standards such as advancing the scholarly dialogue for CES guided the researcher in this topic. Additionally, the researcher's desire to add to the body of knowledge concerning challenges faced by SGMY and counselor educators' need for support drove this professional research study.

Seeking information for helpful purposes, such as performing this study to inform counselors and counselor educators, is the essence of social constructivism (Vygotsky, 1980, 2004). For instance, Luiggi-Hernández and Rivera-Amador (2020) discuss constructivist principles (Vygotsky, 1908, 2004) related to SGMYs' experiences of social inequality and loneliness during the COVID-19 pandemic. Similarly, Smith et al. (2021) utilize constructivism (Vygotsky, 1980, 2004) to describe sexual/gender minorities' responses to stressors. These researchers utilized a generic design and qualitative methodology to present their findings

(Luiggi-Hernández & Rivera-Amador, 2020; Smith et al., 2021). The generic qualitative

approach, also used for this study, supports employing constructivism as a theoretical foundation

for understanding subjective information shared by individuals (Creswell & Poth, 2018; Luiggi-

Hernández & Rivera-Amador, 2020; Malterud et al., 2016; Smith et al., 2021). Through a social

constructivist (Vygotsky, 1980, 2004) lens this study might inform counselors and counselor

educators (Johns *et* al., 2019; Kuper et al., 2018; Liu et al., 2019; Morris et al., 2020; Storlie et

al., 2019). Therefore, constructivism (Vygotsky, 1980, 2004) is a logical theoretical base for this

study due to a significant aspect of the problem, clinicians' competency for counseling sexual

and gender minority youth which affects this population's access to services.

    Another lens, social learning theory (Bandura, 1963, 2001) was considered for this study.

Some generic qualitative researchers in the current literature concerning the problem of

counselors denying service to SGMY employ Bandura's theory to uncover how learning occurs

(Borders, 2019; Burman, 2017; Kumar et al., 2017). Researchers utilizing social learning theory

(Bandura, 1963, 2001) highlight cognitive processes and environmental conditions. This study is

centered on understanding why counselors deny services to SGMY rather than focusing on

cognitive processes and environmental conditions which would align with social learning theory

(Bandura, 1963, 2001). Social constructivism (Vygotsky, 1980, 2004) is best for understanding

subjective information such as the views of LPCs about this topic (Liu et al., 2020; Mustanski et

al., 2017; Smith et al., 2021). Researchers working on the problem establish the relevancy of

social constructivism (Bruner et al., 2019; Grzanka et al., 2019; Liu et al., 2020; Mustanski et al.,

2017; Smith et al., 2021). Therefore, the researcher discarded social learning theory (Bandura,

1963, 2001) as a theoretical foundation for this research study.

**Need for the Study**

A review of the contemporary research indicated understanding counselors' views concerning competently serving sexual and gender minority youth (SGMY) is likely to inform counselors and counselor educators as well as potentially impact service accessibility for these youth (Bruner et al., 2019; Liu et al., 2020; Smith et al., 2021). The gap in the literature, clinicians' perceptions on competently counseling sexual and gender minority youth, is related to the problem of counselors denying services to these youth (Goodrich & Ginicola, 2017; Lindley et al., 2020). Competently counseling SGMY requires effective preparation through relevant academic and clinical training (Liu et al., 2020). The problem includes CES professionals who train counselor educators not equipping those faculty members to adequately prepare entry level clinicians for counseling sexual and gender minority youth (Liu et al., 2020; Smith et al., 2021). This exploration is likely to improve counselor education and ongoing training supporting clinicians' competency for counseling sexual and gender minority youth.

The current literature showed counselor educators' unsatisfactory preparation for supporting faculty and clinicians' incompetent behaviors related to counseling these youth (Goodrich & Ginicola, 2017; Lindley et al., 2020). Researchers described counselors' professional incompetence resulting in ethical violations (Goodrich & Ginicola, 2017; Lindley et al., 2020). Counselors' ethical violations negatively impacted the fields of counseling and counselor education by fueling perceived or actual prejudices against sexual and gender minority youth and their allies (Lindley et al., 2020; Smith et al., 2021). Other researchers discussed how the problem of counselors denying services to sexual and gender minority youth (Mustanski et al., 2017) directly affected these individuals as well as their families and communities (Bruner et

al., 2019; Smith et al., 2021). The negative impacts included exacerbated mental health symptoms and relational challenges (Bruner et al., 2019; Liu et al., 2020; Smith et al., 2021).

This study has the potential to support change in Counselor Education and Supervision programs, equipping faculty to satisfactorily train entry level clinicians for competently counseling sexual and gender minority youth (Bruner et al., 2019; Grzanka et al., 2019). In that spirit, this research is likely to inform counselor educators and counselors concerning the underlying problem of counselors denying services to these youth. This research is likely to impact counseling accessibility for SGMY which would affect authentic people in their daily lives. Although the current literature addresses some aspects of the problem, at the time of this research no articles explored licensed professional counselors' (LPCs) perceptions of competence, also called ethics and diversity (Sue et al., 1992) for serving sexual and gender minority youth (Liu et al., 2020; Smith et al., 2021). The lack of scholarly literature in this area indicates additional research is needed to understand potential causes of the problem (Johns, 2017). By seeking to address these causes, this research study begins to address this gap in the literature (Johns et al., 2019).

## Purpose of the Study

The purpose of the study was to address the gap in the current literature, clinicians' views on competently counseling sexual and gender minority youth. The predominant literature addressing the problem of clinicians denying services to sexual and gender minority youth (SGMY) highlights counselors' incompetent behaviors (Grzanka et al., 2019; Lindley et al., 2020; Mustanski et al., 2017). The current literature includes potential causes of clinicians' incompetency, such as inadequate CES programs which do not provide necessary support to graduate faculty who teach entry level clinicians (Goodrich & Ginicola, 2017; Lindley et al.,

2020; Parker, 2018). Additionally, the relevant literature describes counselor educators' and clinicians' unawareness of issues important to competently counseling sexual and gender minority youth (Bruner et al., 2019; Goodrich & Ginicola, 2017; Grzanka et al., 2019; Lindley et al., 2020; Mustanski et al., 2017). At the time of this study, no articles present licensed counselors' views on competency or ethical concerns related to counseling these youth (Liu et al., 2020; Smith et al., 2021). In reply to this need, the purpose of this generic qualitative study was to explore clinicians' perceptions concerning competently counseling these youth. Vygotsky's (1980, 2004) constructivist theory provided the theoretical foundation for exploring the gap. Constructivism (Vygotsky, 1980, 2004) supported the relevance of the findings of the study to the fields of counseling and counselor education.

Researchers suggest counselors' insights concerning the problem of denying services to sexual and gender minority youth (SGMY) would inform clinicians and counselor educators, assisting CES program directors, clinical faculty, trainers and trainees as well as established counselors (Bruner et al., 2019; Smith et al., 2021). Understanding counselors' perceptions of the problem will support counselor educators to effectively prepare entry level clinicians for competently counseling sexual and gender minority youth (Aisner et al., 2020; Bruner et al., 2019; Goodrich & Ginicola, 2017). Expanding counselor educators' and clinicians' awareness is likely to increase the frequency of SGMY-related program content and clinical trainings (Bennett & Dillman-Taylor, 2019; Bruner et al., 2019). The enhancements would strengthen counselor educators' and counselors' established works as well as professional regard (Aisner et al., 2020). Improving support for program administrators and faculty who train clinicians is likely to affect service improvements thereby impacting counseling accessibility for sexual and gender minority youth and their mental health (Goodrich & Ginicola, 2017; Schudson et al., 2017).

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Other researchers in the current literature discuss the ethical problem of counselors denying services to sexual and gender minority youth (Mustanski et al., 2017) and how it impacts counseling and counselor education (Lindley et al., 2020; Smith et al., 2021). They describe the negative consequences of the problem impacting these youth, their families and communities (Bruner et al., 2019; Smith et al., 2021). Exploring clinicians' perceptions concerning competently counseling SGMY would advance awareness of issues affecting these youth. Increasing clinicians' and counselor educators' knowledge of issues that are important to SGMY supports this population and their allies (Bennett & Dillman-Taylor, 2019; Bruner et al., 2019). Counselors and counselor educators acknowledging obstacles sexual/gender minority youth and their family members face affects societal awareness of the population's mental health needs (Bennett & Dillman-Taylor, 2019; Bruner et al., 2019). Broadening awareness of these individuals' and their loved ones' challenges suggest clinicians would better understand the need for competently counseling that population (Aisner et al., 2020; Bennett & Dillman-Taylor, 2019). This impacts counselors' availability expanding SGMYs' access to affirming counselors (Aisner et al., 2020; Goodrich et al. 2017).

This study provides information for clinicians and counselor educators concerning licensed professional counselors' perceptions of competency and ethical factors for serving sexual and gender minority youth. This research focuses on licensed clinicians' perceptions of the problem, counselors denying services to SGMY, expanding knowledge for the wider community of interest (Grzanka et al., 2019; Johns et al., 2019; Krägeloh, 2016; Kuper et al., 2018; Morris et al., 2020; Schudson et al., 2017; Sevelius, & Singh, 2017; Singh, 2017). This study addresses a major aspect of the problem, development of counselor education programs supporting clinicians for competently serving this population (Grzanka et al., 2019; Morris et al.,

2020; Sevelius, & Singh, 2017; Whitman & Han, 2017). This research explores CES programs equipping graduate level counselor education faculty who train entry level clinicians for competently counseling sexual and gender minority youth (Bruner et al., 2019; Grzanka et al., 2019). This study begins to address the gap, counselors' views regarding clinicians denying SGMY services, increasing knowledge concerning the problem. The research provides insight to counselors, counselor educators, and others in the wider community of interest (Johns et al., 2019; Krägeloh, 2016; Kuper et al., 2018; Schudson et al., 2017).

## Significance of the Study

Understanding licensed professional counselors' (LPCs) perceptions of ethics and diversity implications for serving sexual and gender minority youth (SGMY) is integral to supporting mental health clinicians and developing counselor education program to assist instructors; therefore, this knowledge is essential to the fields of counseling and counselor education and supervision (Aisner et al., 2020). Research on this issue provided insight and knowledge concerning CES program design and methods of graduate instruction for training clinicians (Mustanski et al., 2017). Similarly, exploring this subject impacted counselor educators and supervisors to update continuing education with SGMY-related information, which supported counselors' competency for serving that population (Mustanski et al., 2017). This research introduced multiple perspectives for future discussion, centering on ethics and diversity, otherwise known as competency (Sue et al, 1992), concerning how LPCs perceived counseling sexual and gender minority youth.

Bruner et al. (2019) suggested licensed professional clinicians could share information which might enrich counselor education programs supporting graduate instructors to prepare entry level trainees for competently counseling sexual and gender minority youth. Lindley et al.

(2020) asserted emerging counselors deny services to these youth as a result of inadequate graduate education and training. Smith et al. (2021) affirm those claims, underscoring Counselor Education and Supervision (CES) programs do not prepare graduate program faculty to appropriately educate and train entry level clinicians for competently counseling sexual and gender minority youth. Additionally, Mustanski et al. (2017) identified that clinical trainers could enrich continuing education for established counselors, supporting competently serving these youth. The identified lack of articles establishing counselors' views on the importance of competently serving SGMY resulted in the gap in the literature. This lack of research centered on the need for addressing licensed clinicians' perspectives concerning counselor education program administrators' inadequate support of faculty who train entry level counselors. This shortfall in the literature implicated a need to acknowledge clinicians' incompetent behaviors when considering counseling sexual and gender minority youth (Goodrich & Ginicola, 2017; Lindley et al., 2020; Parker, 2018).

Furthermore, the lack of research in the current literature called for discussion regarding the effects clinicians' incompetency, compromised ethics, have on the fields of counseling and counselor education and supervision (Lindley et al., 2020; Smith et al., 2021) and consequences related to the problem of counselors denying services to sexual and gender minority youth (Mustanski et al., 2017). The gap in the current literature suggested researching the topic provides insight concerning how counseling accessibility challenges impact SGMY, their families and communities (Bruner et al., 2019; Smith et al., 2021). The outcomes of the research included potential improvements for CES design and graduate counselor education and training (Bruner et al., 2019; Grzanka et al., 2019). New research on competency for counseling sexual and gender minority youth is integral to strengthening the professions of counseling and

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counselor education in addition to impacting service accessibility for these youth (Bruner et al., 2019; Goodrich & Ginicola, 2017; Lindley et al., 2020; Mustanski et al., 2017).

Researchers found sexual and gender minority youth were likely to benefit from expanded access to counseling services (Liu et al., 2020; Smith et al., 2021). These youth are more affected by severe mental health events and suicides of loved ones than their heterosexual cisgender peers (Mitchell et al., 2021). Supporting CES program directors and administrators strengthens counselor educators to competently train clinicians (Bruner et al., 2019; Mustanski et al., 2017). Strengthening CES programs supports clinicians to competently counsel sexual and gender minority youth (Bruner et al., 2019; Smith et al., 2021). This research highlights the need for preparing CES directors to train counselor education program faculty for counseling other emerging minority populations; in addition to SGMY, this includes any groups who experience mental health counseling inaccessibility comparable to SGMYs' service inequity (Liu et al., 2020; Smith et al., 2021). The findings from this study rigorously advanced efforts impacting counseling and counselor education programs (Bruner et al., 2019; Lindley et al., 2020). Conducting this research was essential to expanding the CES knowledge base through exploring clinicians' perceptions (Mustanski et al., 2017; Smith et al., 2021). The findings broadened the application of constructivism (Vygotsky, 1980, 2004) such as discovering counselors' perceptions regarding support for CES faculty who train entry level clinicians (Lindley et al., 2020; Smith et al., 2021).

## Research Question

The research question addressed in the study was what are licensed professional counselors' (LPCs) perceptions of ethics and diversity implications for serving sexual and gender minority youth? The subquestion was how do LPCs' perceptions of ethics and diversity

implications for serving sexual and gender minority youth (SGMY) inform Counselor Education and Supervision?

## Definition of Terms

The terms below were integral to the research study; they are used throughout and defined as follows to enrich understanding.

**Diversity implications.** The definition of diversity implications for this study includes licensed professional counselors' perceptions about competency centered on ethical and clinical functions for counseling sexual and gender minority youth (Lee, 2018; Reisner, 2015; Rose et al., 2019; Smith et al., 2021). In addition to preparedness and training, and cultural awareness, licensed professional counselors' experience and opinions were considered significant factors within the definition of diversity implications (McAuliffe, 2019; Morris et al., 2020; Reisner, 2015; Rose et al., 2019).

**Ethics.** Ethics means helping and not incurring harm (ACA, 2014). The use of the term ethics in this study means licensed professional counselors helping and not harming sexual and gender minority youth (Rose et al., 2019; Washington & Henfield, 2019). Ethics is defined as LPCs providing accessible and effective services for youth identifying as sexual or gender minorities (Washington & Henfield, 2019). Ethics includes competent behaviors such as counselors promptly returning messages and issuing referrals (Reisner, 2015). This study explored ethics related to licensed professional counselors' views which constructively (Vygotsky, 1980, 2004) influences competency in counselor education and counseling practice (Lee, 2018; Morris et al., 2020; Reisner, 2015; Washington & Henfield, 2019; Rose et al., 2019). Licensed professional counselors' ethical practice includes diversity awareness and cultural sensitivity, standards guided by the American Counseling Association (ACA, 2014) and the

Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016;

Lee, 2018; Morris et al., 2020; Reisner, 2015; Rose et al., 2019; Washington & Henfield, 2019).

**Licensed professional counselors (LPCs).** The study defines LPCs per Morris et al.

(2020), McAuliffe (2019), Reisner (2015), and Rose et al. (2019) who defined clinicians, United

States licensed mental health professionals whom maintain credentials from state regulatory

boards. Notably, state regulatory boards frequently support licensure pathways aligning with

programs accredited by the Council for Accreditation of Counseling and Related Educational

Programs (CACREP, 2016) or similarly designed licensure avenues determined by state boards

(Morris et al., 2020; McAuliffe, 2019; Rose et al., 2019). The operational definition for this

study included states' various titles/names representing equivalent license status such as licensed

professional counselors (LPCs), licensed clinical professional counselors (LCPCs), licensed

professional clinical counselors (LPCCs), licensed mental health counselors (LMHCs), and

licensed clinical mental health counselors (LCMHCs) and, further applying these various

equivalent titles, licensed counselors who are in the role of counselor educator and licensed

counselors who specialize in supervision (Elliot et al., 2019; Lawson, 2016; Sheperis et al.,

2019). For the sample population of this study, the terms counselors, clinicians, therapists, and

practitioners were used synonymously with the LPC title (McAuliffe, 2019; Rose et al., 2019).

Terms with parallel meanings were included in the study because some states, for example,

Washington, use the term LMHC to mean what other states, such as Florida, call LPC (Elliot et

al., 2019; Lawson, 2016; Sheperis et al., 2019).

**Sexual and gender minority youth (SGMY).** The definition of sexual and gender minority

youth (SGMY) within this study includes any youth who identifies other than heterosexual or

different from gender assigned at birth (McAuliffe, 2019; Morris et al., 2020; Reisner, 2015;

Rose et al., 2019). For example, identifiers include lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ), and terms, for example, polyamorous, bisexual, pansexual, asexual, and transsexual as well as gender identifications such as binary, non-binary, androgynous, cisgender, transgender, gender non-conforming, pangender, and agender/nongender (Morris et al., 2020; Reisner, 2015; Rose et al., 2019).

## Research Design

The study's overarching research methodology is qualitative, broadly defined by Hamilton and Finley (2019) as studying what is. Narrowing to a focus, the qualitative method is effective for studying perceptions, descriptions, and opinions (Caelli et al., 2003; Creswell & Poth, 2018; Kahlke, 2018; Lavrakas & Roller, 2015; Morris et al., 2020; Percy et al., 2015). A qualitative approach is effective for discussing the quality and nature of counseling practice (Lavrakas & Roller, 2015; Morris et al., 2020). It is integral to gathering information which could help inform Counselor Education and Supervision (CES) and the wider human services community (Kahlke, 2018; Lavrakas & Roller, 2015; Morris et al., 2020).

Qualitative approaches evoke the nature of experience versus quantitative approaches which elicit measurable data (Caelli et al., 2003; Malterud et al., 2016; Morris et al., 2020). The purpose of qualitative methodology is producing unique information otherwise unobtainable through a quantitative design (Caelli et al., 2003; Creswell & Poth, 2018; Malterud et al., 2016; Morris et al., 2020). Only qualitative approaches highlight the nature of subjective data for analyzing opinions, beliefs, and perceptions (Caelli et al., 2003; Creswell & Poth, 2018; Kahlke, 2018; Percy et al., 2015). A generic qualitative approach using inductive analysis (Creswell & Poth, 2018; Percy et al., 2015) effectively interprets this analysis (Kahlke, 2018; Morris et al., 2020). Interpreting analysis concerning LPCs' perceptions of ethics and diversity implications,

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regarding the topic, impacts accessibility for counseling sexual and gender minority youth. Therefore, the generic qualitative inquiry is the design that answers the research questions (Creswell & Poth, 2018; Percy et al., 2015).

Considering this, the generic approach was more appropriate for the research study than methodologically specific narrative, phenomenological, and historical approaches. The open generic avenue facilitated insight into the unique nature of counselors' perceptions, beliefs, and personal opinions (Caelli et al., 2003; Creswell & Poth, 2018; Malterud et al., 2016; Percy et al., 2015). Another differentiation of the generic qualitative approach was consideration of the researcher's prejudice regarding the research topic prior to discovering actual presuppositions or assumptions from the research participants' perspectives (Percy et al., 2015). Concerning this research study, using a generic qualitative inquiry assisted in producing additional information about licensed professional counselors' perceptions of ethics and diversity implications for serving sexual and gender minority youth.

## Assumptions and Limitations

### Assumptions

The assumptions of this study indicated by the existing literature include that additional information to learn concerning licensed professional counselors' perceptions of ethics and diversity implications for serving sexual and gender minority youth exists (Christianto & Smarandache, 2018; Wilson & Cariola, 2019). Future research is likely to inform counselor educators and clinicians, implying more knowledge about the topic may be obtained through conducting new studies (Christianto & Smarandache, 2018; Wilson & Cariola, 2019). Exploring licensed counselors' perceptions provides new information for clinicians, counselor educators and supervisors, and workers in the broader human services field (Christianto & Smarandache,

2018; Wilson & Cariola, 2019). Data informs LPCs, helping them counsel sexual and gender minority youth (Liu et al., 2019; Smith et al., 2021). Additionally, new information informs counselor educators thereby advancing Counselor Education and Supervision (CES) program content, enriching the counseling field and informing the wider human services community (Grzanka et al., 2019; Liu et al., 2019; Smith et al., 2021). Related studies fuel advances and recommendations for CES as well as aligned professions (Christianto & Smarandache, 2018; Wilson & Cariola 2019).

It was assumed that some clinicians are unaware of ethics and diversity implications for counseling sexual and gender minority youth (Hobaica et al., 2018; Lindley et al., 2020; Ratts et al., 2016). This prohibits practitioners from competently counseling sexual and gender minority youth (Bradford & Syed, 2019; Grzanka et al., 2019; Liu et al., 2019). Counselors are in a unique position to impact service accessibility for these youth (Bruner et al., 2019; Chebon, 2018; Goodrich et al., 2017; Lindley et al., 2020). Clinicians' insufficient knowledge about competently serving SGMY results from inadequate counselor education programs and training (Christianto & Smarandache, 2018; Ginicola & Goodrich, 2017). Counselors' lack of knowledge combined with inadequate training results in clinicians' incompetency which impacts these youths' access to counseling (Smith et al., 2021; Wilson & Cariola, 2019). Inaccessible counseling services lead to SGMYs' increased homelessness, substance use, and severe mental health events (Smith et al., 2021; Wilson & Cariola, 2019).

Information from licensed professional counselors gathered through this study began to fill the gap in the current literature. Filling the gap means addressing the assumptions, research question and subquestion as well as acknowledging the researcher's interest in the topic (Kahlke, 2018). The literature suggests that LPCs' views inform clinicians and counselor education

programs thereby addressing underprepared counselor educators who train clinicians, some who deny services to sexual and gender minority youth (Ginicola & Goodrich, 2017; Smith et al., 2021; Wilson & Cariola, 2019). In that sense, not only do continuing education programs improve but support for CES faculty improves thereby affecting counselors' availability (Ratts et al., 2016; Wilson & Cariola, 2019). Changes in counseling accessibility impact sexual and gender minority youths' mental health (Ginicola & Goodrich, 2017; Wilson & Cariola, 2019).

Understanding licensed professional counselors' views about the topic was beneficial; their perspectives are unknown. This research brought light to the topic. The data informed counselors and counselor educators. This study provided information which helps counselors, counselor educators and, potentially, youth identifying as sexual and gender minorities. Future studies are likely to provide insights assisting professionals, sexual and gender minority youth, other marginalized client populations, families, and communities by informing clinicians, counselor educators, and the broader human services field (Christianto & Smarandache, 2018; Wilson & Cariola, 2019). Addressing clinicians' competency issues affecting sexual and gender minority youth decreases the negative consequences which those youth frequently experience (Liu et al., 2019; Smith et al., 2021). This occurs by heightening clinicians' awareness about the population's counseling needs (Christianto & Smarandache, 2018; Liu et al., 2019; Smith et al., 2021). Data from this study concerning SGMYs' needs in clinical settings, addressed counselors' competency and gaps in counselor education, aiding counselor educators, ultimately impacting those youths' identity development (Liu et al., 2020; Smith et al., 2021; Wilson & Cariola, 2019).

Due to the nature of the data, LPCs' perceptions, a generic qualitative approach aligned effectively with the topic (Cecez-Kecmanovic & Kennan, 2018; Foley & Henry, 2018). This is

due to qualitative methodology highlighting arguably immeasurable but important aspects of

data and the generic design allowing broad interpretation of the findings of the study (Caelli et

al., 2003; Creswell & Poth, 2018; Kahlke, 2018). The capacity generic qualitative design permits

points to the appropriateness of the constructivist (Vygotsky, 1980, 2004) lens for data analysis

(Kahlke, 2018). Social constructivism (Vygotsky, 1980, 2004) is relevant for understanding the

topic because of its assumptions embracing diversity awareness and collaboration, for instance,

which are integral for identity formation and applying meaning to daily life (Chaney et al., 2019;

Martinez et al., 2017). For this study, social constructivism (Vygotsky, 1980, 2004) assumes

these considerations comprise a basis for understanding LPCs' perceptions of ethics and diversity

implications for serving SGMY (Caelli et al., 2003; Creswell & Poth, 2018). Therefore,

constructivism (Vygotsky, 1980, 2004) sets the stage for framing participants' perceptions,

guided by transparency and collaboration resulting in data that answers the research question.

Finally, contemporary researchers assumed additional research will provide insight for

stakeholders and highlight qualitative aspects of the topic. They claimed future research will

illuminate the problem, counselors are denying sexual and gender minority youth access to

services. These statements represented their broad assumption, discussing the problem and

potential solutions for addressing it will result in important information for understanding the

issues and affecting change. Some researchers assumed similar generic qualitative implications

as described above (Morris et al., 2020; Reisner, 2015; Rose et al., 2019), others specifically

assumed tracking and quantifying data (Lee, 2018; Morris et al., 2020; Smith et al., 2021) were

needed to obtain credible information. They all agreed on the assumption that more information,

regardless the specific methodology or design, is needed to address the problem (Lee, 2018;

Morris et al., 2020; Reisner, 2015; Rose et al., 2019; Smith et al., 2021; Washington & Henfield, 2019).

**Limitations**

The study was limited by the sample size, a target of 10 participants. The study was further limited by LPCs who perhaps had agendas motivating research volunteerism. Limitations included volunteers who expressed bias about whether the topic warranted research. Another limitation of this study was the guiding interview questions were not field-tested or reviewed by a panel of experts. Volunteerism resulting in disinterest or abandonment of participation was a possibility (Bilcke et al., 2018; Crawford & Metcalf, 2016; Master et al., 2018). Another limitation was the possibility of participants' concerns regarding potentially admitting lack of awareness concerning the topic (Doshi et al. 2020; Green et al., 2017; Master et al., 2018; Poteat et al., 2019; Whitman & Han, 2017).

Additionally, the guiding interview questions were leading. In other words, some of the questions were suggestive, potentially encouraging biased responses (Master et al., 2018). For example, the fifth question expressed the researcher's belief by implying more information would impact ethics and diversity related to counseling sexual and gender minority youth. And the sixth question similarly implicates the researcher's belief that expanding LPCs' awareness of the topic for SGMY families, CES, and the broader human services community. Although the researcher did not intentionally design the questions to be leading, this was a limitation. Therefore, the researcher did not allow for mitigation of biases, evident in the suggestive nature of the guiding interview questions. Also, an expert panel for testing of the data was not was not utilized which would have assisted in mitigating bias (Master et al., 2018; Whitman & Han,

2017). Due to neglecting these factors, opportunities to increase credibility were missed. Future researchers should consider this point for replicating the study.

Notably, a clearly executed mitigation effort was the manner in which the researcher followed stringent screening of participants according to IRB-approved inclusion and exclusion criteria. A further mitigation effort the researcher attempted was explicitly communicating limitations (Burnes et al., 2017; Burns, 2020; Green et al., 2017; Whitman & Han, 2017) as they arose. The research design highlighted safety and minimal risk by considering the participants' regular occupational duties. Additionally, the research design supported the feasibility of completion, reporting accuracy, and acceptance of framework. Also, the research aligned with each step of the design process (Adashi et al., 2018; Hammer, 2017).

Furthermore, a delimitation of the study was the researcher's decision to exclude associate level clinicians' participation despite the problem involving entry level counselors' adequate preparation for practice. Also, other related practitioners such as marriage and family therapists, social workers, and psychologists were excluded, determined inappropriate for recruitment based on the problem centering on *mental health counselors* denying services to sexual and gender minority youth. The delimitations arguably included the sample size, 10, and participants' residence was limited to the United States.

## Organization of the Remainder of the Study

This chapter outlined the purpose and significance of the study, the researcher's interest in pursuing the research questions, and delved into understanding rationale for the chosen methodology. Further exploring the research question and subquestion, the definition of terms, and the research design provided a framework for understanding the reason to use a qualitative approach. Chapter 2 presents an exhaustive literature review of the research constructs. The

chapter will outline searching methods, the theoretical orientation, synthesis of the findings, and

a critique of previous research methods. Chapter 3 presents the method of research, which

includes the purpose of the study, the  research question and subquestion, the design, target

population and sample, procedures and instruments plus ethical considerations. Chapter 4

presents the data, including sample description, methodology applying to data analysis, and the

results of the analysis. Chapter 5 discusses the results of the study which includes implications,

recommendations, and conclusions.

# CHAPTER 2. LITERATURE REVIEW

Addressing the problem of clinicians denying counseling to sexual and gender minority youth (SGMY) was the purpose of this research study. A critical review of the empirical research was required to support the need for this study. In each phase of this research, review of contemporary studies continued to stay current on findings connected to the research topic.

This chapter begins with the scholarly methods employed for reviewing the current literature explored in this section. Vygotsky's social constructivist (1980, 2004) theory is examined to present context for understanding the theoretical foundation for this research study. The literature review in this chapter links the research topics to related subjects, establishing context and history, laying conceptual groundwork for the study. Three particular areas of research were reviewed: (a) the overall problem of counselors denying or limiting services concerning youth identifying as sexual and gender minorities, (b) clinicians' biases and incompetent behaviors which result in ethical violations and (c) counselor educators' inadequate preparation of emerging clinicians for counseling sexual and gender minority youth. Possibilities for affecting change regarding these three focuses are woven into this literature review. A synthesis of the reviewed articles closes this chapter, highlighting contributions of the examined literature and how these informed the researcher's understanding of the development of the conceptual frame for this research study.

## Methods of Searching

The researcher accessed electronic libraries and institutional databases to locate greater than 175 journal articles and book chapters. ProQuest Central, Psychology Journals, and PsycArticles are the main sources that the researcher accessed. PsycInfo and SAGE Journals, amongst other various materials, are secondary sources. The researcher primarily consulted *Counselor Education and Supervision,* the *Journal of Multicultural Counseling and Development*, the *Journal of Counseling & Development*, and the *Journal of LGBT Issues in Counseling*. Notably, the *Journal of Multicultural Counseling and Development* and the *Journal of LGBT Issues in Counseling* focus on sexual and gender minority youths' views; in addition, *Counselor Education and Supervision* and the *Journal of Counseling & Development* directly address LPCs' competency issues. Keywords and phrases as well as Boolean combinations searched across the identified sources  included but were not limited to: *counselors and sexual minority youth, counseling sexual/gender minority youth, counselors' training and sexual/gender minority youth, graduate counselor training/curricula, counseling and diversity and sexual/gender minorities, multiculturalism and counseling, counselors' perceptions on ethics/diversity and sexual/gender minority youth, sexual/gender minority youth and counseling, counselors' approach and marginalized youth, counselors' ethical views with sexual/gender minority youth, counseling; conscience clause, sexual/gender youth and counseling experience, licensed professional counselors and education and sexual/gender minority youth, social constructivism, Lev Vygotsky, preparation for counseling and sexual/gender minority youth, counselors' experience and sexual/gender minority youth, counselor educators and sexual/gender minority youth, counselor education and supervision and competency in counseling, counselors and counselor education and sexual/gender minority youth, social*

*constructivist theory, social constructivist theory and marginalized populations, sexual/gender*

*minorities and counseling access, counselors denying sexual/gender minority youth services,*

*counselors' competency serving sexual/gender minority youth, legislation and counseling and*

*sexual/gender minority youth.*

Although several of the former publications center on counselor education and

development the data did not include licensed professional counselors' perceptions on the

research problem rather they primarily discussed related professionals' views such as scholars,

medical providers, elementary and high-school teachers and administrators, and non-profit

workers. Similarly, the latter journals presented SGMYs' perspectives on counselors denying

these youth services although did not encompass licensed professional counselors' perceptions.

Finally, citation mining, a process of finding related sources from the references of utilized

articles, led to various discoveries of materials that might have otherwise been excluded.

**Theoretical Orientation for the Study**

Researchers establish views based on applications of theoretical foundations (Kuper et

al., 2018). Theoretical tenets support research endeavors having the potential to advance

implications of theories (Burman, 2017; Bruner et al., 2019). Social constructivism (Vygotsky,

1980, 2004) is one of the established theories used by previous researchers and suggested for use

in future studies. Past studies employing constructivism (Vygotsky, 1980, 2004) explored sexual

and gender minority clients', various medical professionals', school administrators', academic

researchers', and non-profit human service representatives' views on what competently

counseling sexual/gender minority youth means; however, the existing research did not include

licensed professional counselors' (LPCs) perceptions concerning competently counseling that

population (Burnes et al., 2017; Kull et al., 2017). Studies by Burnes et al. (2017) as well as Kull

et al. (2017) are examples of research which advanced scholarly dialogue for the field of Counselor Education and Supervision (CES) but with limitations; pointedly, they did not present LPCs' perceptions. However research, for instance by Burnes et al. (2017) as well as Kull et al. (2017) inspired ideas for future studies related to the research problem (Grzanka et al., 2018; Kull et al., 2017; Lindley et al., 2020; Rose et al., 2019). By exploring LPCs' views on the problem this study also seeks to constructively (Vygotsky, 1980, 2004) advance CES dialogue.

**Social Constructivist Theory**

Affirming actions or intentions, collaboration, and advancing knowledge are basic tenets of constructivism (Vygotsky, 1980, 2004) which are applied to this study. Hobaica et al. (2018) suggest constructivist-based (Vygotsky, 1980, 2004) positivity versus skepticism supports clinicians' competency for counseling sexual and gender minority youth. Using positive statements is crucial for beginning to address social justice concerns (Hobaica et al., 2018). Affirming individuals' identity development is a value of social constructivism (Vygotsky, 1980, 2004). Hobaica et al. (2018) as well as Lindley et al. (2020) linked constructivist (Vygotsky, 1980, 2004) principles with progress advocating for and counseling sexual/gender minority youth.

Due to sexual and gender minority youths' (SGMYs) substantial experiences of marginalization, utilizing constructivism (Vygotsky, 1980, 2004) is foundational to addressing the research problem as its tenets such as positivity and advancing knowledge foster connectedness (Hobaica et al., 2018). Counselors denying sexual and gender minority youth counseling is an example of marginalization (Mullen et al., 2017) indicating  constructivism (Vygotsky, 1980, 2004) as an theoretical framework for this study. Furthermore, answering the research questions in this study might assist in affecting change for counselor educators

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responsible for training emerging clinicians to competently counsel these youth (Liu et al., 2020; Shannonhouse et al., 2018). Clinicians who competently counsel SGMY frequently assist this population with identity development. Assisting youth with sexual and gender identification challenges benefits them, their families, and community members who care about their wellbeing (Lindley et al., 2020; Smith et al., 2021). Contrarily, not assisting SGMY, or providing incompetent counseling marked by ethical violations is harmful to everyone involved (Hobaica et al., 2018; Lindley et al., 2020; Liu et al., 2019).

Social Constructivism (Vygotsky, 1980, 2004) supports practices which improve counselor training, addressing issues such as affirming youths' sexual and gender identities (Hobaica et al., 2018; Kull et al., 2018). Constructivism (Vygotsky, 1980, 2004) fits the study best because the theory's foundation fosters individual, societal, and educational improvements (Bruner et al., 2019; Kuper et al., 2018). If clinicians' awareness grows, their competency for counseling SGMY will expand (Bruner et al., 2019; Kuper et al., 2018; Ratts et al., 2016). Social constructivist (Vygotsky, 1980, 2004) principles affect how counselors learn new clinical skills (Kuper et al., 2018; Liu et al., 2019; Ratts et al., 2016).

Constructivism (Vygotsky, 1980, 2004) strengthens collaboration, informing counselor educators and program developers (Bruner et al., 2019; Kuper et al., 2018). This description of the collaborative effort indicates learning about LPCs' perspectives on counseling sexual and gender minority youth has the power to influence change (Bruner et al., 2019; Kuper et al., 2018). For instance, improved access to counseling is likely to help sexual and gender minority youth with self-esteem and confidence (Kuper et al., 2018; Lindley et al., 2020). Increasing counseling access and practical assistance for marginalized groups impacts the community,

benefiting clinicians, clientele, families, the broader human services field, and society (Bruner et al., 2019; Kuper et al., 2018).

Counselors' competency for serving sexual and gender minority youth needs strengthening (Liu et al., 2019; Hobaica et al., 2018). Constructivist (Vygotsky, 1980, 2004) values, positivity/optimism, collaboration, advancing knowledge, impact clinicians' awareness and skills through collaboration and transparency (Hobaica et al., 2018; Smith et al., 2021). Open collaboration aids in counselors' supporting one another through partnerships, intuition, and interpersonal techniques (Hobaica et al., 2018). Clinicians sharing personal self-regard challenges with colleagues might help those clinicians explore factors impacting clients' self-esteem (Booth et al., 2019; Hobaica et al., 2018; Liu et al., 2019). This constructivist (Vygotsky, 1980, 2004) practice might edify counselors' competency for helping sexual and gender minority youth with self-regard and related issues (Hobaica et al., 2018; Liu et al., 2019). For example, clinicians could use mindfulness-based practices (MBPs), derived from constructivist (Vygotsky, 1980, 2004) principles to explore SGMYs' self-regard relating to identity concerns (Abreu et al., 2020; Ruscitto & Bridges, 2019). Utilizing MBPs in this way might assist counselors to employ strategic interventions with clients experiencing complex identity issues (Abreu et al., 2020; Smith et al., 2021).

Research presenting new applications of clinical skills based on constructivist (Vygotsky, 1980, 2004) principles such as introspection and open collaboration influence CES program development (Abreu et al., 2020; Hobaica et al., 2018). Employing interventions in new ways results in research findings counselor educators use to enrich graduate program curricula (Abreu et al., 2020; Brandt et al., 2019). For example, research focusing on applying MBPs to clients' self-esteem provides information for educators to expand counselor education and training in

targeted areas (Abreu et al., 2020; Borders, 2019; Brandt et al., 2019; Hobaica et al., 2018).

Counseling training and education improvements are likely to impact clinical competencies such as assisting sexual and gender minority youth with self-esteem (Hobaica et al., 2018; Kull et al., 2017; Lindley et al., 2020). These factors support employing constructivism (Vygotsky, 1980, 2004), rooted in edifying integrity through intrapersonal and social exploration, and celebrating individual growth as well as community engagement (Bruner et al., 2019; Kuper et al., 2018; Tonsing & Vungkhanching, 2020).

Constructivist tenets (Vygotsky, 1980, 2004) include concepts rooted in affirmation such as celebrating individual uniqueness and collective successes (Bruner et al., 2019; Kuper et al., 2018). Celebrating sexual and gender minority youths' individual uniqueness and clinicians' collective successes will strengthen the counseling profession as well as counselor education and supervision (Bruner et al., 2019; Kuper et al., 2018). Results from new research concerning clinicians' competency for serving SGMY are likely to improve counseling accessibility (Kuper et al., 2018; Lindley et al., 2020). Findings such as these will encourage collaboration between clinicians and counselor educators leading to improvements for counselor education and training (Bruner et al., 2019; Kuper et al., 2018). Aiding sexual and gender minority youth in identity development is an individual victory (Kuper et al., 2018). Improving counselor education and training is a collective victory (Lindley et al., 2020).

Social constructivist (Vygotsky, 1980, 2004) principles impact counselors' competency concerning issues affecting sexual and gender minority youth (Hobaica et al., 2018; Kull et al., 2017; Lindley et al., 2020). Employing constructivism (Vygotsky, 1980, 2004) as the theoretical foundation of this study aligns with understanding clinicians' perceptions about ethics and diversity for serving sexual and gender minority youth, including counselors' views concerning

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potential improvements to counselor education and ongoing training (Abreu et al., 2020;

Borders, 2019; Brandt et al., 2019; Bruner et al., 2019; Hobaica et al., 2018; Kull et al., 2017;

Lindley et al., 2020). Social constructivism (Vygotsky, 1980, 2004) is a theoretical foundation

employed in existing CES literature (Abreu et al., 2020; Hobaica et al., 2018; Lindley et al.,

2020).  Researchers utilize constructivism (Vygotsky, 1980, 2004) addressing the research

problem and related issues; for example, they exhibit the benefits of collaboration and

experiential learning related to identity development (Abreu et al., 2020; Hobaica et al., 2018;

Kull et al., 2017; Lindley et al., 2020; Liu et al., 2020).

## Review of the Literature

Empirical research presented opinions, beliefs, experiences, and perceptions on the topic

of this study from various professional, for instance scholars, medical providers, elementary and

high-school teachers and administrators as well as non-profit workers (Abreu et al., 2020; Burnes

et al., 2017; Grzanka et al., 2018; Kull et al., 2017; Lindley et al., 2020; Liu et al., 2020; Rose et

al., 2019; Smith et al., 2021). However, studies to-date did not attempt to gather information

about the research problem, counselors denying services to sexual and gender minority youth

(SGMY), from licensed professional counselors (LPCs). Therefore this study sought that

qualitative data. The articles addressed the problem from the perspectives of scholars, medical

providers, elementary and high-school teachers and administrators, and non-profit workers

(Abreu et al., 2020; Burnes et al., 2017; Grzanka et al., 2018; Kull et al., 2017; Lindley et al.,

2020; Liu et al., 2020; Rose et al., 2019; Smith et al., 2021), comprising the three main themes of

this literature review examined below.

**The Problem of Counselors Denying SGMY Services**

*Ethics*

The current literature describes counselors denying or limiting services and the effects including incompetent behaviors resulting in ethics violations. Denying or limiting services are examples of incompetent behaviors related to serving sexual and gender minority youth (SGMY). Incompetent behaviors result in ethical violations such as failure to provide referrals or return standard communications such as phone calls and emails (Bradford & Syed, 2019; Lindley et al., 2020). Ethical standards are established by the American Counseling Association (ACA, 2014). Professional counseling ethics include expectation that clinicians or their office staff return phone calls, emails, and other basic communications such as faxes (ACA, 2014, A.4.b, A.11, C.2). In coordination with the ACA Code of Ethics (2014) concerning multicultural and diversity approaches (B.1.a) the Multicultural and Social Justice Counseling Competencies (MSJCC) provides clinicians a guide for applying multicultural and social justice competencies in counseling practice (Ratts et al., 2016; Sue et al., 1992).

The Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE, 2020) aligns with the ACA (2014), supporting equitable counseling accessibility and, overall, not causing harm. The society advocates for sexual, affectional, intersex, and gender-expansive identifying persons (SAIGE, 2020). The values of the society are grounded in the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2016). SAIGE's (2020) competencies were initially developed by the ALGBTIC LGBQQIA Competencies Taskforce (ALGBTIC, 2013; Rose et al., 2019). The competencies were designed to meet the need to understand sexual and gender minorities' experiences, identity development, and factors related to mental health counseling and counselor education (Singh, 2017).

In 2018, Zeglin et al. set the stage for future research by utilizing a constructivist approach centering on sexuality development. Principles of diversity, inclusion, and equitability, established by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT, 2022) guided Zeglin et al. (2018). These researchers identified sexuality domains for counseling, focusing on categories of ethical suggestions for serving sexual/gender minorities rather than implications for clinicians and educators (Zeglin et al., 2018). They suggested future research should further address sexuality domains by exploring ethics and diversity implications and counseling accessibility. The findings from Zeglin et al., (2018) included domains of sexuality-ethics aligned with the Association for Multicultural Counseling and Development (ACA, 2014; Arredondo et al., 1996). This alignment was established in areas of multicultural diversity, social justice, and sexuality by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT, 2022; Zeglin et al., 2018).

**Social Justice and Multiculturalism.** Ratts et al. (2016) fulfilled a role appointed by the Association for Multicultural Counseling and Development (ACA, 2014). They revised standards for multicultural competencies in counseling developed by Sue et al. (1992). Ratts et al. (2016) collaborated to formulate the Multicultural and Social Justice Counseling Competencies (MSJCC). These updates were endorsed by the Association for Multicultural Counseling and Development (AMCD) (Arredondo et al., 1996) and the American Counseling Association (2014). Ratts et al. (2016) developed a conceptual framework of the competencies depicting relationships of key constructs centering on multiculturalism and social justice themes (Ratts et al., 2016). The researchers organized the constructs using domains, quadrants, and competencies designed for guidance in clinical application (Ratts et al., 2016).

Ratts et al. (2016) highlighted equitable counseling access by defining counseling standards to include assisting anyone seeking therapy. Concerning preparing counselors for competently serving youth identifying as sexual and gender minorities this focus on equitable access for all potential clients is the foundation for clinical competence and ethics adherence (Borders, 2019; Lindley et al., 2020). Ratts et al. (2016) focused on the intentions of MSJCC, advocacy and fairness for all individuals centering on equitability, diversity, and inclusion. The MSJCC underscored the importance of equitable counseling accessibility for marginalized populations (Ratts et al., 2016). For example, Ratts et al., (2016) identified related competencies such as "assist privileged and marginalized clients develop critical consciousness by understanding their situation in context of living in an oppressive society" (p. 11). Professional ethics standards for counseling established by the American Counseling Association (ACA, 2014) and counselor educational standards set by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) should affirm these youth and others and not lead to harm for anyone (Ratts et al., 2016).

**Conscience Clause Legislation.** Counselors denying SGMY services violate counseling ethics standards (Rose et al., 2019). Legislation conflicting with values and ethics established by the ACA (2014) is a significant aspect of the problem. Rose et al. (2019) examined three laws perpetuating loopholes which sanction unethical practices. Legislators who created these laws argue counseling sexual/gender minority youth does not align with clinicians' personal values. They use the term "conscience clause" (Murphy, 1971, p. 11) citing legal precedence. Murphy (1971) references longstanding boundaries between governmental and religious education. Parker (2018) suggests using this legal precedence is antiquated and convenient regarding legislation for counseling which impacts SGMY and other minority populations.

Rose et al. (2019) presented findings similar to Parker (2018) elaborating on the historical

complexities for sexual and gender minorities. Notably Rose et al. (2019) utilized affirmative

supervision theory (Burkard et al., 2006) for their foundation reviewing questionable laws related

to counseling accessibility for youth identifying as sexual and gender minority youth. Burkard et

al. (2006) derived affirmative supervision theory from gay affirmative theory (Malyon, 1982).

Fassigner (2017) connected gay affirmative theory (Malyon, 1982), also known as affirmative

theory, with social constructivist theory which is the foundation for this research study. Fassinger

(2017) explained individuals form their experiences into narratives (Fassinger, 2017) which, in

the light of identity affirmation (Malyon, 1982), is definitively constructivist (Vygotsky, 1980,

2004).

Rose et al. (2019) highlighted constructivist (Vygotsky, 1980, 2004) tenets utilizing

affirmative supervision theory in their case study method to analyze controversial legislation

(Burkard et al., 2006). Sexual and gender minority youth view themselves through constructivist

and narrative lenses which impact their interpretation of external and internal influences (Rose et

al., 2019; Liu et al., 2020). Interpreting stories is a constructivist (Vygotsky, 1980, 2004) process

that consistently affects these youths' self-esteem (Fassinger, 2017; Rose et al., 2019). Using

appropriate sexual and gender identifiers empowers this population (Rose et al., 2019).

*Terminology.* Researchers cited dozens of identifiers and letters important for denoting

particular identities (Rose et al. 2019). To-date, the most accepted acronym identifying sexual

and gender minorities is LGBTGEQIAP+ (Ginicola et al., 2017; SAIGE, 2020). Rose et al.

(2019) highlighted the constructivist (Vygotsky, 1980, 2004) nature of employing accurate

terminology, supportive language related to SGMYs' identity development. Those researchers

indicated the *T* in LGBTGEQIAP+ can mean transgender, transsexual, or trans rather than only

transgender which is how it *was* used. In this manner, these researchers acknowledged differences between transgender and transsexual. Not only does this awareness define these *T* terms it denotes the vast nature of sex and gender along the spectrums of identities (Rose et al., 2019). Supporting the appropriate use of identifiers validates employing affirmative supervision (Burkard et al., 2006) and social constructivist (Vygotsky, 1980, 2004) theories (Rose et al., 2019) for affirming sexual/gender minority youth.

Rose et al. (2019) as well as Simons et al. (2020) thoroughly discussed using affirming terminology to support improved counseling access for sexual and gender minority youth. Rose et al. (2020) analyzed the origination of legislation related to the problem of clinicians denying SGMY counseling. Simons et al. (2020) examined cases in which they argued utilizing affirming terminology would have made stark differences in young persons' experiences with professionals. Rose et al. (2019) as well as Simons et al. (2020) underscored the importance of acknowledging and affirming equity and inclusion through appropriate use of language. Further, both teams of researchers discussed how recognizing sexual and gender minority youths' individuality by employing identity-specific terminology strengthens positive self regard (Rose et al., 2019). The teams suggested increasing the frequency of counselors' appropriate terminology would assist clinicians and counselor educators, addressing stress and disenfranchisement for youth identifying as sexual and gender minorities. Expanding this population's access to counseling would counteract their experiences of marginalization (Rose et al., 2019; Simons et al., 2020; Smith et al., 2021).

*Harms.* Perhaps the most powerful point Rose et al. (2019) identified is denying SGMY counseling services harms individuals and the counseling profession. They cited court cases concerning counselors who refused service to SGMY on the basis of personal moral conflicts

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and how clients, or potential clientele, were harmed. Rose et al, (2019) described the detrimental impacts conscience clause legislation (Murphy, 1971; Parker, 2018) creates for clinicians and the entire counseling profession. They closely examined laws such as the Tennessee House Bill 1840/Senate Bill 1556 (Tennessee Legislature, 2016) and the Arkansas Religious Objections Opt-Out Rule (Arkansas Legislature, 2016). These researchers' utilization of affirmative supervision theory (Burkard et al., 2006) to review case studies concerning legislation related to counseling accessibility for sexual and gender minority youth is powerful, considering societal implications. Rose et al. (2019) stated these laws specifically target professional counselors; for instance, they said lawmakers explicitly excluded psychologists and social workers through deliberate choice of words. Essentially the legislation resulted in loopholes, not permissible in related professions, for licensed mental health counselors to refuse serving sexual and gender minorities (Rose et al., 2019). Therefore, the harm to the counseling profession and the undermining of the ACA Ethics Code (2014) is a blatant attack on licensed professional counselors and the field of mental health counseling (Rose et al. 2019).

Rose et al. (2019) explained clients initially denied counseling, even when the clinician issues a referral, are likely to experience rejection from other counselors. Regarding counseling accessibility for youth identifying as sexual and gender minorities, some communities support excluding or limiting services to this population (Liu et al., 2020; Smith et al., 2021). Counselors involved in professional groups with that mindset are unwelcoming to these youth (Liu et al., 2020; Rose et al., 2019). Clinicians expressing unsupportive or antagonistic attitudes toward sexual and gender minority youth discriminate against this population (Ratts et al., 2019; Smith et al., 2021). Discrimination prevails when counselors issue referrals on the grounds of personal moral conflicts (Ratts et al., 2019).

The intention of providing referrals is to ensure non-discrimination and effectively support individuals (ACA, 2014, A.4.b, A.11, A.12, C.2, C.5; Rose et al., 2019). Referring to other providers based on conscience is unethical (ACA, 2014; Murphy, 1971; Parker, 2018). Rose et al. (2019) cited multiple sections of the ACA Code of Ethics (2014, A.4.b, A.11, C.2) reminding readers concerned with the problem of clinicians denying SGMY services that counselors are obligated to acknowledge both areas of competence as well as incompetence. Counselors are ethically bound to set aside personal prejudices (Rose et al., 2019). The researchers admonished, counselors and associated professionals should be vigilant they do not mask conflicts of conscience with failure to admit lack of competency for counseling sexual and gender minority youth. Clinicians hiding competency challenges related to counseling sexual/gender minority youth fuel discrimination and barriers to equitable accessibility, worsening these youths' experiences of marginalization (Rose et al., 2019; Smith et al., 2021).

### *Addressing the Problem*

Wofford (2017) explored ideas concerning licensed mental health counselors effectively addressing sexual and gender minority youths' experiences of marginalization and mental health. The researcher argued society focuses primarily on SGMYs' academic performance which limits clinicians' applications of evidence-based data supporting that population's demand for equitable mental health services (Wofford, 2017). Wofford (2017) utilized a Winnicottian approach to sexual and gender minority youths' mental health needs. David Winnicott's (2002) understanding of psychic processes aligns with Vygotsky's social constructivist theory (1980, 2004), the foundation for this research study.

Overall, Winnicott's (2002) and Vygotskys' (1980) perspectives are congruent: social influences affect youths' identity development (Aitken & Herman, 1997; Modell, 1985). Along

those lines, Leiman (1992, p. 209) states, "Vygotsky dealt with…cognitive development, while Winnicott dealt with…greater well-being." Wofford (2017) connected Winnicott's and Vygotsky's theories regarding sexual/gender minority youths' mental health needs and school attendance statistics. Wofford (2017) argued Winnicott (2002) and Vygotsky (1980) agree social influences affect youths' identity development (Aitken & Herman, 1997; Modell, 1985). Sexual and gender minority youths' identity formation is important for communicating needs, including licensed mental health counselors' understanding of their unique challenges (Wofford, 2017; Smith et al, 2021).

If clinicians better understood SGMY then counselors and counselor educators would be positioned for expanding these youths' access to counseling (Wofford, 2017; Liu et al., 2020). The crux of that understanding lies in the intersection which Wofford (2017) presented concerning Vygotsky's and Winnicott's respective insights. The crossroads Wofford (2017) describes, integrating socially constructive cognitive development (Vygotsky, 1980, 2004) and social-based holistic wellness (Winnicott, 2002) might be a catalyst for improving SGMYs' access to counseling:

> Sexual and gender minority students are likely to be present in almost every school in the country. Schools can serve as gateways to mental health access and can offer innovative and culturally responsive practices across racial, ethnic, class, and geographic lines. As the single largest holders of the student population in the United States, schools have the ability to play a significant role in mental health service provision for sexual and gender minority youth. (p. 210)

Wofford (2017) highlighted risks sexual and gender minority youth typically confront compared to cisgender heterosexual youth. Risks linked to SGMYs' lack of access to quality mental health counseling include rates of substance use, depression, suicide, sexually transmitted infections, and homelessness (Wofford, 2017). Wofford suggested collaboration (Vygotsky, 1980, 2004)

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and wellness (Winnicott, 2002) foster youths' and clinicians' understanding of their respective needs and intentions. Wofford (2017) indicated mutual understanding is the key to expanding SGMYs' counseling accessibility. Additionally, collaboration is important to educating and training counselors (Lindley et al., 2020; Sanabria & Murray, 2018).

Along those lines, Liu et al. (2020) presented sexual and gender minorities' rates of non-suicidal self-injury (NSSI) through a meta-analysis of 51 empirical publications. These researchers found higher lifetime NSSI rates for sexual (29.68%) and gender (46.65%) minority individuals than heterosexual and cisgender (14.57%) peers. Overall, they discovered sexual and gender minority youth are at the highest risk for non-suicidal self-injury. Liu et al. (2020) described SGMYs' heightened risk explaining they are "especially vulnerable" (p. 1) to NSSI and other severe mental health conditions. Liu et al. (2020) suggested a need for future research addressing service challenges such as clinicians' incompetent behaviors, biases, discrimination, and marginalization.

## Clinicians' Biases and Incompetent Behaviors

Counselors deny sexual and gender minority youth (SGMY) services resulting in ethical violations related to not meeting social justice and multicultural diversity standards (Ratts et al., 2016; Zeglin et al., 2018). Additionally, some clinicians support prejudicial legislation (Rose et al., 2019) exacerbating areas of clinicians' incompetence which contribute to the problem. The current literature described clinicians' moral biases and related incompetence which result in ethical violations (Brown et al., 2018; Goodrich et al., 2017; Grzanka et al., 2019; Lindley et al., 2020). Researchers explained counselors deny services, neglect appropriate referral procedures, and limit service accessibility for youth who identify as sexual or gender minorities (Brown et al., 2018; Grzanka et al., 2019; Liu et al., 2020). Counselors' religious, moral, and political

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biases drive these unethical behaviors (Brown et al., 2018; Goodrich et al., 2017; Grzanka et al., 2019; Lindley et al., 2020; Stahl & Emanuel, 2017). Biases such as these are recognizable in the form of micro-aggressions and ignoring potential clients' phone calls (Bradford & Syed, 2019; Brown et al., 2018; Grzanka et al., 2019; Lindley et al., 2020; Ratts et al., 2016; Wofford, 2017). Failing to communicate in these ways are examples of ethical violations unsupportive to clients and professional standards (ACA, 2014, A.4.b, A.11, A.12, C.2, C.5; Rose et al., 2019).

Competencies for guiding ethical practice are established by the American Counseling Association (ACA, 2014). In coordination with the ACA Code of Ethics (2014, B.1.a), the Multicultural and Social Justice Counseling Competencies (MSJCC) provides clinicians a guide for applying multicultural and social justice competencies in counseling practice (Ratts et al., 2016). The focus of the MSJCC is advocacy and fairness for all, centering on equitability, diversity, and inclusion especially for marginalized populations (Lindley et al., 2020; Ratts et al., 2016). The first step toward inclusion is relational awareness through exposure and communication (Lindley et al., 2020; Ratts et al., 2016).

Counselors denying services to sexual and gender minority youth are not exposed to interactions with that population (Grzanka et al., 2019; Liu et al., 2019). Sharing time leads to mutual learning through collaboration (Sevelius & Singh, 2017) echoing tenets of Vygotsky's social constructivism (1980, 2004), the theoretical foundation for this research study. Frequently, counselors are not privy to information which would inform clinicians, colleagues, and counselor educators concerning issues important to sexual/gender minority youth (Grzanka et al., 2019; Wofford, 2017). Grzanka et al. (2019) used convenience sampling to survey more than 350 former counseling clients who identified as a sexual or gender minority. These researchers inquired about their experiences seeking counseling and maintaining counseling.

They found evidence youth identifying as sexual/gender minorities were more wary of counselors than other minority populations due to negative first encounters.

These initial meetings in which SGMY feel uncomfortable, misunderstood, or rejection include instances of clinicians using micro-aggressions, not answering direct questions from potential clientele, and failing to issue referrals (Grzanka et al., 2019; Smith et al., 2021). For instance, current articles reported practitioners prefer comfort derived from providing services to individuals living within relatable family values (Grzanka et al., 2019; Sevelius & Singh, 2017). Sexual and gender minorities consider this statement a micro-aggression (Liu et al., 2020). Further, Grzanka et al., 2019 show correlating evidence of counselors' incompetent behaviors and ethical violations such as lack of professional advocacy impacting counseling accessibility for these youth.

On the other hand, Grzanka et al. (2019) supported collaboration between established clinicians and counselor educators regarding issues affecting sexual and gender minority youth. They suggested sharing ideas centered on supporting SGMYs' identity development (Grzanka et al., 2019). Personalized support impacts sexual and gender minority youths' access to counseling (Grzanka et al., 2019; Smith et al, 2021). This is due to changes in youths' perceptions concerning potentially positive future interactions with counselors (Grzanka et al., 2019; Liu et al., 2020). Additionally, Grzanka et al. (2019) discussed key factors for building and maintaining support for this population, primarily trust and rapport. Learning counselors' views about ethically serving SGMY would impact counselors' advocacy for issues important for supporting youth identifying as sexual and gender minorities (Liu et al., 2020). Licensed mental health counselors advocating for sexual/gender minority youth makes a lasting difference in those

individuals' lives (Grzanka et al., 2019; Smith et al., 2021). Grzanka et al. (2019) highlighted clinicians' and counselor educators' collaboration is essential for affirming these youth.

Sevelius and Singh (2017) conducted a review of the past 50 years of research focused on gender minorities' experiences related to counseling and counselor education. They suggested in the past few decades and to-date of this research study clinicians and other professionals approached sexual and gender minorities from deficit-based theoretical models. Along the lines of Vygotsky's (1980, 2004) social constructivist tenets, Sevelius and Singh (2017) employed an affirmative theoretical approach similar to the lens introduced by Rose et al. (2019), Burkard's (et al., 2006) affirmative supervision theory, which was derived from Malyon's (1982) gay affirmative model (Fassinger, 2017). Moving away from the deficit-based research they discovered from their half-century literature review, Sevelius and Singh (2017) identified important constructivist (Vygotsky, 1980, 2004) connections between counselors' collaborating, affirming SGMYs' identities through mutually creative process, and increasing exposure of this population through education. Their findings were based on their review of literature from 1966-2016. They found research centering on gender minorities should employ a constructively (Vygotsky, 1980, 2004) affirmative theory (Malyon, 1982), departing from previous studies which highlighted pathology. Sevelius and Singh (2017) concluded researching SGMY in this manner will bridge cultural diversity gaps, which is likely to impact clinicians' biases and ethical practices related to counseling sexual/gender minorities.

**Counselor Educators' and Clinicians' Inadequate Preparation**

*Standards for Counselor Education and Supervision*

Sexual and gender minority youths' counseling accessibility challenges are related to counselors' incompetent behaviors and ethical violations (Grzanka et al., 2019; Lindley et al.,

2020). These instances are linked to emerging clinicians' preparedness in counselor education programs (Dispenza & O'Hara, 2016; Grzanka et al., 2019). New research on the problem should examine standards in Counselor Education and Supervision (CES) (Dispenza & O'Hara, 2016; Grzanka et al., 2019; Lindley et al., 2020). Educational standards for counselor education are set by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016; Sanabria & Murray, 2018). The American Association of Sexuality Educators, Counselors, and Therapists (AASECT) likewise presents direction regarding these standards (Zeglin et al., 2018).

Among other professionals, counselor education program faculty would benefit from understanding mental health clinicians' perceptions on ethics and diversity for counseling sexual and gender minority youth (Grzanka et al., 2019; Lindley et al., 2020; Sanabria & Murray, 2018). Collaboration between licensed counselors and counselor educators is likely to inform CES program instructors (Hobaica et al., 2018; Lindley et al., 2020; Rose et al., 2019). Sharing ideas might impact faculty members' choices of counselor education and training content (Hobaica et al., 2018; Lindley et al., 2020; Rose et al., 2019). Sanabria and Murray (2018) suggested this collaborative process has the potential to improve the fields of counselor education and counseling. They indicated focusing on ethics and diversity implications for serving sexual and gender minority youth is likely to improve counselor training/education, empowering emerging clinicians.

### Unsatisfactory Counselor Education Programs

Counselor education programs do not satisfactorily meet CES educational standards (Lindley et al., 2020; Sanabria & Murray, 2018). In order for this to change, counselor educators and trainers need to understand licensed professional counselors' views regarding competently

serving sexual and gender minority youth (Lindley et al., 2020; Wofford, 2017). Research informs counselors and counselor educators substantiating the importance of collaborating on minority issues (Bradford & Syed, 2019; Smith et al., 2021; Wofford, 2017). Collaboration assists counselor educators impacting CES instructional content (Lindley et al., 2020; Wofford, 2017). Understanding clinicians' perspectives on counseling SGMY is likely to strengthen faculty to prepare emerging counselors for serving this population (Bradford & Syed, 2019; Wofford, 2017).

Lindley et al. (2020) utilized an eco-developmental framework providing insight on socially constructive (Vygotsky, 1980, 2004) influences affecting counselors and sexual and gender minority youth. These researchers employed semi-structured interviews with fourteen individuals focused on youths' internal processes relating to their sexual and gender identifications. They utilized micro and macro lenses, suggesting social influences affect individuals' unique identity development experiences. Their approach echoed constructivism (Vygotsky, 1980, 2004) regarding how external influences affect self-regard. Lindley et al. (2020) emphasized counselors' training and developmental opportunities should affirm sexual and gender minorities' identity development.

Along those lines, Zeglin et al. (2018) described the dissatisfactory state of human sexuality content in counselor education programs. They said program inconsistencies leave emerging clinicians underprepared to assist clientele with sexual- and gender-identity concerns. These individuals are frequently left distressed, which is preventable through improvements to counselor education programs (Zeglin et al., 2018; Smith & Okech, 2016; Smith et al., 2021). Employing guidelines from CACREP and AASECT, Zeglin et al. (2018) identified sexuality domains centering on aiding clinicians to competently counsel sexual and gender minorities.

These domains are designed to inform counselors as well as counselor educators (Zeglin et al., 2018). Counselor education programs are likely to improve if clinicians and counselor educators collaborate on constructive research findings such as these domains (Liu et al., 2020; Zeglin et al., 2018).

Lindley at el. (2020) highlighted graduate school training, continuing education, the importance of expanding clinicians' advocacy for SGMY, and strengthening community partnerships focused on sexual/gender minorities' holistic wellness. Lindley et al. (2020), similar to other researchers, suggest the fields of counseling and counselor education would benefit from clinicians' input concerning ethics and diversity implications for counseling sexual/gender minority youth. They indicated collaboration between licensed mental health counselors and counselor educators is the best avenue for these considerations (Shannonhouse et al., 2018; Zeglin et al., 2018).

## Synthesis of the Research Findings

The review of the findings from the current research resulted in consistent information concerning clinicians denying counseling to youth identifying as sexual and gender minorities. Trends in the reviewed articles identify ongoing concerns with clinicians' general incompetency regarding counseling these youth (Rose et al., 2019; Liu et al., 2020). The research shows repeated instances of counselors' incompetency linked to inadequate preparation in their graduate counselor education programs, connected to underequipped CES faculty (Sanabria & Murray et al., 2018; Zeglin et al., 2018). Contrary views exist throughout the research (Lindley et al., 2020; Sanabria & Murray, 2018; Wofford, 2017). These infrequent optimistic points suggest potential solutions for addressing the problem though do not discount it.

For example, Wofford (2017) suggested understanding issues affecting sexual and gender minority youth is perhaps the most important goal clinicians could prioritize. The same researcher indicated collaboration is effective, at present a diamond in the rough and for the future a key to expanding mental health counselors' competency for serving sexual and gender minority youth. Although Wofford (2017) identified an aspect of the solution, collaboration helpful for clinicians advocating for this population's mental health needs, they also state the status quo is not likely to affect change. Similarly, Lindley et al. (2020) identified the importance competently serving SGMY through education and training, illustrating effectiveness but also inadequate support. Sanabria and Murray (2018) explained equipping CES faculty works to begin addressing the problem of counselors denying SGMY services. However, they suggested most graduate instructors are too preoccupied with personal or institutional agendas to sincerely advocate for program improvements. This suggestion and similar assumptions concerning clinicians' views on the problem prompt this research study, exploring licensed professional counselors' perceptions concerning ethics and diversity implications for serving sexual and gender minority youth (Liu et al., 2020; Sanabria & Murray, 2018; Wofford, 2017).

Overall, findings from the current literature confirm the problem: clinicians deny counseling to sexual/gender minority youth (Lindley et al., 2020; Smith et al., 2021). Counselors' acceptance of discriminatory legislation, misuse of terminology, and personal beliefs impact their obligation to uphold professional ethics standards. The research purports clinicians behave incompetently with SGMY inquiring about counseling (Grzanka et al, 2018; Lindley et al., 2020) which results in ethical violations (Grzanka et al, 2018; Lindley et al., 2020). Underlying factors include unsatisfactory CES programs and faculty's inadequate preparation of emerging clinicians (Sanabria & Murray, 2018; Zeglin et al., 2018).

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Understanding LPCs' perceptions on these factors related to competently counseling SGMY could shed light on the problem.

However, research denotes other contributions to the problem. In addition to clinicians' incompetent behaviors and ethical violations (Martinez et al., 2017; Smith et al., 2021), underprepared counselors (Rose et al., 2019; Liu et al., 2020) and underequipped faculty (Sanabria & Murray, 2018; Zeglin et al., 2018), structural considerations such as discriminatory legislation are prevalent (Liu et al., 2020; Rose et al., 2019). Lawmakers inaccurately apply terminology encouraging clinicians to deny SGMY services (Rose et al., 2019; Smith et al., 2021). The ongoing accessibility challenges increase sexual and gender minority youths' experiences of marginalization (Liu et al., 2020; Rose et al., 2019; Smith et al., 2021). In the Mitchell et al. (2021) surveyed 3,979 sexual and gender minority youth in the U.S. Their findings showed SGMY experience higher rates of marginalization than other minority youth populations.

Sexual and gender minority youths' experiences of marginalization foster deficit-based views, fueling inappropriate pathological labels (Sevelius & Singh, 2017). This research study is designed to illuminate the problem and potentially begin addressing it. When considering this research, the alternative to executing it was letting the problem grow worse by not exploring the literature gap. Disregarding aspects of the problem contributed to its growing worse by unnecessarily pathologizing youth identifying as sexual and gender minorities (Liu et al., 2020; Sevelius & Singh, 2017). Understanding counselors' perceptions on ethics and diversity implications for serving SGMY might impact counselor educators' and clinicians' competency as well as these youths' marginalizing experiences (Liu et al., 2020; Rose et al., 2019; Smith et al., 2021).

Research found organizational efforts aimed at improving counseling accessibility for sexual and gender minority youth lacked support compared to projects centering on equitable clinical access (Grzanka et al., 2018; Liu et al., 2020). For instance, researchers discovered heightened support for individuals diagnosed HIV+ and persons experiencing incarceration (Grzanka et al., 2018; Liu et al., 2020; Smith et al., 2021). Sevelius and Singh (2017) discovered counselors generally do not desire to collaborate regarding minority-focused issues. However, research indicates that statement is controversial; pointedly, Lindley et al. (2020) as well as Wofford (2017) suggest counselors' opportunities for quality collaboration are limited due to workload demands. They explain the need for such collaboration is essential for uncovering possible causes of the problem.

Research highlights collaboration which might assist counselor education program faculty to support emerging clinicians (Sevelius & Singh, 2017; Zeglin et al., 2018). In turn, this could prepare counselor education program trainees to competently counsel sexual and gender minority youth (Sevelius & Singh, 2017; Zeglin et al., 2018). Additionally, the results of effective collaboration are likely to support established mental health clinicians competently serve this population (Liu et al., 2020). Collaborative efforts could assist counselors address sexual and gender minority youths' vulnerability to non-suicidal self-injury (NSSI) and other severe mental health symptoms (Liu et al., 2020). Understanding licensed professional counselors' views on ethics and diversity for competently serve sexual and gender minority youth could result in fewer clinicians denying them counseling (Liu et al., 2020; Singh, 2017; Whitman & Han, 2017).

## Critique of Previous Research Methods

**Qualitative Research**

Similar to concerns from Stewart et al. (2017) who argued qualitative research is frequently not rigorous thus neither at times is it credible, the literature review resulted in questionable issues. Zeglin et al. (2018) introduced sexuality-ethics domains derived from developments by the Association for Multicultural Counseling and Development (ACA, 2014; Arredondo et al., 1996). They proceeded to revamp these guidelines, re-categorizing them but without establishing a practical need for the revisions (Amankwaa, 2016; Stewart et al., 2017). The intention of recategorization was to evaluate the inherent deficit-based views in the light of historical SGMY literature with contemporary evidence-based research supporting the use of affirmative-based approaches. Due to these factors, the quality of the historical literature comes into question. The results supported by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT, 2022) are not in dispute however the combination of grounded theory and historical review utilized for arriving at their conclusions was not adequately rationalized (Amankwaa, 2016).

On the other hand, Ratts et al. (2016) employed rigorous research protocol revising standards for multicultural competencies (Sue et al., 1992). For instance, they reviewed literature focusing on multicultural competency in counseling and related professions, collaborated with professionals concerning documents centering on multicultural competency, identified strengths as well as gaps within the original MCC standards, and obtained input from ACA and AMCD members via electronic distribution lists as well as ACA focus groups (Ratts et al., 2016). Through a conceptual framework, they supported a constructivist (Vygotsky, 1980, 2004) theoretical approach by collaborating on redeveloping Multicultural and Social Justice Counseling Competencies (MSJCC) (Ratts et al., 2016). Similar to Zeglin et al. (2018) focusing on sexuality-ethics, Ratts et al. (2016) focused on social justice and multiculturalism organizing

constructs into domains. However, Ratts and team, unlike Zeglin and group, established a clear

need for their research following strict methodological protocol (Stewart et al., 2017). They not

only established a clear need for their work they also highlighted its practical application,

referencing empirical research (Amankwaa, 2016).

Rose et al. (2019) reviewed legislation related to matters of refusing service based on

conscionable objections. Through their historical review of legal precedents, they theorized the

discriminatory nature of laws and lawmakers' prejudicial intent, negatively impacting the field of

mental health counseling. Similar to points Vasileiou et al. (2018) underscore concerning cultural

and environmental considerations for credible research studies, Rose et al. (2019) focus on three

laws in southern U.S. states historically wrought with prejudice and discrimination. These

researchers' biases, rather than suspended for the sake of objectivity in professional research

(Aguinis & Solarino, 2019) seemed to drive their research (Bellamy et al., 2016).

Wofford (2017) utilized a Winnicottian approach (Winnicott, 2002) to review empirical

findings concerning the problem. The researcher employed standard protocol for this study

(Stewart et al., 2017) claiming Winnicott's (2002) theory aligns with Vygotsky's social

constructivist theory (1980, 2004), which is the theoretical foundation for this research study.

The major points Wofford (2017) makes are a) Winnicott (2002) and Vygotsky (1980, 2004)

agree social influences affect youths' identity development (Aitken & Herman, 1997; Modell,

1985) and b) socially constructive cognitive development (Vygotsky, 1980, 2004) and social-

based holistic wellness (Winnicott, 2002) could be a catalyst for assisting clinicians to

competently counsel youth identifying as sexual and gender minorities. Methodologically,

Wofford's (2017) review of empirical research could have highlighted implications related to

methods of searching however the trustworthiness of the study meets established criteria (Aguinis & Solarino, 2019; Bellamy et al., 2016).

The existing research was majorly qualitative, including generic, phenomenological, and case study designs. In addition to the articles in these categories previously identified, Sevelius and Singh (2017) completed an exhaustive review covering 50 years of findings concerning the problem or closely related issues. Although there are no concerns with their approach or process, due to Sevelius and Singh (2017) only including research from 1966-2016 one must wonder, what about studies from 2017 to-date? What does that literature denote which might be relevant to the dialogue? Considering the apparent controversy surrounding the research problem, newer articles might complement the findings from Sevelius and Singh (2017). These researchers provided an important basis for context of the problem and possible causes.

Some studies called into question saturation points due to sample size (Amankwaa, 2016; Vasileiou et al., 2018). One of these was Martinez et al. (2017) who employed social constructivism (Vygotsky, 1980, 2004) and generic design similar to this research study. These researchers found constructivist (Vygotsky, 1980, 2004) tenets effective for discussing aspects of counseling access for sexual and gender minority youth.

Additionally, a study by Lindley et al. (2020) was questionable regarding saturation point and sample size (Amankwaa, 2016; Vasileiou et al., 2018). These researchers utilized an eco-developmental framework to explore socially constructive (Vygotsky, 1980, 2004) influences affecting sexual and gender minority youths' access to counseling. They conducted semi-structured interviews with fourteen youths, asking questions concerning internal processes related to their sexual and gender identifications. Through micro and macro lenses, Lindley et al., (2020) suggested social influences affect individuals' identity development experiences. The

idea of fourteen individuals describing unique development experiences seems insufficient for the realm of human experiences not to mention sexual and gender implications (Smith et al., 2021; Stewart et al., 2017).

**Quantitative Research**

Liu et al. (2020) conducted a meta-analysis of the empirical literature including 51 publications eligible for their study. They rated non-suicidal self-injury (NSSI) prevalence within lifetimes, measuring instances of non-suicidal self-injury over individuals' years of age. The existing literature meta-analysis discovered an issue with this measurement: adults are logically attributed a greater number of years than are youth. Thus, adults have more opportunities than youth to act on NSSI or to abstain. Considering Liu's (et al., 2020) formula was designed to determine the average frequency of a behavior doubt concerning significance of the findings persists.

In 2018-2019 Mitchell et al. (2021) surveyed a large sample (N = 3979) of sexual and gender minority youth within the U.S., aged 14-15 years. This study certainly included a thorough spectrum of variables however nearly all these youth admittedly shared severely adverse personal histories. In this sense, the large sample probably affected the occurrence of variables therefore perhaps the validity and overall credibility of the study.

Grzanka et al. (2019) used evidence of counselors' incompetent behaviors correlating with a lack of professional advocacy, impacting counseling accessibility for these sexual and gender minority youth. The potential issue with the study by Grzanka et al. (2019) is accuracy of reporting. Grzanka et al. (2019) surveyed 350 youth identifying as sexual and gender minorities who briefly attended counseling in the past. Significance is questionable in research claiming

detriment and surveying a population directly involved in those harms (Aguinis & Solarino, 2019).

## Summary

Overall, research addressing aspects of clinicians denying sexual and gender minority youth (SGMY) counseling is consistent: the problem of counselors denying SGMY services is prevalent, clinicians behave incompetently, and counselor educators inadequately prepare emerging clinicians for counseling sexual and gender minority youth. Possibilities for affecting change in these problematic areas are identified throughout this literature review. However, allowing the continuation of the status quo could mean, (a) continuing negative consequences for clients and potential clients, (b) potential for harm to members of the counseling and counselor education professions and (c), the potential for negatively affecting the integrity or perceived integrity of the fields of counseling and counselor education. With the ongoing challenges to sexual and gender minority youths' counseling accessibility (Bradford & Syed, 2019; Brown et al., 2018; Grzanka et al., 2019; Lindley et al., 2020; Liu et al., 2020; Ratts et al., 2016; Rose et al., 2019; Wofford, 2017) linked with clinicians' incompetent behaviors (Dispenza & O'Hara, 2016; Grzanka et al., 2019; Lindley et al., 2020; Liu et al., 2020; Mustanski et al., 2017; Singh, 2017; Smith et al., 2021) and counselor education program faculty unequipped to effectively prepare emerging counselors to competently serve SGMY (Sanabria & Murray, 2018; Sevelius & Singh, 2017; Shannonhouse et al., 2018; Smith et al., 2021; Smith & Okech, 2016; Zeglin et al., 2018), additional analyses are needed to further explore potential solutions for assisting counselors to competently counsel this population.

# CHAPTER 3. METHODOLOGY

Chapter 3 outlines the qualitative methodology used for the study connecting social constructivism (Vygotsky, 1980, 2004) to the generic design. It includes a thorough description of sampling, data collection, and data analysis. The chapter discusses the purpose of this study and the theoretical foundation of the research design.

## Purpose of the Study

The purpose of the study was to explore licensed professional counselors' (LPCs') perceptions of ethics and diversity implications for serving sexual and gender minority youth (SGMY). This occurred by obtaining information from LPCs addressing the research questions (Grzanka et al., 2019; Lindley et al., 2020). Licensed professional counselors are unaware of clinical competencies for counseling SGMY or are refusing to serve this population (Grzanka et al., 2019; Lindley et al., 2020). As a result, these youth experience accessibility challenges leaving their mental health concerns unaddressed (Grzanka et al., 2019; Lindley et al., 2020). Untreated mental health issues may lead to exacerbated mental health symptoms, severe psychiatric episodes, and related crises such as increased homelessness, substance abuse, and suicide attempts (Bruner et al., 2019; Gallo, 2018; Goodrich & Ginicola, 2017; Mustanski et al., 2017).

Researchers explored peer-reviewed articles and other professional publications (Bruner et al., 2019; Goodrich et al., 2017). These included multiple perspectives on counselors denying services to sexual and gender minority youth (Brown et al., 2018; Bruner et al., 2019; Goodrich

et al., 2017). Contemporary researchers examined SGMYs' opinions about the accessibility

problem (Bruner et al., 2019; Liu et al., 2020; Smith et al., 2021). They discovered LPCs lack the

knowledge or skills to competently counsel SGMY which would impact the accessibility issue

(Bradford & Syed, 2019; Brown et al., 2018; Bruner et al., 2019; Goodrich et al., 2017; Hobaica

et al., 2018; Lindley et al., 2020; Ratts et al., 2016). Symptoms of sexuality and gender minority

youths' mental illnesses increase without accessible counseling services (Bradford & Syed,

2019; Brown et al., 2018; Bruner et al., 2019; Goodrich et al., 2017; Hobaica et al., 2018;

Lindley et al., 2020; Ratts et al., 2016). Licensed professional counselors' perceptions regarding

counseling SGMY is missing from the current literature (Bruner et al., 2019; Johns et al., 2019;

Kuper et al., 2018; Morris et al., 2020; Schudson et al., 2017; Sevelius & Singh, 2017; Singh,

2017; Storlie et al., 2019; Whitman & Han, 2017).

The theoretical implications of the study benefit the community. The study affects

counselors, educators, youth and their families as well as human service agencies. This broad

influence indicates the theoretical framework, social constructivism (Vygotsky, 1980, 2004),

fosters opportunities for licensed professional counselors affecting change. For example,

participating in research allows counselors' personal growth and professional development

(Morris et al., 2020). Through heightened awareness from participation in the study, LPCs and

counselor educators improve clinicians' competencies for serving sexual and gender minority

youth (Grzanka et al., 2019; Kuper et al., 2018; Morris et al., 2020). In this manner, licensed

clinicians and counselor educators discover areas ripe for advocacy (Kuper et al., 2018; Morris et

al., 2020). The information impacts Counselor Education and Supervision (Krägeloh, 2016;

Morris et al., 2020; Sevelius, & Singh, 2017; Singh, 2017; Storlie et al., 2019). Acting on newly

acquired knowledge, clinicians are known to start support groups (Morris et al., 2020; Schudson

et al., 2017) and lobby for legislative changes (Grzanka et al., 2019; Lindley et al., 2020; Singh, 2017).

The literature review resulted in identifying a gap in the empirical research: licensed professional counselors' perceptions concerning the research problem, clinicians denying counseling to sexual and gender minority youth. Moreover, the review described aspects of this gap relevant for examining LPCs' perceptions: ethics and diversity implications related to serving these youth. Therefore, to close that gap, licensed professional counselors' perceptions concerning competently counseling sexual and gender minority youth were gathered and analyzed for this research. The research question and subquestion of this study addressed the gap by uncovering licensed professional counselors' views about ethics and diversity implications for serving these youth (Grzanka et al., 2019; Johns et al., 2019; Schudson et al., 2017; Storlie et al., 2019).

## Research Question and Subquestion

The research question addressed in the study was what are licensed professional counselors' (LPCs) perceptions of ethics and diversity implications for serving sexual and gender minority youth? And the subquestion was how do LPCs' perceptions of ethics and diversity implications for serving sexual and gender minority youth (SGMY) inform Counselor Education and Supervision? These questions aligned with the qualitative methodology of this study and its generic design, guiding the exploration of participants' unique views expressed in their words.

## Research Design

The overarching research methodology is qualitative, a platform for studying perceptions, descriptions, and other subjective reports (Caelli et al., 2003; Creswell & Poth, 2018; Kahlke, 2018; Lavrakas & Roller, 2015; Morris et al., 2020). Qualitative methodology is vital to the

social sciences (Lavrakas & Roller, 2015). It is integral to program and clinical evaluation because of its rigor and flexibility (Kahlke, 2018; Lavrakas & Roller, 2015). This generic qualitative study was designed to evoke perceptions from licensed professional counselors (LPCs) about competently counseling sexual and gender minority youth (SGMY). A generic design is a qualitative method frequently employed in social sciences (Kahlke, 2018; Lavrakas & Roller, 2015).

The use of a generic qualitative research design assisted in answering the research question's specific inquiries of who, what, when, where, and how. These types of questions elicit answers about the specific research problem; why is not definitively addressed by a generic approach, rather the design invites interpretation (Kahlke, 2018). A generic qualitative design was used in this study for gathering views of LPCs regarding counseling SGMY. The generic qualitative study was the framework for exploring the topic from multiple participants' perspectives (Caelli et al., 2003; Creswell & Poth, 2018; Kahlke, 2018; Lavrakas & Roller, 2015; Morris et al., 2020).

This design and the constructivist (Vygotsky; 1980; 2004) theoretical foundation of the study supported the exploration of LPCs' reports about ethics and diversity implications for counseling youth identifying as sexual and gender minorities. The generic design and constructivism (Vygotsky; 1980; 2004) appropriately set the tone for interpretation of subjective information within the context of research parameters (Lavrakas & Roller, 2015; Morris et al., 2020). The generic qualitative design is flexible (Lavrakas & Roller, 2015) allowing interpretation through established research processes (Kahlke, 2018). Utilizing the processes in the study provided a full and credible description of the LPCs' perceptions (Engebretson & Harris, 2019; Kahlke, 2018; Parker et al., 2019). The substantial components of this generic

qualitative study included online semi-structured interviews, open-ended questions, and note-taking.

The methodology used for exploring the licensed professional counselors' perceptions on the topic was selected in consideration of the research questions. The study centers on LPCs' perceptions thus earmarking it qualitative in nature (Lavrakas & Roller, 2015). The qualitative focus on perceptions indicates social constructivism (Vygotsky, 1980, 2004) is well suited for this study (Kahlke, 2018; Percy et al., 2015). Constructivism (Vygotsky, 1980, 2004) incorporates participants' personal thoughts with real-life complexities enriching qualitative research (Lavrakas & Roller, 2015; Morris et al., 2020). The research questions and the guiding questions invite subjective responses combining effectively with constructivism (Vygotsky, 1980, 2004). Therefore, constructivist (Vygotsky, 1980, 2004) principles such as peer collaboration and individualism provide rationale for selecting the generic qualitative design, the best-suited approach for this study.

## Target Population and Sample

The generic design was selected to provide sufficient data and encapsulate essential details. This design centers on a concentration of pertinent data rather than an abundance of broad data (Caelli et al., 2003; Kahlke., 2018). The general population included all licensed professional counselors (LPCs). The target population was LPCs between the ages of 23 and 85 and whose licensure status is in good standing with state boards. The sample was 10 LPCs who met the inclusion criteria.

### Population

The population of this study was licensed professional counselors (LPCs) living in the U.S. whose licenses were active. The most recent report from the American Counseling

Association (ACA, 2014) and the Bureau of Labor Statistics (BLS, 2022) indicate approximately 202,000 practicing licensed professional counselors in 2021. The BLS reported approximately 36,000 counselor educators, which includes full-time and part-time faculty who primarily teach counseling courses. The definition of the LPC population in this study included counselors and counselor educators between ages 23 and 85 and whose active licenses were in good standing with their respective state boards. Due to the inclusion criteria centering on active licensure and not mandating educator status, one could posit 202,000 LPCs were the target population. Educators for this study are also licensed professional counselors thus the number of LPCs is the overall targeted number.

**Sample**

Delimiting sample size is not suggested in professional research (Gentles et al., 2015). Reaching saturation in qualitative studies is essential to thoroughly understanding the data (Gentles et al., 2016). Saturation means reasonably including all possible contributions from participants (Malterud et al., 2016). When all concepts are exhausted, data saturation is reached (Malterud et al., 2016). Saturation should highlight the quality, richness, and depth of qualitative information rather than the quantity of data (Malterud et al., 2016). Hennick et al. (2017) differentiate between meaning saturation and code saturation. The former indicates when the subjects are understood, the latter denotes no additional terms of significance are introduced (Hennick et al., 2017). Regarding reaching saturation, Maletrud et al. (2016) indicates 10 participants are required for a quantitative study. Boddy (2016) argued at least 12 participants should be included. Capella University required at least 10 participants for a qualitative study, including whichever number resulted in saturation. Related to reaching saturation, homogeneity was a focus concerning the sample population (Malterud et al., 2016). The sample size for this

study was set to assist in providing saturation effectively addressing the research questions. All participants met the inclusion criteria, a key aspect for achieving meaning saturation (Hennick et al., 2017).

*Inclusion Criteria*

Establishing inclusion and exclusion criteria protects the process of selection (Patino & Ferreira, 2018). Criteria for inclusion define essential aspects of a target population relevant to answer the research questions (Patino & Ferreira, 2018). The appropriate inclusion criteria for participants of this research study included participants who were:

(a) Between the ages twenty-three and eighty-five.

(b) A Licensed Professional Counselor (LPC), for this study meaning, the clinician's active credential was based on a CACREP-approved program or a comparatively documented program and the United States' licensing processes.

(c) Holding a license in good standing with state board(s), meaning one that is not revoked or suspended, for example, based on cause, investigation, or pending investigation.

*Exclusion Criteria*

The exclusion criteria are not simply the opposite of inclusion criteria (Patino & Ferreira, 2018). Exclusions extended beyond LPCs holding suspended or revoked licenses, whose age falls outside the stated range for this study and whose licensure is based outside the United States. In addition, the exclusion criteria included individuals who identified as counselors but whose credentials and/or licenses were not administered under the counseling licensure boards in the various states. Examples of these professions included but were not limited to independent clinical social workers, psychologists, and psychiatrists.

*Sampling Strategy*

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Describing the method of sampling is important in research (Christianto & Smarandache, 2018). The strategies used in sampling illustrate how participants were chosen amongst target population (Foley & Henry, 2018). Purposive sampling was applied; this is a method based on the inclusion criteria resulting in participation (Given, 2008; Patton, 1990). Additionally, the snowball method occurred in the case of one participant who shared the recruitment flyer with a colleague resulting in that individual's awareness and participation (Cecez-Kecmanovic & Kennan, 2018; Christianto & Smarandache, 2018; Foley & Henry, 2018; Marcus et al., 2017). Purposive sampling overarched recruitment, the instance of the snowball method enriched the strategy.

## Procedures

This section describes techniques utilized in this generic qualitative study. The population is identified; the sampling selection is described; next, the procedures are explained. These aspects aided in the development of the interview questions, designed to address the research questions. The relevant literature and the foundational theory, social constructivism (Vygotsky, 1980, 2004), grounded the thematic analysis.

The purpose of this study is to answer the research questions. The researcher arranged the guiding interview questions from broad to specific. These guiding questions methodically built rapport with the participants. The researcher and the participants' rapport were integral components of this study. The researcher established rapport throughout the recruiting and interviewing processes. The researcher and participants shared narratives and described experiences based on that relationship (Lavrakas & Roller, 2015).

Because this generic qualitative study focused on subjective experiences, those interactions were invaluable to the process. The methods, stylistic factors, and the virtual

platform on which the two parties interacted during the online interviews aided in the richness

and caliber of the data gathered (Kahlke, 2018; Lavrakas & Roller, 2015). The interactions,

methods, communication styles, and the rich data augmented the process of induction used for

analysis. Qualitative research data analysis processes are inductive (Creswell & Poth, 2016).

Inductive reasoning uses data to derive ideas, whereas deductive reasoning is initiated with a

hypothesis or idea and employs data to negate or confirm the idea (Percy et al., 2015). In this

study, the inductive approach was applied.

**Participant Selection**

Participation by LPCs was sought through various online professional hubs. Participation

was initially pursued through emails and social media posts. Overall, six series of emails and

postings were issued, approximately three weeks apart for about eighteen weeks. Each call to

CESNET-L (2020) was in the form of an email. First, the message was sent to the CESNET

distribution list's main email address. Then, it was automatically distributed to the CESNET-L

(2020) membership by the Listserv administrator. Also, at this time the recruitment script was

posted to the LinkedIn and Facebook sites, inviting volunteers to contact the researcher by email

if they were interested in participating.

Permission was obtained from the CESNET (2020) Listserv director, an authorized

LinkedIn representative, and the six respective Facebook group administrators. The initial email

was sent and the first posts were uploaded to the respective media sites. Capella University's

Institutional Review Board (IRB) indicated that the approved sites did not require traditional

documents that outlined permission. Instead, printable permissions, such as emails or screenshots

of social media messages, were needed for each approved site. These were obtained without

issue.

The IRB-approved flyer accompanied the script that outlined the purpose of the study and included procedural information, the researcher's contact information, and notice that participants would not be compensated. These materials introduced the applicants to the study and provided the contact information. Providing clear information about the study establishes the relationship. The researcher interacted with the participants by multiple emails throughout the informed consent and data collection processes (Dykstra, 2015).

The first reply to the respective volunteers' initial emails expressed gratitude for their interest in participation. That first reply also included the three screening questions to determine inclusion. Although the recruitment flyer and script included the researcher's phone number, all volunteers opted to use email as their sole means of communication. Numbers were assigned to each email string for preserving applicants' anonymity.

All responses were screened via email with the following criteria to determine whether the volunteers met the inclusion criteria:

1.  Are you between the ages of twenty-three and eighty-five?

2.  Do you meet the definition of a Licensed Professional Counselor (LPC) meaning for this study, is your active credential based on a CACREP-approved program or a comparatively documented program and the United States' licensing process?

3.  Besides retirement status, is your license revoked or suspended, for example, based on cause, investigation, or pending investigation?

The applicants replied to the screening questions with emails answering these questions with yes or no, except one instance in which the volunteer wrote sentences that implied yes or no. In this instance, the researcher replied by email clarifying the official IRB screening rationale for using direct answers and requested another reply with only yes or no answers. That applicant

followed through with the request by providing the yes/no responses to the original screening questions.

The exclusion criteria identified LPCs who hold suspended or revoked licenses, those whose age falls outside the stated range for this study, or whose licensure is based outside the United States. In addition, the exclusion criteria included individuals who identified as counselors but whose credentials did not meet the definition of LPCs defined herein. For example, individuals who identified as licensed clinicians but whose credentials/licenses were not administered under the counseling licensure boards in the various states, which included but were not limited to independent clinical social workers, psychologists, and psychiatrists.

The researcher accepted the participants' self-report from the yes/no screening questions. Baldwin et al. (2018) suggest that open-ended and even closed-ended questions other than yes/no types are not considered appropriate for facilitating clear screening. Thus, closed-ended, yes/no questions are the best way to screen volunteers (Anderson et al., 2018; Devine et al., 2017). Volunteers who answered yes to the first two screening questions and no to the third qualified as study participants.

If a volunteer negated either one or both of the first two questions or affirmed the third question, then the volunteer was excluded. One volunteer declined to provide a yes/no answer to the licensure inquiry and, following several emails, indicated that they held a private religious certification rather than a state board approved counseling license. This determination excluded the volunteer from participating. The researcher sent that volunteer an encrypted email with a note referencing the specific screening reason and the disclosure agreement as well as including a note of gratitude (Algoe et al., 2016; Algoe & Zhaoyang, 2016; Anderson et al., 2018; Devine et al., 2017). Once a volunteer met the inclusion criteria, the researcher sent an encrypted email

that confirmed their inclusion. It included a copy of the informed consent and explanations of the study, illustrating the purpose and the nature of obtaining data, as well as a note of thanks (Algoe et al., 2016; Algoe & Zhaoyang, 2016; Devine et al., 2017). The researcher's encrypted email included a directive asking the participant to reply via the encrypted email service and an invitation to ask questions about the consent (Algoe et al., 2016; Algoe & Zhaoyang, 2016; Anderson et al., 2018; Devine et al., 2017).

When the applicant agreed to be interviewed, a proposed online interview was scheduled in another email that included the proposed interview time and the interview-platform link. The participant sent a confirmation email of the agreed interview time. Before the study began, all of the participants reviewed, signed, and dated the informed consent document, approved by Capella University's Institutional Review Board. Each individual attended and actively participated in a 70-85-minute one-on-one interview. It consisted of six questions and two secondary open-ended questions. Data protection, confidentiality, and prudent judgment were crucial considerations for this study.

**Protection of Participants**

Various mechanisms protected the participants' rights, safety, and privacy. Actions were taken to protect their identities, and procedures were implemented to coordinate dialogue. Participants' respective membership in a marginalized population was considered. This was accomplished by creating accessible materials for recruitment. Communication methods helped decrease potential differences for clarification and possible hierarchies. Open-ended questions and conversation that fostered rapport and calmness comprised these methods. These techniques included warm dialogue that created an environment in which individuals felt accepted and heard (Aggarwal, 2016; Hood, 2016).

Recruitment strategizing protected the participants. Recruitment occurred through multiple Web-based avenues. These included the CESNET-Listserv (2020), LinkedIn, and these Facebook groups: Capella University Psychology and Counseling Student Group, Counsellors Supporting Counsellors, Private Practice Builders: The Group for Therapists, Counselors, and Coaches, Licensed Professional Counselor, Spokane Psychotherapy Network, and Toledo LGBTQ Social Services. These sites are voluntary; they are no-cost registrations with the option of online activities privy to the members of the respective media hubs. The sites assisted in providing a sufficient reach for the intentional sample size, ensuring diversity, accessibility, equity, and inclusiveness; these considerations are important for participant protection. The selection of these recruitment sites facilitated trust between the researcher and participants as well as fostered transparency for LPCs to confidently share their views (Sobottaka, 2016).

Accessibility and comprehension are also protective measures. This study utilized understandable and clear language with an appropriate reading level for the recruitment site members and, in consideration of the research findings, a general audience. The reading level of the written materials was sixth to eighth grades (Foe & Larson, 2016; Hadden et al., 2017). This reading level is an appropriate standard in research recruitment and it assures the audience's adequate comprehension of the findings (Foe & Larson, 2016; Hadden et al., 2017).

The recruitment flyer and script utilized objective language describing the study as curious about what counselors have to say concerning helping youth who identify as gender or sexual minorities. The wording was conscientiously considered to avoid actual or perceived persuasion regarding the information sought. The language in the flyer and the other written materials aligned with the social constructivist (Vygotsky, 1980, 2004) theoretical foundation of the study. This factor is especially appropriate considering the volunteers, as LPCs, are members

of a historically collaborative and constructive helping profession (Baltrinic & Wachter-Morris, 2020 Christianto & Smarandache, 2018). Also, the constructive way of information-seeking of this study, through the semi-structured interviews, exhibited an intention that aligns with constructivist (Vygotsky, 1980, 2004) principles.

Encrypted email services aided in protecting the participants' confidentiality (Carlisle et al., 2017; Karanasios, 2018). Recruitment efforts included sending and receiving emails using Microsoft S/MIME, a secure, data-encrypted service for Outlook (Microsoft, 2020). Notably, Bai et al. (2017) as well as Lerner et al. (2017) describe the simple accessibility and usability of the S/MIME encryption tool and related services. Individuals who have at least a sixth grade reading level and possess little or no advanced computer skills are generally successful in receiving and sending encrypted emails (Dures et al., 2016; Lerner et al., 2017). Encryption is frequently built into standard email services (Lerner et al., 2017). Casual computer users have options for employing data-encryption services (Bai et al., 2017).

**Data Collection**

The primary data collection was through the scheduled interviews. The interviewer met with each participant one-on-one in a secure, HIPAA-compliant neutral Internet platform called Doxy.me (2020). The link provided to each participant was live, ready-to-use at the scheduled interview time. The online virtual "room" that the participants accessed through the Doxy.me (2020) link ensured standard telehealth confidentiality (Luiggi-Hernández & Rivera-Amador, 2020).

Before the recording of the interview began, the researcher welcomed the participant by name and thanked the individual for their presence. The interviewer acknowledged the completion of the informed consent form and asked the interviewee whether they had questions

or concerns about that or anything else. The participants were reminded, as the consent form indicated, that they could stop participating at any point (Sobottaka, 2016). The researcher reminded the participants that they could interrupt the interview at any time to ask questions or state concerns. The purpose of the study was reiterated to relieve potential concerns or anxieties that the participant might have had (Butow et al., 2015; Sobottaka, 2016).

The interview commenced. The researcher started the recording. Each interview was comprised of open-ended, semi-structured questions. The interview was conducted in a naturalistic fashion. The natural setting and utilization of questions designed to build rapport fostered documentable observations of participant behavior as the interview organically ensued (Ferenczi & Marshall, 2016). The interview style was conversational, and its tone was consistent, which allowed for ease in information gathering and naturally detailed responses from the participants (Dykstra, 2015).

The six semi-structured guiding questions, with follow-up questions for clarification, were asked that led the participants to share their perceptions about ethics and diversity implications, also known as competency (Sue et al., 1992), for serving sexual and gender minority youth. The participants had sufficient time to provide answers and clarifications throughout the interview. The participants were asked if they had any additional comments or questions, which were addressed. The interview was concluded, the audio recording stopped. The participants were thanked and invited to leave the Doxy.me (2020) room. Audio recordings were saved to a securely stored, password-protected computer (Tough, 2016). Later, the audio files were transcribed on the researcher's device using a built-in digital Microsoft Word (2021) dictation tool in coordination with the MAXQDA Software (Verbi, 2020) that includes a specific transcription mode.

The MAXQDA (Verbi Software, 2020) transcription mode works effectively for qualitative data analysis (Elaldi & Yerliyurt, 2017; Kuckartz & Rädiker, 2019). The MAXQDA (Verbi Software, 2020) transcription mode, with the Word (Microsoft, 2021) dictation application, allowed the researcher to systematically listen to a phrase, type that phrase, and verify what was said. This verification occurred by reading the dictated version from the Word (Microsoft, 2021) dictation tool and making necessary adjustments by confirming the words used by the participants. The researcher compared the audio recordings, segment by segment, with the transcribed text, verifying accuracy of the technologically generated transcriptions, making annotations to verify correctness. Accuracy was confirmed by careful verification of the recordings manually, with the Word (Microsoft, 2021) dictation service, and using the MAXQDA (Verbi Software, 2020) transcription mode.

The technology accurately transcribed the materials. The audio files and the transcripts were stored and will be stored on a secure computer for seven years (Chen & Wojcik, 2016). Associated physical records will be kept in a locked file cabinet at the identified home office for seven years from the publication date of the study (Chen & Wojcik, 2016; Kamanzi & Romania, 2019; Penneck, 2019; Tough, 2016). After seven years, all data will be destroyed (Chen & Wojcik, 2016; Tough, 2016).

**Data Analysis**

The researcher-participant interactions were essential to the analysis procedure indicated by using interviews, instrumental for collecting the data. Viewing data analysis through the theoretical lens of social constructivism (Vygotsky, 1980, 2004) assumes that the researcher-participant relationship is vital to thoroughly understanding the participants' experiences. The intention of this study was to learn the perspectives of LPCs which suggests an inductive

approach (Percy et al., 2015). Inductive analysis is important for advancing theoretical and practical applications (Percy et al., 2015). Therefore, inductive analysis (Percy et al., 2015) aided in developing a complete report of the participants' views.

*Inductive Analysis*

The researcher analyzed the data with inductive analysis (Percy et al., 2015). Percy et al. (2015) explain the steps of inductive analysis, which were closely followed:

1. Intentionally read through the transcripts to gain a thorough understanding and take notes for familiarization, highlight words and phrases in each transcript to have a unique, personal experience with each participant.

2. Reviewed the highlights to determine if they are related to the research questions.

3. Discarded data unrelated to the research questions and started a new file for unrelated items saved for review.

4. Coded the data with a numbering system. The coded data looked like part of a phone number, such as 005-003. The first part indicates the number of the participant, in this case the fifth. The second part identifies the main idea, or recurring word or phrase, from that participant for clustering, in this example the third point is represented.

5. Clustered the codes into relatable data groups; a secondary level of coding was incorporated; meaning was established by using certain words that are field-appropriate and intriguing.

6. Grouped the clustered codes together; the groups revealed a pattern of codes, then a 'pattern of patterns' (Percy et al., 2015) develops.

7. Identified themes from the groups of clustered codes and identified multiple patterns.

8. A third level was added. The patterns, emerging now as themes, were described with standard psychological terms; for example, *training* was a title of a pattern-group, at this stage called a *theme*. The themes were reflected in the collected data and directly addressed the research questions.

9. Constructed a matrix using an Excel sheet that tracked the themes from the codes and groups of patterned codes, inspired by the participants' actual words and supported by the raw data. Recorded these in the matrix as clusters, with layers as needed. This process resulted in a convenient data sampling, accessible whenever the researcher glanced back over the analyses.

10. Wrote an abstract analysis of each theme for each participant's transcription, in detail, including substance *and* scope; repeated this step for each participant.

11. Combined the analyses revealing a consistency of patterns/themes from all of the samples; lastly,

12. Synthesized the themes into a composite data representation of the research inquiries. Then it was crucial to combine each separate analysis into a collective, meaningful whole that directly spoke to the research questions (Percy et al., 2015).

This process of creating meaning reinforced the actual data, the last vital component of the study (Kyngäs et al., 2020; Percy et al., 2015). Notably, MAXQDA, a qualitative research program developed by Verbi Software (2020), was utilized to help with inductive analysis steps 5-9 (above) (Percy et al., 2015). MAXQDA (Verbi Software, 2020) was especially helpful for identifying groups of codes and the patterns that became themes (Elaldi & Yerliyurt, 2017; Kuckartz & Rädiker, 2019). MAXQDA (Verbi Software, 2020), a multimedia analysis computer-aided program, assisted in analyzing the qualitative data (Elaldi & Yerliyurt, 2017;

Kuckartz & Rädiker, 2019). The software program was primarily used to develop and verify the researcher's hand-written analyses for highlighting the data's meaningful results.

The software's function coupled with inductive analysis (Percy et al., 2015) was important not only for the accuracy of theme development itself but because those recurring words/phrases represented meaning for the research topic, for advancing scholarly dialogue for the field of CES. The entire process, from interviewing to data analysis led to the discovery of meaning. The data is meaningful because it answers the research questions and addresses the problem based on the identified gap in CES literature. The act of finding meaningful information from the data represents the philosophical assumptions of constructivism (Bruner et al., 2019; Kuper et al., 2018; Vygotsky, 1980, 2004).

The application of social constructivist (Vygotsky, 1980, 2004) theory assumes that unknowns exist in the field of Counselor Education and Supervision. This foundational theory additionally assumes that new information is important, that data should be collected to expand knowledge (Bruner et al., 2019; Kuper et al., 2018; Vygotsky, 1980, 2004). Inductive analysis (Percy et al., 2015) is designed to meaningfully expand knowledge by interpreting research data (Creswell & Poth, 2018). Utilizing the constructivist (Vygotsky, 1980, 2004) lens also assumes that historical research has proved valuable, and that interpretation of new data is meaningful because the results can be applied to help people (Bruner et al., 2019; Kuper et al., 2018).

Illustratively, this study is meaningful because the findings might help licensed counselors and counselor educators explore competency issues for serving sexual and gender minority youth. Those youth might experience an increase in positive counseling experiences (Liu et al., 2019; Simons et al., 2020). Supporting counselors, counselor educators, and clientele would strengthen the fields of counseling and counselor education (Liu et al., 2019; Simons et

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al., 2020). The selected themes and their representations relate to constructivist (Vygotsky, 1980, 2004) ideas. The meaning extricated from the participants' views (Morris et al., 2020) creating a *qualitatively* improved worldview (Bruner et al., 2019; Kuper et al., 2018).

### *Data Analysis Summation*

Inductive analysis assisted in identifying codes and patterns and uncovering themes within the participants' respective interviews (Percy et al., 2015). The inductive process aided in analysis that revealed meaning (Bellamy et al., 2016; Collins & Huezo, 2019). This discovery occurred because the inductive approach assisted in categorizing the field-specific words that led to labeling the themes (Percy et al., 2015). The purpose of this study was expressed by finding meaning in the participants' perceptions (Abildgaard et al., 2016; Aguinis & Solarino, 2019). The purpose of the study was to answer the research questions, what are licensed professional counselors' (LPCs) perceptions of ethics and diversity implications for serving sexual and gender minority youth (SGMY)? And how do LPCs' perceptions of ethics and diversity implications for serving SGMY inform Counselor Education and Supervision (CES)? The research question and subquestion were addressed by obtaining information about LPCs' perceptions, through inductive analysis (Percy et al., 2015), which produced valuable insights for advancing scholarly dialogue for the field of CES. The inductive analytical process (Percy et al., 2015) crucially depended on the social constructivist (Vygotsky, 1980, 2004) foundations of this study.

### Instruments

Participants' responses to the guiding interview questions were collected and recorded. Next, the recordings were transcribed. The grid-style sheets included blank spaces for tracking participants' use of recurring words or phrases as well as an area for writing other notes. The researcher took notes in this fashion during the interviews and upon review of the transcripts.

The sheets were pre-made forms with empty boxes and additional blank areas for tracking repeating words from the interview transcripts. The use of online interviews elicited data that addressed the research questions and the purpose of the study. The guiding questions formatted the interviews to explore LPCs' perceptions on competently counseling sexual and gender minority youth. A separate sheet was used each time the transcripts were reviewed.

When the participants repeated ideas through the recurrence of words or phrases the researcher labeled a blank box according to that topic, for example, "training," for tracking those instances. A new mark was used to notate each recurrence of relatable ideas. A new sheet was used for each participant and for each review of the transcripts. The most frequently recurring ideas from this process were crucial for addressing the research questions; these topics became the groundwork for transcript review. The repetitive words, phrases, and ideas emerged as patterns that informed the review process. This process aided in establishing patterns used in the coding process and developing themes for data analysis. The themes, narrowed from the patterns, were the areas of analysis.

The instruments for this study included the researcher, the participants, the semi-structured interviews with the guiding questions, the researcher's computer with a built-in recorder and a Word (Microsoft, 2021) dictation program, grid-style sheets for taking notes, the audio recordings, the Doxy.me (2020) platform, and MAXQDA Software (Verbi, 2020). The built-in digital recorder, a version named Aces E5-571-PC, was used in coordination with the Doxy.me (2020) Website to record the participants' responses to the researcher's questions. The researcher facilitated the data transcription with the digital computer recorder, the Word (Microsoft, 2021) dictation tool, and the MAXQDA (Verbi, 2020) transcription mode as well as with handwritten notes for verification of the technological accuracy. MAXQDA Software

(Verbi, 2020) assisted the researcher in analyzing the qualitative data. (Elaldi & Yerliyurt, 2017; Kuckartz & Rädiker, 2019; Verbi Software, 2020).

The limitations of the Word dictation program (Microsoft, 2021) and the MAXQDA Software (Verbi, 2020) include the impersonal nature of computer-aided transcriptions, implications concerning the potential lack of noticeable inflection and body language, and the frequently tenuous reliability of technology (Andre, 2020; Gómez-Hurtado et al., 2020). The software tools proved sufficient, especially because throughout each interview, the researcher used a standard form of note-taking with blank boxes for tracking recurring ideas. The standard hand-written notes, in coordination with the grid-style tracking, enriched the data beyond the computer transcriptions. This was observable in the combination of the recurring words from the grid-style sheets that essentially matched reports generated from the MAXQDA Software (Verbi, 2020). Both tools produced reports that paralleled main points from the handwritten notes (Abildgaard et al., 2016; Aguinis & Solarino, 2019; Bellamy et al., 2016). The grid-style sheets, the software reports, and the annotated notes served as a three-way checks and balances system. The IRB (2020) approved the instruments and how they were used, satisfying the University's confidentiality guidelines.

**The Role of the Researcher**

I am a licensed mental health counselor and licensed marriage and family therapist associate. Both of my licenses are current, since 2018. Before these licensures, I worked in various social services settings. My experience includes working in state government social services programs and grassroots non-profit agencies such as a youth center in one of the most impoverished zip codes in Washington State. As a licensed counselor, I own and operate a private practice; I also work as an independent contractor with an international Web-based

telehealth company. I worked in other private practices focusing on mental health and family therapy. I also worked in a private outpatient co-occurring disorder treatment center.

Interest for this topic developed from my clinical experiences with sexual and gender minority youths and their reports of accessibility challenges, and communications from colleagues observing similar challenges for sexual and gender minority youth. Curiosity grew from prior work experiences. In my social services role I was privy to information from SGMY, their families, and community agencies. I grew aware that clinicians were excluding sexual and gender minority youth from basic services. The common denominator was that clinicians were denying counseling to sexual and gender minority youth. Equitable service accessibility for SGMY appeared to be a growing problem.

The interest also developed from my review of the current Counselor Education and Supervision (CES) literature in preparation for writing the dissertation research plan. I began the research process by reading articles about counselors' spiritual experiences as an area of general interest. As I continued this exploration in the literature, I promptly noticed scholars mentioning spirituality related to religion and politics. This connection in the literature led to the specific concept of "conscience clause" (Murphy, 1971, p. 11), a term borrowed from the legislative arena indicating a professional's right to turn away clients based on personal moral beliefs. Finding this phenomenon prevalent in the counseling and counselor education literature solidified my professional understanding regarding the importance of setting aside personal bias to help in an effective and ethical manner (Bayne & Bronco, 2018). The literature repeatedly shared that youth were being ignored or turned away without an appropriate referral or process. One's ability to set aside personal bias supports appropriate referral processes and care for youth (Bayne & Bronco, 2018).

My interest continued to grow in this topic as I learned through the literature that licensed professional counselors are unaware of the need for counseling accessibility for sexual and gender minority youth (Lindley et al., 2020; Simons et al., 2020). Counselors who are not competent in issues affecting SGMY do not engage in ethical practices such as appropriate referrals for this population (Grzanka et al., 2019; Lindley et al., 2020). The same is true regarding counselors invoking the "conscience clause" (Murphy, 1971, p. 11). As a result of my exploration in the scholarly literature, the original focus of spirituality and counseling shifted to instances of "conscience clause" (Murphy, 1971, p. 11). More specifically, I refocused on counseling accessibility and quality of services for sexual and gender minority youth (Lindley et al., 2020; Simons et al., 2020). The exhaustive review clarified SGMY experience difficulties accessing counseling due to clinicians' personal moral objections or incompetent behaviors which lead to ethical violations (Grzanka et al., 2019; Lindley et al., 2020; Simons et al., 2020).

The gap in the literature became clear. Guided by this gap, my focus narrowed which led me to less discussion about spirituality and more regarding instances of "conscience clause" (Murphy, 1971, p. 11). This was especially evident concerning accessibility and quality of counseling services for sexual and gender minority youth. As I continued exhaustively reviewing the literature it became increasingly apparent, whether due to outright refusal of services or clinicians' incompetent behaviors, counselors deny these youth access to services (Grzanka et al., 2019; Lindley et al., 2020; Morris et al., 2020; Storlie et al., 2019). Licensed professional counselors' perceptions concerning ethics and diversity implications for counseling SGMY are missing from the current CES literature.

Bias exists as the researcher due to my work history in various human services roles and my current professional identity and work as a licensed professional counselor. My work history

includes engaging directly in programs and on treatment teams with youth who identify in this marginalized group of sexual and gender minorities as well as with their families. As a licensed professional counselor and family therapist, I work with this population and have for the past four years.

In my various roles, past and present, advocacy has been a central aspect of the work. Advocating for adequate service accessibility for this marginalized population and their families as well as for improved quality of those services is an ongoing professional endeavor. As a clinician and future counselor educator, I was interested in counselors' views concerning ethics and diversity implications for sexual and gender minority youth since previously I perceived accessibility to care and the quality of care as competency-related issues. The literature clarified that ethics was at the heart of the matter and as a result, I became increasingly curious about what LPCs would say about the topic.

My biases include the belief that those LPCs who work with sexual and gender minority youth *and* who are well-informed of SGMY-related issues are few and far between. I think clinicians, for various reasons, do not frequently seek continuing education (CE) opportunities addressing SGMY topics. For example, the topic is not relevant to their current practice, they are not comfortable with the topic, the availability or easy access to training on the topic is limited for them. I believe the lack of intentional competent growth in the specific area leads further to the limited resources for this marginalized group and their families. Perhaps these counselors attended another CE option that they considered was more relevant to their practice than a course about youths' sexuality and gender minority issues. Typically, LPCs maintain a client population with whom they feel most comfortable working.

My biases include the belief that sexual and gender minority youth fall through the cracks in the structure of mental health services. This is especially prevalent due to an increasing need for counselors and the influential insurance industry that frequently dictates accessibility (Luiggi-Hernández & Rivera-Amador, 2020). I think that ethics and diversity implications for serving SGMY are an integral topic to address for confronting that issue. New training is needed for clinical counseling and counselor education programs, for counselor trainees as well as for continuing education courses for practicing clinicians.

These trainings should address clinical competency issues related to topics affecting sexual and gender minority youth. For example, training updates should include addressing clients with correct pronouns based on their preferred gender identity; other appropriate sexual/gender terminology usage should be included in educational and training developments. New educational programs and trainings should address microaggressions against sexual/gender minority youth and related solutions for clinicians. Further, the improvements should integrate appropriate referral practices, including activities for counselors to role-play practice scenarios. For example, a dilemma the training might address is: what ethical options for referral exist if a client disclosed a genderqueer identity at their tenth clinical session?

My preconceptions include the idea that all LPCs have ethics training and that most of them must maintain designated ethics continuing education units, renewed at least bi-annually. The ethical obligation for counselors is that if one is not competent to work with a client, due to any actual or perceived reason, then it is the practitioner's ethical responsibility to become competent (ACA, 2014). For example, one might work toward achieving competency in specific areas through consultation, education, training, or additional supervision (Liu et al., 2019). This process describes an ethical approach when competency is the issue (Liu et al., 2019).

Instances of "conscience clause" (Murphy, 1971, p. 11) regularly occur. The fact is that, in some states, like Arkansas for instance, applying this clause is legal. However, just because a practice is legal does not mean that it is ethical. Frequently, youth identifying as sexual and gender minorities do not have access to advocates who might help them find services (Liu et al., 2019; Morris et al., 2020).

Additionally, economic factors like having an insurance plan, affordable insurance coverage, or funds for a sliding-scale nominal payment prevent counseling accessibility (Lindley et al., 2020; Ratts et al., 2016; Singh, 2017). Intergenerational factors like cultural attitudes, for example, prevent vulnerable sexual and gender minority youth from accessing services (Grzanka et al., 2019; Liu et al., 2019; 2019; Storlie et al., 2019). Based on reports from personal acquaintances and colleagues living in various regions of the United States, I believe that in rural areas SGMY are especially likely to be denied quality care or referrals. Based on similar reports from other acquaintances and colleagues in cities I think that urban clinics are increasingly overwhelmed and waiting lists are long. My biases include uninformed clinicians acknowledge but do not adequately address issues that are important to sexual and gender minority youth. Regarding counselors who are open to serving SGMY, in my experience, observation, and collaboration with colleagues, even the most informed clinicians struggle with keeping current with sexual/gender terminology and its appropriate application. Based on instances that colleagues and acquaintance shared, I believe that sometimes clinicians do not address issues affecting SGMY at all.

As the researcher, in order to conduct a credible study, I needed to suspend the biases that resulted from experiences, knowledge, and preconceptions. My biased views make bracketing extremely important (Hsiaw, 2018; Janak, 2018). Therefore, I practiced bracketing to objectively

set aside biases for a greater goal (Hsiaw, 2018; Janak, 2018). Regarding bracketing practices, in addition to goal-setting techniques, I utilized narration, reflection, envisioning, journaling, meditation, and professional collaboration. I applied these techniques to bracket my personal opinions on the research topic. These beliefs included: all LPCs have ethics training and that most of them maintain designated ethics continuing education requirements, uninformed clinicians acknowledge but do not adequately address issues that are important to sexual and gender minority youth, additional training is needed in counselor education programs as well as for continuing education courses, these trainings should address clinical competency issues related to topics affecting sexual and gender minority youth, and that sexual and gender minority youth fall through the cracks in the structure of mental health services.

Initially, I focused on a long-term, aggregate goal to work around my prejudices (Hsiaw, 2018). Goal-setting works as a bracketing strategy because identifying future benefits fuels conscious and subconscious activity, so it aids in adding perspective and reducing biases (Hsiaw, 2018). It has been suggested that bracketing is rooted in mindfulness and constructivist principles (Hsiaw, 2018; Janak, 2018; Lemon, 2017; Vygotsky, 1980, 2004). Next, reflection helped me with bracketing, as well as meditation, and journaling. Reflection, meditation, and journaling are personal insight techniques known as narrative applications, which are tools that assist in the suspension of preconceptions (Janak, 2018).

The narrative tools, especially meditation and journaling, aided me in setting aside actual and potential biases throughout the research process. Writing thoughts down on paper helped me to see the biases outside of myself, literally objectifying them. Meditation provided objectivity for seeing information and personal thoughts. Observing my thinking mind through focused awareness of breath provided the central element for meditation.

Regular communication and meetings with my dissertation mentor assisted with bracketing, too. Videoconferencing meetings and ongoing telephone and email communications assisted me in maintaining objectivity and perspective because hearing my mentor's ideas afforded me perspective that otherwise I would not have experienced. Overall, increasing my awareness about bias through these practices heightened my objectivity and decreased the potential and actual influence of narrow thinking on the entire research process (Aggarwal, 2016; Park, 2017). Bracketing, through the practices of goals identification, collaboration, meditation, narrative techniques like reflection and journaling, is based on the tenets of social constructivism (Vygotsky, 1980, 2004), the theoretical foundation of the study.

**Guiding Interview Questions**

The generic qualitative design fosters participants' complete first-hand narrations (Caelli et al., 2003; Malterud, 2016). Guiding interview questions designed as open, semi-structured inquiries allowed LPCs the capacity to express personal thoughts and describe their perceptions. Guiding Questions:

1. What is your perception of counseling accessibility for sexual and gender minority youth (SGMY)?

2. Will you please describe your understanding of issues, such as assessment or relationship concerns that are relevant for effectively serving SGMY?

3. If you have served SGMY in clinical settings, will you, in your own words, please describe your experience serving this population?

4. If you have seen SGMY for counseling, will you please describe training and whether or not you completed training that relates to serving this population?

      a.  Will you please describe your experience of relevant training or continuing

         education for counseling SGMY?

      b.  In your own words, will you please describe your sense of preparedness for

         counseling SGMY?

5.  What as an LPC, believe that there is more to learn about ethics and diversity

    implications for serving SGMY that would be helpful for using in clinical sessions,

    what type of training should be in your program?

6.  What are the potential impacts of expanding LPCs' awareness of the topic for SGMY

    families, CES, and the broader human services community?

Note Table 1 which presents the main purpose of each guiding question.

**Table 1**

*Guiding Interview Questions*

| Question #s | Purpose | Supporting Citations |
|---|---|---|
| 1-2 | Assisted the participants as they reflected upon their perceptions and descriptions of accessibility conditions and issues related to counseling SGMY. | Goodrich & Ginicola, 2017; Ratts et al., 2016. |
| 3-4b | Assisted participants to focus on their first-hand experiences or knowledge about counseling SGMY and participants' descriptions of training, continuing education, and preparation for serving SGMY. These topics were collaborative points grounded in constructivism. | Bruner et al., 2019; Grzanka et al., 2019; Hobaica et al., 2018; Lindley et al., 2020; Vygotsky, 1980, 2004. |
| 5 | Addressed ethics and diversity implications, CES programs, and training details for competently counseling SGMY. Ensuring competence for assisting individuals understand their identities is a key tenet of social constructivism. | Bradford & Syed, 2019; Goodrich & Ginicola, 2017; Grzanka et al., 2019; Vygotsky, 1980, 2004. |
| 6 | Assisted the participant to focus on potential impacts of heightened participants' awareness about SGMY and their families, the field of CES, and the human services community. Considering the consequences of expanding knowledge highlights constructivist principles such as transparency and learning. | Brown et al., 2018; Lindley et al., 2020; Ratts et al., 2016; Vygotsky, 1980, 2004. |

## Ethical Considerations

Capella University's Institutional Review Board established and required ethical adherence for participants' protection related to data collection throughout the research process. Strict standards for safety and ethics in research are essential when human participants are involved (Adashi et al., 2018; Master et al., 2018; National Commission, 1978; Parker et al., 2019). Cautions were applied to ensure the participants' rights were regarded and that harm was not caused concerning confidentiality (National Commission, 1978; Parker et al., 2019). Additionally, measures were taken to ensure that the LPCs were not pressured to participate in the research study (Master et al., 2018; National Commission, 1978; Parker et al., 2019).

Before the participants consented to become a part of the study, they were informed about the purpose of the study, the plan for the interview format, the freedom to decline answering any of the questions, structured or otherwise (Master et al., 2018; Risan et al., 2016). The participants were presented with the options to pause or cease participation, ask questions, or seek clarification or support (Master et al., 2018; Risan et al., 2016; Sobottaka, 2016). The target population of licensed professional counselors was not a marginalized one. No power hierarchy existed in the study, although the researcher adhered to strict ethical practices that assumed perceptions of undue influence, actual or real, should be considered in research processes (Sobottaka, 2016).

Secure data storage ensured the participants' anonymity. Numerical codes were used in place of the participants' names. These codes were attached to the interview data, assigned during the screening process. These protective actions were closely followed.

Notably, the Belmont Report (The Commission, 1978) indicates that research ethics are of primary importance for respecting participants' integrity and mitigating risk factors. Ethical

considerations addressed participant welfare, risk mitigation, study feasibility, accurate reporting, framework appropriateness, and overall design adherence for trustworthiness (Adashi et al., 2018; Hammer, 2017; Kahlke, 2018; Karanasios, 2018). Capella University's IRB approved the research plan, including the research question and subquestion, its methods, procedures, and the permissions that were required for collecting data. The rigorous ethical considerations were made to ensure the participants' human rights protections as well as methodological and design alignment with the constructivist (Vygotsky, 1980, 2004) theoretical foundation of this study (Adashi et al., 2018; Bamidele et al., 2019; Hammer, 2017; Master et al., 2018; National Commission, 1978; Parker et al., 2019).

Particular ethical considerations included adherence to IRB guidelines concerning LPCs' anonymity and confidentiality, important factors for professional research regardless of the level of actual or potential risk (Baltrinic & Wachter-Morris, 2020; Hays et al., 2019). The interviews enveloped potentially sensitive areas like youths' sexual and gender identities and counselors' personal moral beliefs (Brown et al., 2018; Hobaica et al., 2018; Master et al., 2018). Another factor considered was potentially triggering personal, vicarious, or familial trauma that could arise in the participants by discussing issues related to the topic, like sexual and gender minority youths' experiences of harms resulting from service challenges (Liu et al., 2019; Ratts et al., 2016; Singh, 2017). These and similar possibilities were considered for ensuring participants' confidentiality and emotional safety.

The challenge, therefore, was to let the participants share their perceptions about potentially sensitive issues without surfacing any trauma they might have experienced (Milbourn et al., 2015; Risan et al., 2016). The risk for re-traumatizing the LPCs was minimal because as clinicians they likely sufficiently confronted severely impactful issues from their past (Brown et

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al., 2018; Hobaica et al., 2018). Also, LPCs are professionally trained and accustomed to address

potentially disturbing or transference issues (Brown et al., 2018; Hobaica et al., 2018; Master et

al., 2018). Additional ethical considerations for the study included the potential for participants'

self-perceived clinical inadequacy and the possibility that interviewees might experience

discomfort when discussing sensitive topics such as youths' sexuality or gender identity issues

related to clinical training needs (Lindley et al., 2020; Ratts et al., 2016; Reisner, 2015). In the

event that participants expressed concerns or requested resources about ethical issues related to

the topic, resources from the Society for Sexual, Affectional, Intersex, and Gender Expansive

Identities (SAIGE, 2020) and the American Counseling Association (ACA, 2014) were readily

available for sharing.

**Trustworthiness**

The criteria established for trustworthy qualitative studies include transferability,

credibility, dependability, plus confirmability (Amankwaa, 2016). Trustworthiness indicates the

overall quality of the research study (Amankwaa, 2016). Methods ensuring these qualities of

trustworthiness were met are described below.

*Credibility*

The research exhibited credibility through the relevant findings produced by the study,

accurately reflected by the participants' own words, for example, within quoted excerpts from

the semi-structured interviews (Minton et al., 2018; Washington & Henfield, 2019). Therefore,

the study represented truthful data and believable findings (Abreu et al., 2020; Minton et al.,

2018; Washington & Henfield, 2019). Transparency of the research process also reveals the

credibility of this study, from research planning to the design of the study, from the sampling

methods to data collection and analysis, observable as well in the presentation of findings and conclusions (Harrison et al., 2017; Masters et al., 2018).

The study exhibited credibility by the research process producing truthful data, plausible findings, and appropriately gathered and ethically analyzed data (Hansson & Polk, 2018; Haven & Van Grootel, 2019; Hussain et al., 2020). The sample size was well suited for collecting data which strengthened the credibility of the study (Malterud et al., 2016; Vasileiou et al., 2018). A small sample is preferable to a large sample for reaching saturation, such as the nature of this study. Pointedly, the participants thoroughly represented the information sought by the researcher (Malterud et al., 2016; Vasileiou et al., 2018).

Credibility was also determined by the researcher's experience, which was relevant to the research. Additionally, credibility was reflected in the confidence and accuracy of the data interpretation process. A section in Chapter 4, Research Methodology Applied to the Data Analysis, outlines the credible steps the researcher completed. For example, intimate time spent with the data, reviewing notes from the interviews, and discovering key words for coding which resulted in themes throughout the process of inductive analysis (Percy et al., 2015). Additionally, believability that the findings would be strengthened through replication of the study support the credibility of the study (Hansson & Polk, 2018; Haven & Van Grootel, 2019; Hussain et al., 2020). Credibility affects the impact of findings and researcher influence (Attari et al., 2016; Stewart et al., 2017).

Credibility was indicated throughout the procedures of this study. The steps describing the research plan were thoroughly documented. Complete transparency of the procedures, from inception to reporting of the findings to the plan for data destruction, establishes credibility (Harrison et al., 2017). Further, the study was credible because the results helped inform the field

of CES by addressing the research question and subquestion (Hansson & Polk, 2018; Hussain et al., 2020).

*Transferability*

The study exhibited transferability. Essentially, transferability is how the findings can be generalized to various conditions, settings, or situations (Korstjens & Moser, 2018). Transferability indicates that the sample population appropriately reflected the target population (Munthe-Kaas et al., 2019). Another aspect of transferability is that the participants expressed their expertise, addressing the topic in a meaningful way (Munthe-Kaas et al., 2019; Schloemer & Schröder-Bäck, 2018). The researcher managed transferability by adhering to the definitions of this study (Akos et al., 2019; Brubaker, 2019).

In 2020, in large part due to COVID-19 public health impacts, videoconferencing for interviews became standard (Ali et al., 2020; Luiggi-Hernández & Rivera-Amador, 2020). Standardization fosters transferability in research studies (Doshi et al., 2020; Schloemer & Schröder-Bäck, 2018). The utilization of a HIPAA-compliant online platform such as the one used for this study, Doxy.me (2020), minimizes variability in research studies, thereby encouraging transferability (Karanasios, 2018; Luiggi-Hernández & Rivera-Amador, 2020). The COVID-19 pandemic created health safety and practical barriers for conducting in-person interviews (Ali et al., 2020; Luiggi-Hernández & Rivera-Amador, 2020).

Because of educational and credentialing standards, the participants' qualifications spoke directly to expertise, proficiency, and understanding (Akos et al., 2019; Brubaker, 2019). The researcher ensured transferability through the screening process, which guaranteed that the participants met the qualifications and provided relevant answers to the guiding interview questions. For this study, the above points apply to the concept of transferability. However, these

techniques, even the online standardized interviewing, are, to some degree, flawed (Karanasios, 2018; Luiggi-Hernández & Rivera-Amador, 2020). Although the research procedures resulted in meaningfully addressing the research questions, transferability is considered part of the limitations for this study.

*Dependability*

Dependability underscores that data collection, analysis, and interpretation inform theoretical application (Adashi et al., 2018; Korstjens & Moser, 2018). Dependability indicates procedural clarity based on sequenced instructions for replication (Korstjens & Moser, 2018). Dependability highlights that, over time, the findings of the study remain stable. Concerning dependability, Nowell et al. (2017) suggest that participants would essentially agree with the interpretations of this study and its recommendations.

*Confirmability*

Confirmability refers to the potential for other scholars to confirm the research findings. In addition, confirmability assesses to what extent the collected data and the interpretation of the data are determined (Adashi et al., 2018; Korstjens & Moser, 2018).

*Reflexivity*

Finally, similar to confirmability is reflexivity, a process of intensive self-reflection, including consideration for one's prejudices, biases, tendencies, and beliefs in relation to the participants (Janak, 2018). Reflexivity considers the relationship with the participants and how that dynamic affects the interviews and the collected data (Janak, 2018; Maharaj, 2016). Throughout the research process, reflexivity promotes transparency of preconceptions and values (Maharaj, 2016). In addition to the stated bracketing techniques, a record of personal reflections

was maintained in annotated note form on the first drafts of the transcriptions. These notes aided the tracking of private interpretations, opinions, and views (Janak, 2018; Maharaj, 2016).

Guidelines for all the indicated processes were followed for the interviews. The rapport, trust, and mutual respect in the researcher-participant relationship were key factors for the generic qualitative inquiry. The data from the 10 interviews were analyzed, which resulted in findings that substantiated themes, discussions, and recommendations. Every reasonable attempt to balance the significance of the various topics was made. These attempts included opinions, the study itself, and the potential for participants' concerns. Therefore, the research process of this study and the findings are constructed on accuracy and trust (Forero et al., 2018).

## Summary

This chapter emphasized clarification and expansion of specifics from Chapter 1 concerning the methodology of the study and additional explanations of the stated research problem as well as the research questions. Specific details about the research methodology and the design were presented, including discussions about trustworthiness in qualitative inquiries and the paramount trust required between the researcher and the participants. The chapter additionally explained how rapport and trust between the researcher and participants guided the interactions (Aggarwal, 2016). Chapter 3 included procedural descriptions. It highlighted the data collection and analysis procedures, especially the role of the researcher. The potential for interviewer biases exists, which is considered part of the limitations of this study. Objectivity and confidentiality of the data were ensured, thus the limitations were sufficiently addressed.

Chapter 4 includes an introduction of the research findings. It serves to present the participants, the collected data, and the analysis. The analysis incorporates interview quotes from

the participants. The data from the interviews were reviewed with rigor; this intentional process

substantiates the interpretations and conclusions. Chapter 4 addresses the research questions by

meticulously describing the discoveries of the study.

**CHAPTER 4. PRESENTATION OF THE DATA**

The purpose of this chapter is to report the findings of the study derived from exploring licensed professional counselors' perceptions concerning ethics and diversity implications for serving sexual and gender minority youth. This was accomplished through semi-structured interviews. Chapter 4 includes the data resulting from the participants' responses from the interviews. Inductive analysis (Percy et al., 2015) of the data guided the analytical process through consistently applying the tenets of social constructivism (Vygotsky, 1980, 2004), which was the theoretical framework guiding this study. Constructivism (Vygotsky, 1980, 2004) was selected due to it aligning well with inductive analysis (Percy et al., 2015).

This chapter begins with the researcher's role, the interest in the research topic and intriguing aspects of the study. Chapter 4 indicates how the study relates to the researcher's background and experiences. This chapter describes the sample, data preparation, data analysis procedure, and concludes with the notable findings of that analysis presented clearly with the participants' responses. Through Percy's (et al., 2015) step-by-step inductive analytical procedure, outlined below, the researcher coded and grouped their responses into categories. Eventually, patterns surfaced which, through the researcher's rigorous data preparation and intimate time with the data, resulted in themes and sub-themes. These addressed the research problem by answering the research question and subquestion presented in chapter one. The themes and sub-themes are arranged in order of importance determined by the frequency participants highlighted them.

Each theme and sub-theme includes direct quotations from the participants bolstering the interpretation of the data. The presentation of data which follows includes tables mapping the themes and consolidating information gathered in the interviews. These illustrate and provide context for the analytical process, strengthening rationale for data interpretation and simplifying replication.

## The Study and the Researcher

The motivation to conduct this study was based on firsthand experiences as a licensed professional counselor (LPC) emphasizing advocacy and collaboration. Service to sexual and gender minority youth (SGMY) and their family members was a primary influence for exploring colleagues' competency counseling these youth. Counselors' regard for ethics and diversity factors seemed directly tied to SGMYs' access to services. These implications were intimately to the research problem of clinicians denying this population access to counseling inspiring this inquiry.

Experience as a licensed professional counselor, established rapport-building techniques, and adept communication assisted the interviewer in conducting this study. These essential skills aided in participants' disclosures regarding clinicians are unaware, undertrained, or maintain biases against youth identifying as sexual and gender minorities. Another disclosure was counselors do not practice ethical referral procedures. The researcher discovered that lack of training or awareness and unchecked biases or prejudices were problematic when clinicians incompetently withheld counseling services or otherwise did not ethically assist the client.

The researcher considered relevant topics regarding SGMYs' counseling accessibility and therapeutic options, especially appropriateness of clinicians' communications with potential clients, acknowledgment of lack of awareness, training, and biases as well as ethical referral

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practices (ACA, 2014, A.11.a-d). The participants referenced the demand for services related to

helping sexual/gender minority youth, the counseling availability in general, and stressors like

familial, personal, religious, and political influences. They highlighted these factors arguably

more prevalent than ever before throughout the COVID-19 pandemic, during which this study

was conducted. The participants described impacts affecting themselves, the fields of Counseling

and Counselor Education and Supervision, clientele, their families, and communities. They

implicated inadequate training, awareness, advocacy, competent practice, and ethical factors

exacerbated during COVID-19. The pervading connection between clinicians' preparedness for

counseling SGMY and the problem of service inaccessibility fueled a thorough investigation of

this topic.

Multiple researcher biases were noted. Regular service to youth identifying as sexual and

gender minorities, and their family members, potentially influenced this study. One of these

biases is LPCs are misinformed or unaware of issues affecting SGMY. Another bias is LPCs do

not have adequate training designed to address issues affecting sexual and gender minority

youth, thus counselors' competency for serving this population should be addressed. Further, a

bias is LPCs' competency issues influence unethical approaches; incompetency for counseling

SGMY leads to inequitable accessibility, like referral procedures (ACA, 2014, A.11.a-d). The

bias concerning unethical practices includes, if diversity related to counseling accessibility for

sexual/gender minority youth are left unconfronted then issues relating to the marginalization of

SGMY will continue unabated. The use of bracketing was important for addressing these biases

(Hsiaw, 2018; Janak, 2018).

Bracketing should be utilized in qualitative research to reduce researcher bias and

fortify outcomes from the results of the study (Hsiaw, 2018). Bracketing techniques implemented

for this study included focusing on a greater goal (Hsiaw, 2018; Janak, 2018). This bracketing exercise centers on refocusing one's thoughts from personal beliefs to a long-term aggregate goal (Hsiaw, 2018) such as gathering parts to restore a classic car for driving and enjoying the finished product. This is an example of bracketing practice because one identifies a goal as part of a larger process and therefore is more likely to set aside other ideas about how to manage time (Hsiaw, 2018). For instance, the mechanic might be able to postpone planning a vacation in order to complete a section of the car by a preferable date. Hsiaw (2018) suggests that goal setting works as a bracketing strategy because long-term identification fuels primary motivation.

The researcher utilized the method described above o bracket personal opinions related to the meaning of equitable counseling access concerning sexual and gender minority youth (SGMY). In this manner, the researcher bracketed subjective beliefs about SGMY and their family members due to these considerations which were a primary influence for exploring colleagues' competency counseling these youth. Bracketing was important to this study for this factor due to counselors' regard for ethics and diversity factors apparently tied to SGMYs' access to counseling services. Therefore bracketing these potential implications were intimately to the addressing the research problem of clinicians denying the population's access to counseling which inspired the research question and subquestion.

The researcher also employed a narrative bracketing method, helpful for suspending bias (Hsiaw, 2018; Janak, 2018). For example, the researcher recorded thoughts and opinions about personal views concerning legislation supporting counselors denying services to sexual and gender minority youth as well as legislation encouraging or mandating service to this population. The result was ability to see biases objectively and achieve balance in reporting the data (Hsiaw, 2018; Janak, 2018). In addition to the examples of driving and enjoying the restored vehicle, the

researcher envisioned exhibiting it at classic car shows and winning awards for its excellence. Notably, Hsiaw (2018) and Janak (2018) suggest bracketing through storytelling, such as telling oneself the restored car will win awards, is a strategy supported by this study's theoretical base, social constructivism (SC) (Vygotsky, 1980, 2004). The ideas of excellence in car restoration herein are analogous to completing this dissertation thus advancing the scholarly dialogue for Counsleor Education and Supervision. Narration is also considered a mindfulness-based practice (MBP); the development of MBPs was inspired by the personal creation of reality represented in constructivism (Borders, 2019; Brandt et al., 2019; Vygotsky, 1980, 2004). Throughout the study, the researcher integrated other helpful bracketing practices to complement the specific examples above; these included journaling, attending regular phone/online meetings with his dissertation mentor, meditation, and exercise. Employing multiple bracketing methods is more effective than using one technique (Lemon, 2017).

## Description of the Sample

The sample included 10 licensed professional counselors (LPCs) from around the United States. Three participants lived in Washington State. Two participants resided in Texas. The others lived in Arizona, Louisiana, Pennsylvania, Nebraska, and Wisconsin. The study included individuals from various regions of the country, in rural and urban settings. Throughout recruitment, the researcher did not make distinctions about volunteers' gender, race, religious identification, ethnicity, culture, gender identity, sexual orientation, socioeconomic status, marital or relationship status, education, or other personal characteristics. Some of the participants voluntarily disclosed specific demographics.

The researcher included information participants voluntarily shared, aligning with the spirit of social constructivism (Vygotsky, 1980, 2004) the theoretical foundation for this study.

Furthermore, an organic atmosphere fostering participants sharing personal information is the nature of qualitative methodology and the generic design of this research study (Caelli et al., 2003). Constructivism (Vygotsky, 1980, 2004) promotes individuals' identity exploration through inner reflection, peer collaboration, and volunteering self-perceived aspects of personal identity (Chaney et al., 2019; Martinez et al., 2017). Identities color the lenses through which the participants expressed perceptions, beliefs, and experiences (DeJonckheere & Vaughn, 2019; Ohnsorge et al., 2019; O'Keeffe et al., 2016). The connection of the constructivist (Vygotsky, 1980, 2004) foundation to the participants voluntarily sharing information is supported by the nature of qualitative research, aiding in understanding subjective views and beliefs (Caelli et al., 2003; Creswell & Poth, 2018).

Therefore, the researcher included participants' self-reported demographics, information organically arising in the semi-structured interviews and through the use of open-ended questions. If the participants did not expressly volunteer specific information through this process, then the researcher did not attempt factoring it into the findings of this study.

Socioeconomic, ethnic, cultural, sexual, and gender identification represented the sample's diversity (Olin et al., 2016). Data explicitly volunteered by some of the participants throughout the recruitment and interviewing processes included sexuality and gender identifications. In addition to what some participants voluntarily disclosed, the researcher inferred demographic information throughout the interview process. Inferring demographics and personal characteristics is a method that does not require direct personal inquiry (Olin et al., 2016). The voluntary demographic identifiers are the exact words the participants used to self-identify.

Four participants self-disclosed their racial identification. This included one participant who used the term Spanish. One participant self-identified using the specific three words: Black or African. Another participant self-identified using the term Caucasian, another said White. The sample included individuals who volunteered identifying as members or allies in the LGTBQIA+ community as well as individuals not indicating whether or not they were members/allies of that community. The participants self-disclosed their gender identities. One participant self-identified using the phrase, transgender female queer bisexual. Another stated they identify: female questioning. One participant identified female binary bisexual, one said they are female heterosexual, and another participant self-identified female queer pansexual. Throughout the interview process, all 10 participants disclosed their ages, which ranged from 31 to 47. The mean age was 38.2 years.

One participant self-identified primarily as a counselor educator whose counseling license is active. That individual recently transitioned from clinical counseling work to counselor education. Three participants identified as actively practicing LPCs who also supervise clinicians; one of those was also teaching in the field. Two participants voluntarily self-disclosed they were agnostic. Another self-disclosed they were a Christian. Another participant self-identified as a Buddhist practitioner. Others did not volunteer their religious or spiritual identifications. Due to the established requirement of professional counseling licensure, participants' education included master and doctoral degrees. See Table 2.

**Table 2**

*Participant Details*

| Participants | Gender (Self-disclosed) | Sexuality (Self-disclosed) | Employment Role(s) | Religion/ Spirituality (Self-disclosed) | Ethnicity (Self-disclosed) | Age (Self-disclosed) | State of Residence |
|---|---|---|---|---|---|---|---|
| P1 | Non-binary/ Queer | Bisexual | Clinician | Agnostic | White | 31 | WA |
| P2 | Female | -- | Supervisor /Clinician | -- | -- | 37 | WA |
| P3 | Female | -- | Supervisor /Clinician | -- | -- | 44 | WA |
| P4 | Female | Heterosexual | Clinician | Christian | Spanish | 36 | TX |
| P5 | Female | -- | Clinician | -- | -- | 37 | TX |
| P6 | Female / Queer | Pansexual | Clinician | Agnostic | -- | 31 | AZ |
| P7 | Female | Questioning | Counselor Educator | -- | Black or African | 45 | LA |
| P8 | Transgender Female/ Queer | Bisexual | Clinician, Counselor Educator | Buddhist | Caucasian | 40 | WI |
| P9 | Female | -- | Supervisor /Clinician | -- | -- | 34 | PA |
| P10 | Female/ Binary | Bisexual | Clinician | -- | -- | 47 | NE |

**Research Methodology Applied to the Data Analysis**

The philosophical assumptions of the study supported a generic qualitative (Caelli et al., 2003) design and utilization of inductive analysis (Percy et al., 2015). The methodology guided the analytical procedures. The procedures aligned with the research question and subquestion as well as the research problem. Preparing for data analysis, the researcher considered collection methods of comparable generic qualitative studies which also utilized inductive analysis (Percy et al., 2015). Overall, those considerations highlighted the trustworthiness of those studies (Abildgaard et al., 2016; Aguinis & Solarino, 2019) supporting the use of inductive analysis for this inquiry. Other factors for preparing to analyze the data for this study included accuracy and thoroughness, important principles of social constructivism (Vygotsky, 1980, 2004) and key considerations for ethical research (Miracle, 2016; Parker et al., 2019). The methodology influenced the choice of inductive data analysis (Cecez-Kecmanovic & Kennan, 2018; Percy et al., 2015; Wilson & Cariola, 2019). The data was gathered during the 10 semi-structured online interviews.

The data collection method, semi-structured interviews with guiding questions, supported the data analysis procedures. The interview questions elicited subjective information, supporting inductive analysis of the data (Percy et al., 2015). The inductive process is qualitatively designed for analyzing subjective information (Percy et al., 2015). The researchers' warm style and the interview format allowed the participants to openly share or freely exclude information. The warm and welcoming approach coupled with the simple interview format afforded the participants sufficient time to thoroughly answer all questions and ample opportunity to provide clarification and additional thoughts.

Through inductive data analysis (Percy et al., 2015) the researcher explored personal information gathered in participant interviews. A thorough data gathering process fueled the rigorous process of analysis (Percy et al., 2015). The researcher became intimately familiar with the ten interview transcripts. The transcripts, audio files, and scanned notes were stored in a secured, password-protected computer. The handwritten notes were stored in a locked file cabinet. Assigning the participants numbers for identification preserved their anonymity. The anonymity assured confidentiality and privacy of the participants' data.

**Preparation for Data Analysis**

The recordings of the participant interviews were completed. Notes were made by hand during and after the interviews. Recurring words and phrases were marked in those notes. The researcher transcribed the interviews by hand as well as through utilizing a Microsoft Word (2021) dictation program. The researcher reviewed transcriptions multiple times to become intimately familiar with the data (Percy et al., 2015).

The researcher used standard note taking during and after the interviews. This note taking included utilizing a set of initially blank boxes for tallying repetitive data, which assisted in simplifying the research processes such as establishing recurring ideas and phrases (Collins & Huezo, 2019; Hennink et al., 2017). Additionally, this approach aided in preparing the participants' subjective reports for analysis (Collins & Huezo, 2019; Hennink et al., 2017).

Reviewing the various notes alongside the Microsoft Word (2021) dictations aided in identifying recurring words, similar phrases, and common ideas with the complete set of transcriptions. This process established patterns following numerous thorough reviews which comprised several blocks of hours, spanning multiple weeks. This process assisted the researcher

with coding, through highlighting and categorizing which resulted in the determining themes and sub-themes of this study.

The researcher used MAXQDA (Verbi Software, 2020), a qualitative research program. This required uploading the transcripts to the MAXQDA computer program. All transcripts were processed simultaneously through the main software function which filtered the data, identifying common words and phrases. The software program produced a color-coded report for the combined transcripts, which grouped recurring words and phrases. This grouping of relating data was the coding procedure, an essential aspect of the process identifying the themes and subthemes of this study.

Multiple reviews of the transcripts alongside the color-coded MAXQDA (Verbi Software, 2020) report facilitated additional note-taking by hand. Following transcription of the participants' recordings and the MAXQDA reports, an Excel sheet was utilized to track recurring words, phrases, and ideas. This process assisted in verifying and coding the data. The coded data developed into patterns which produced the themes and sub-themes. Ultimately, this process resulted in three final themes and corresponding sub-themes.

**Data Analysis Procedure**

The researcher analyzed the data with inductive analysis. Percy et al. (2015) explain the steps of inductive analysis the researcher followed: (1) the researcher read through the transcripts multiple times to gain a thorough understanding. The researcher took notes each time for familiarization, highlighting repetitive words, content, and phrases in each transcript to have a unique, personal experience with each participant (Percy et al., 2015). The researcher read and reviewed notes taken during the identified interview as well as notes from the Word (Microsoft, 2021) dictation program and the inclusive color-coded MAXQDA report (Verbi Software, 2020),

(2) the researcher reviewed the multiple sets of transcript highlights, the highlights in the handwritten notes, the Word (Microsoft, 2021) dictation sheets with those notes, and the MAXQDA (Verbi Software, 2020) color-coded report to determine if all of these notes were related to the research question and subquestion, (3) the researcher discarded data that was unrelated to the research question and subquestion and started a new file for items that appeared unrelated to the research question and subquestion; this information was saved for review or potential reconsideration, (4) the researcher consolidated notations and highlighted groupings then coded the data with a simple box and numbering system, (5) the codes were clustered into relatable data; a secondary level of coding was incorporated, meaning was established by using certain field-appropriate words, (6) the codes were grouped together, which revealed a pattern of codes; then a 'pattern of patterns' (Percy et al., 2015, p. 81) developed. The MAXQDA Software (Verbi Software, 2020) helped identify the patterns, as other qualitative studies have exhibited (Elaldi & Yerliyurt, 2017; Kuckartz & Rädiker, 2019), (7) the grouped coding and the multiple patterns were thematically identified, (8) another level was added, patterns of codes that developed into the themes. The three themes were described with standard terms; for example, *training* was one of three titles of the themes, derived from the data. These themes directly related to the research question and subquestion, (9) a matrix was constructed using an Excel tracking sheet, with the patterns labeled as the three themes. These themes were supported by the actual data, documented in the matrix as clusters; this matrix organized the data in an accessible and convenient manner. This matrix provided clarity regarding thematic development, (10) the researcher then wrote an analysis of each theme including details, substance, and scope related to each participant's transcript, (11) the analyses were combined revealing a consistency of themes

from all samples of the data, (12) each separate analysis was combined into a collective, meaningful whole, which directly spoke to the research question and subquestion.

**Qualitative Data Analysis Software**

The researcher utilized MAXQDA (Verbi Software, 2020) for initial coding from transcription reports. MAXQDA (Verbi Software, 2020) reports from the transcriptions resulted in actual coding categories; these categories were checked by the researcher's comparison of the Excel sheet/matrix and the grid-style and handwritten notes as part of the inductive analysis (Percy et al., 2015) process. The MAXQDA's parent company, Verbi Software (2020), describes the tool as a multimedia analysis computer-aided program for qualitative data analysis (Verbi Software, 2020). The analytical software program includes a transcription mode for assistance with coding and thematic development (Verbi Software, 2020).

Researchers found MAXQDA (Verbi Software, 2020) effective for analyzing qualitative data (Elaldi & Yerliyurt, 2017; Kuckartz & Rädiker, 2019). However, Andre (2020) as well as Gómez-Hurtado et al. (2020) suggested computer-aided transcriptions are impersonal because they exclude voice inflection and body language (Andre, 2020; Gómez-Hurtado et al., 2020). The notes provided the important human component (Andre, 2020). The final analysis considered the combined, organized, and categorized notes alongside the software reports. Researcher-participant rapport established throughout the research process mitigated the impersonal nature of technology (Kumar, 2017). Additionally, the researcher keenly observed the participants' mannerisms, facial displays, and voice inflection throughout the interviews, connecting these factors within the standard notes. Then the researcher utilized the software reports side-by-side with the handwritten annotated notes on physical copies of the printed transcriptions.

Working copies of the transcriptions were electronically stored. The transcription files were coded with number-letter assignments, password-protected, and accessed using additional data-security measures. The added measures included securing the laptop and all copies of paper records, including the handwritten notes, paper copies of software reports, and the annotated transcripts in the secured office, inside of a locked file cabinet inaccessible to others (Adashi et al., 2018; Kamanzi & Romania, 2019; Penneck, 2019). The researcher securely stored an electronic master copy encrypted on a thumb drive and locked in the file cabinet (Kamanzi & Romania, 2019; Penneck, 2019). Upon publication of the findings, the researcher will remove identifying information from all electronic files and paper records to maintain confidentiality. The researcher will securely hold the raw data for seven years, at which time all records will be destroyed (Kamanzi & Romania, 2019; Penneck, 2019).

## Presentation of Data and Results of the Analysis

Next, a report of the findings is presented. The information is based on the data obtained from the participants. The findings are analyzed through the filter of social constructivism (Vygotsky, 1980, 2004) represented by ideals such as personal discernment of reality, self-improvement, reflecting on relationships to others and self, collaboration, and community involvement (Bruner et al., 2019; Harrison et al., 2017; Martinez, et al., 2017; Vygotsky, 1980, 2004). Particular patterns and themes from the findings surfaced which addressed the research question and subquestion, highlighting the purpose of the study.

This chapter is organized similar to other qualitative studies exploring subjective data (Caelli et al., 2003; Creswell & Poth, 2018). This style of organization presents the most relevant data first, directly addressing the research question and subquestion. Next, the chapter proceeds with information derived from the participants' answers to the guiding interview questions which

presented less frequently than the initially relevant data occurred. This organization aligns with studies that employed qualitative methodology (Caelli et al., 2003; Creswell & Poth, 2018) and with social constructivism (Vygotsky, 1980, 2004), the underpinning theoretical lens of this study. This style of organization also fits well with the data analysis process of this research study, inductive analysis (Percy et al., 2015). The organization lends to the relevancy of the findings which begin answering the research question and, organically, the subquestion and indicate need for future studies.

Additionally, the findings aid in understanding the research problem from the participants' perceptions, the participant-researcher relationship, and the researcher's role within the generic design. The upcoming data presentation follows the tenets of constructivism (Vygotsky, 1980, 2004) related to personal expression and identification (Kuper et al., 2018; Liu et al., 2019; Martinez & Gonzalez, 2017). Each participant shared their experiences, knowledge, opinions, and beliefs utilizing perceptions and self-identification. Some participants voluntarily self-disclosed demographic information. Specific language from the interviews is highlighted throughout the presentation of the data which follows. Throughout this section, the participants' discussion of experiences, opinions, beliefs, and the self-disclosed information provide the context of participants' perceptions, which is the data.

**Inductive Analysis**

The research question asked what are licensed professional counselors' (LPCs) perceptions of ethics and diversity implications for serving sexual and gender minority youth? The research subquestion asked how do LPCs' perceptions of ethics and diversity implications for serving sexual and gender minority youth (SGMY) inform Counselor Education and Supervision? The analysis outlines how the data uniquely addresses the research question which,

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by definition, includes the subquestion. Data from the interviews uncovered participants' perceptions on ethics and diversity implications commonly referred to as competency issues (Sue et al., 1992), for counseling sexual and gender minority youth. It also revealed how counselor educators might be informed by the data.

Preliminary examination of the data revealed the participants' perceptions through comments about competency issues. The participants, licensed professional counselors, described experiences related to serving sexual and gender minority youth. The participants elaborated on their perceptions of ethics and diversity topics arising from their unique paths. The researcher gathered and coded participants' perceptions on counselors' educational/training and ongoing preparedness, clinicians' competency related to service accessibility, counselors' advocacy for SGMY, impacts on clinicians and the fields of ethics and diversity, and ethical factors.

The purpose of the next portion of analysis was broadening these labels by examining the participants' perceptions concerning ethics and diversity topics, also called clinical competency issues. Which perceptions from participants indicated clinical competency might be needed for supporting counselors and counselor educators? And, which participants' responses revealed that expanded collaboration between clinicians and counselor educators might be important for the professions of counseling and counselor education and supervision? Patterns of perceived clinical and educational competency issues, also known as ethics and diversity factors, included counselors' training and education, competency and ethical factors related to service accessibility for sexual and gender minority youth, and clinicians advocating for this population. The coding processes resulted in the primary three themes. These final three themes emerged according to the order the participants' perceived them to rank in importance, determined by the frequency of

participants' mention of thematic key words/phrases. A relating factor was how many of the 10 participants also shared about common issues. Recurring instances each participant reported were respectively considered in support of the corresponding themes. This consideration resulted in a global presentation of the themes and corresponding subthemes.

These patterns of ethical and diversity, or competency, issues revealed all 10 participants' perceptions regarding the themes: counselor training and preparation and the subthemes, lack of training an curricula in graduate-level programs, lack of adequate continuing education, and recommendations for improving counselors' preparation, which explore factors concerning ongoing counselor competency for supporting clinicians' ethically counsel sexual/gender minority youth. The second theme which resulted from the data was clinicians' competency related to counseling sexual and gender minority youth and the subtheme, ethical factors related to counseling these youth. The third theme derived from the data was clinicians' advocacy related to counseling this population. See Table 3.

**Table 3**

*Themes and Subthemes*

| Themes/Subthemes | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 | P10 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Lack of Counselor Training and Preparation | x | x | x | x | x | x | x | x | x | x |
|   a. Lack of Training and Curricula in Graduate-level Programs | x | x | x | x | x | x | x | x | x | x |
|   b. Lack of Adequate Continuing Education | x | x | x | x | x | x | x | x | x | x |
|   c. Recommendations for Improving Counselors' Preparation | | x | | x | x | x | x | x | x | x |
| 2. Clinicians' Competency Related to Counseling SGMY | x | x | x | x | x | x | x | x | x | x |
|   a. Ethical Factors Related to Counseling SGMY | x | x | x | x | x | x | x | x | x | x |
| 3. Clinicians' Advocacy Related to Counseling SGMY | x | x | | x | x | x | x | x | x | x |

*Theme 1 – Lack of Counselor Training and Preparation*

This theme globally focuses on counselors' training and preparation relating to competently serving sexual and gender minority youth, including suggested improvements. The consequent subthemes detail the interpreted meaning using exact words from all the participants in this study. All 10 participants shared common perceptions concerning ethics and diversity considerations, competency issues, in training and preparation affecting clinicians' ability to ethically counsel sexual and gender minority youth. Comprehensively, they described how perceptions concerning counselor training issues related to competently serving these youth. These participants' perceptions regarding ethics and diversity centered on clinical competency for counseling SGMY, including counselor preparation in graduate and ongoing education/training, universal suggestions for improvements for preparing LPCs as well as information important to the fields of counseling and counselor education and supervision.

The 10 participants' perceptions of ethics and diversity implications, such as competency in training and preparation for serving SGMY, are likely to strengthen graduate counseling programs as well as doctoral-level counselor education and supervision (CES) benefiting emerging counselors (Minton et al., 2018; Sevelius & Singh, 2017) as well as counselor educators (Whitman & Han, 2017). The 10 participants' discussions regarding training and preparation implicated competency, also known by the phrase ethics and diversity factors, universally related to sexual and gender minority youths' access to quality counseling. Additionally, 8 of the 10 participants' reports suggested potential improvements for masters- and doctoral- levels counseling related programs which, if applied broadly, would support emerging and established clinicians as well as graduate- and doctoral- level counselor educators.

The 10 participants shared perceptions illustrating the need for training development aimed at clinicians' denying SGMY counseling (Morris et al., 2020; Storlie et al., 2019). With apparent confidence observable in her calm bold tone of voice, concerning licensed professional counselors, Participant 7 said: "We can always feel more prepared…we can all keep growing." The participants answered the research question and subquestion conveying how counselor training and preparedness for counseling sexual/gender minority youth affects clinicians and informs the fields of counseling and counselor education and supervision, implicating SGMYs' access to quality mental healthcare. The participants identified three subthemes informing counselors' perceptions regarding competency issues in training and preparedness: Graduate-level Counseling Programs, Adequate Continuing Education, and Recommendations for Improving Counselors' Preparation.

**Lack of Training and Curricula in Graduate-level Programs.** The 10 participants shared their perceptions concerning experiences from their graduate programs, indicating the absence of program content focusing on sexual and gender minority youth or issues affecting that population, which impacts clinicians' ability to adequately counsel that population. Participant 1 said, "My master's program did not include *any* training about gender diversity." Participant 1's expression reflected their questioning attitude noticeable by the stressed word, *any*, and the way they lifted their shoulders appearing to shrug when communicating their concerns specific to training. Participant 2 similarly suggested that her master's programs did not include curricula addressing issues important to SGMY. For instance, Participant 2 stated: "Something…is missing from the curriculum…that could be added to masters programs… like [sexual/gender] definitions." Participant 1 and Participant 2 used steady voices when sharing this information. They presented with questioning attitudes regarding their reported lack of preparation for helping

sexual and gender minority youth; their inquisitiveness was observable by the way Participant 1 shrugged their shoulders and how Participant 2 raised her eyebrows, respectively.

Regarding competency for counseling SGMY, Participant 2 calmly stated: "I do not remember it *ever* being talked about in my grad school program." She highlighted the word, *ever,* presenting flabbergasted, apparent in the way she extended her eyelids to show the whites of her eyes and by her increased volume of speech. Regarding training and preparation for helping sexual/gender minority youth, Participant 5 said: "We didn't in my undergrad, or my master's, we didn't have anything specific." On that note, Participant 3, shared her perception of what would have improved her graduate training concerning clinical competency for serving sexual and gender minority youth,

> Open discussion about these issues, maybe someone would feel more comfortable…trying to think about kind of a canvas that's blank, where the students can come in and just kind of be who they are. If we had discussions about it, this is something we've talked about and know about and are open to, maybe that would help us feel more comfortable.

This participant made it a point to clearly enunciate her words when sharing this, as if to point out the obviousness of how openness in counseling programs is needed. Along those lines, participants acknowledged a general approach to multicultural competence in the curricula; however issues related to SGMY were essentially excluded. Regarding adequate program content related to counseling sexual/gender minorities, Participant 1 narrated her experience:

> In my master's program specifically, as far as being built into the curriculum, it was absolutely not…I felt like I was almost inconveniencing people by asking about it. It sucked. That made me *feel alienated within my own class*, and you would think with a group of counselors that it would be a more accepting group of people then than like the typical population.

Participant 1 accentuated the negativity of her experience when she talked about feeling alienated by her peers by raising her volume and rate of speech. The participants agreed graduate

program curricula were inadequate for assisting student counselors to understand clinical issues concerning sexual and gender minority youth. For example, Participant 1 said: "Really the curriculum needed to include more specific training, equipping counselors in training for serving this population."

Additionally, Participant 4 indicated that their graduate programs excluded content specifically related to ethics and diversity considerations for counseling sexual and gender minority youth: "Graduate school...was *10* years ago. This is a very hot topic right now." Likewise, Participant 6 referring to the lack of training for competently counseling these youth said: "That was like *10* years ago." Respectively, Participant 4 and Participant 6 loudly exclaimed "10" apparently illustrating how distant their graduate work seemed to them. Regarding graduate program curricula updates, Participant 2 identified the topic of SGMY terminology representing topics which should be included in graduate program curricula: "*Gosh,* I mean, even *something*, like definitions of minority terms. I was *just* speaking on it…something like that should be in clinical coursework." This participant exhibited enthusiasm, apparent in the way she used rhythm and stressed certain words in her sharing. Similarly, Participant 5 seemed passionate. Commenting on her perceptions concerning controversial U.S. legislative actions related to ethics and diversity for competently serving SGMY, she stated:

> I've been practicing for about a dozen years now and I've been in higher education. I've had a faculty position at a counselor education program and I'm a private practitioner…I just have to say, it's an opinion… that it's kind of not okay for people to hold the belief that any youth should not have care! It's incongruent, in complete opposition, to what counselors are!

Answering the guiding question about what she would include in her own program design, Participant 7 said: "Of course I'd want to like morph…social justice and like cultural diversity… specific for this population." Participant 8, a practicing clinician, counselor educator, and self-

identifying transgender female, commented on their perceptions for improving graduate programs; they stated: "The first thing that comes to my mind, gaining enough skill to help transgender students." Discussing views on insufficient graduate program instruction, Participant 9 confidently said: "I *absolutely* think that we could use to expand with trans competencies." Similarly, regarding her perceptions concerning broadening curricula for emerging counselors as well as effects on clients Participant 10 stated: "For counselor education it's important…the impact would be to provide a safer community for these individuals." Participant 10's voice seemed to soften and tears appeared to well up in the corners of her eyes as she voiced how improved counselor education might impact emerging clinicians' as well as sexual and gender minority youths' safety.

**Lack of Adequate Continuing Education.** Continuing education focusing on competently counseling sexual and gender minority youth needs expansion (Kull et al., 2017; Portela, 2018; Sanabria, & Murray, 2018). Regarding perceptions on continuing education for this purpose, Participant 6 stated: "I haven't formally taken any specific training but for the most part I have good LGBT friends who teach me." Participant 6 also stated: "Those trainings that are just *described* as specific continuing education are really mentoring-related and I think a joke." This participant seemed to roll their eyes when saying this. However, Participant 5 sharing their view on the issues said: "Continuing education recently has been through local LGBTQ community organizations. They do something every month." Participant 5's statement was based on her experience trying to find relevant continuing education (CE) courses.

Concerning this perspective, she said: "It's not for youth specifically but it's LGBT." Participant 5's comments came across matter-of-fact and strictly professional. Contrarily, Participant 8's voiced waivered with apparent disturbance when she shared her perception on the

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matter: "I devote most of my continuing education towards LGBTQ…gender diversity training isn't necessarily youth specific but it's general." Participant 1 plainly shared her perception, commenting on the lack of ongoing training and information relevant to counseling SGMY: "Everything had to be learned intentionally by me." Concerning her views on adequacy of continuing education related to preparing to ethically counsel sexual/gender minority youth, Participant 2 appeared to roll her eyes as she stated with a response that mimicked disgust: "Quite frankly, I haven't taken anything that is specific."

Participants described various challenges regarding CE options and the quality of those options. Participant 4 suggested that if counselors' training addressed issues affecting SGMY, then clinicians' and counselor educators' awareness would be impacted. Participant 4, in an apparently logical stance, described their perception concerning the ethical and diversity points relevant for having access to adequate continuing education related to preparing to competently counsel youth identifying as sexual and gender minorities:

> Going back to education and really understanding….there are lots of issues but we put them all in the same box and… deciphering that would be really helpful for counselors…especially for the older counselors, you know their education and training is very different than today…I think it's really important because I think we need to know what's happening so we can effectively assess and treat.

Participant 3 appeared rather emotionless as she frankly discussed her perceptions regarding employment with an agency and part of a group practice:

> If we had more open discussion about this kind of stuff, I mean, maybe someone would feel more comfortable…we've never talked about that as part of our counseling techniques or like approach. I mean, we always talk about like bringing who you are is when your best assets as a counselor, but I mean, I guess we've never really specifically talked about that, so that helps me to make sure that I'm like at least bringing it up.

Participant 6, a self-identifying non-binary/queer pansexual agnostic practicing clinician, presented calm though passionate, noticeable in their intent eye contact and confidently bold tone

of voice. They shared their perception concerning effective educational preparation for

competently serving sexual and gender minority youth:

> I think you know specifically as far as you know unpacking personal biases and stuff like that there needs to be more trainings for…people with passion for this service…then also nontraditional intersectionality; for example, I have workshops on how to work with clear immigrant issues and queries of color and impoverished queries but not queries about sexual minorities. I feel like I'm not prepared…I wish it were better.

The participants agreed increased continuing education addressing issues affecting sexual/gender

minority youth would benefit counselors. Participant 5, apparently enthusiastic, shared this

perception in a lively voice:

> I joined an LGBT group…I'm very excited about it! So, I'm trying to go to all the opportunities that they provide and, so, I'm definitely trying to get as much training as I can! I *do* think that we can *all* improve!

> Answering the guiding sub-question (4.a) regarding involvement with SGMY-specific

continuing education, Participant 3 plainly answered: "None; but some transition issues with

trans people I kind of learned from." Similarly, Participant 5, who seemed to display pride as she

shared, observable in her raised chin and punctuated use of language and description of herself

allied with the SGMY population stated her perception:

> *Some* of the areas that I always try to hit up when I'm looking for continuing ed. annually would be suicide, LGBT…*those are sort of* the areas I think that I *wouldn't* say that I have a deficit in *but* I always *feel* like I want people aware of those areas but they are *usually* more just hit-or-miss, like when I *can* find or when I *can* attend a CE, or with ACA; when there's *anything* there, I *always* attend those sessions.

Participant 7, a counselor educator who identified her sexuality "questioning," shared the

perception:

> I previously worked in both school-based settings and also worked in mental health rehabilitation settings and…all I have received for…continuing education was general additional professional development.

P7 contrasted her statement concerning continuing education through generalized professional development, addressing the research problem concerning sexual and gender minority youth' counseling accessibility challenges, with her perspective:

> It may be difficult for youth to access counseling services…one of the problems is that is they are unable to find providers, as far as providers who are willing to be able to talk about the coming out process or even having the knowledge.

Along these lines, Participant 9 said: "I've taken a lot of phenomenal trainings and then I've taken a lot of the same information over and over again and I would like there to be a little bit more expansion in trainings." This participant sounded and appeared tired and apparently lacked enthusiasm or energy, observable in her slumped body posture and monotonous voice tone and slow rate of speech.

**Recommendations for Improving Counselors' Preparation.** The participants shared perceptions concerning counselors' lack of experience and preparedness, including compassion and awareness. Clinicians as well as instructional designers need information, highlighting practitioners' awareness and preparation, for improving trainings and counselor educational programs (Akos et al., 2019; Bennett & Dillman-Taylor, 2019; VanAusdale & Swank, 2021). With apparent concern and sincerity, Participant 4 relayed their perception stating: "All counselors need to be informed about youths' sexuality and gender identity topics…updated training is desperately needed." Participant 9 likewise implored, "Counselors in my area need better training and more frequently available options." Participant 8, a counselor educator and active clinician who self-identified, "White, Buddhist… non-binary/queer transgender female bisexual," was specific with recommendations for LPCs' training. They expressed their perceptions, urging:

> We should be aiming for…at least three hours of gender diversity training because if we get less than three hours they actually don't get a decrease in their prejudice, it actually…increases prejudice…a little bit of information is harmful and every place around here, that I know of and that I've dealt with, usually offers only one to two hours of diversity training.

Participant 8's circular, mid-air hand movements seemed to match their passionate exhortation for adequate training. Concerning continuing education (CE) recommendations, Participant 7, who self-identified "Black or African…Baptist…binary, questioning," shared their perspective regarding the need for including pronoun usage in ongoing counselor education:

> The pronouns, the names and inclusion, above all…using the names and pronouns for all…and being really thoughtful, like with the pronoun thing, like that's a great example of what we need. We need to take action and not just talk about it.

> Concerning attempts at changing language, Participant 10, apparently discouraged, observable in her slowed rate of speech and lowered tone of voice, shared her perception on the subject:

> I'm on the board of mental health in Nebraska and we tried to change our statute and regulations and put affirming language in there, and it was vetoed. Like, our governor wouldn't approve that with that language in there, and it was unfortunate.

Participant 2 presented hopeful, apparent in her observably upbeat attitude; for instance, as if optimistic, she quietly clapped her hands together as she shared her view. She suggested new information would impact clinicians' as well as counselor educators' preparation and awareness for helping sexual/gender minority youth:

> On one hand I don't want individuals to serve these youth if they're not going to be compassionate…they just don't know that it's just like talking to another human being. And maybe if they have more information then at least maybe, discourse or opportunity to consider, even consider anything other than what they are really driven by in the moment. I think what would be helpful is to inform masters programs of the issues.

Related to the importance of clinicians' awareness, participants shared common perceptions that counselors and counselor educators need information and awareness for helping sexual and

gender minority youth, and more than minimal information which can be harmful. Pointedly, Participant 8 shared their view:

> I would like to elaborate that I think that therapists and counselors seem to be more discriminatory. Most likely it's because of that 'having a little knowledge is dangerous' kind of idea, where people think they do understand what they're talking about when, in fact, they cannot. Most people are very surprised when I talk about my personal experiences as a gender-diverse individual when dealing with peers and superiors.

Participant 8's perspective indicates the lack of clinicians' and counselor educators' awareness concerning SGMY issues as experienced within a graduate program. This participant appeared nervous; their voice was shaking as they shared. Participant 5 presented confident and knowledgeable, observable in their firm, open communication style. Along the lines of the theoretical foundation of this research study, social constructivism (Vygotsky, 1980, 2004), this participant suggested using an ecological approach which a framework sharing primary constructivist tenets (Vygotsky, 1980, 2004). She said the approach would work best for helping clinicians competently and constructively (Vygotsky, 1980, 2004) counsel sexual and gender minority youth:

> A framework narrative works but if you look at the ecological model clients' experiences are really outside of themselves. They've been created and so I just think the ecological view is absolutely unavoidable. You can talk all day long about depression but the thing is… we're always being influenced from the outside and that's not internalized. We've internalized it but the external has to be addressed. I think that's the most important thing.

Concerning new constructive (Vygotsky, 1980, 2004) information likely to affect clinicians' awareness, Participant 8 shared their perception

> Expanding counselor awareness might mean bringing it more on the grassroots level, so state or at least local area, rather than having to seek…consultation groups out of national levels. Clinicians might need more options; it's hard to get networked into counselors in my area, at least with those who have the gender and sexual diversity knowledge at a proficient enough level, so collaborating definitely would be something that would be helpful.

Participant 8 still seemed nervous, apparent in their shaky voice and inconsistent eye contact.

Participant 2 presented confident, noticeable in her open, direct speech. From her perspective, she recommended training specific to competently counseling SGMY:

> I think that there are lots of just separate issues, but we put them all in the same box. Specifics are really important because I think if we need to know what's happening with these clients so we can effectively assess and treat.

Participant 4, who presented conscientious and empathic, commented on the importance of accurately acknowledging sexual and gender minority youths' preferred identities. She shared her perception regarding supporting educators to train students, emerging clinicians, for competently counseling this population:

> I think first should be updating proper terminology. That is something that I think is…the biggest challenge for people 'cause I see a lot of providers just nodding along like they know what they should say; 'cisgender is right, yeah,' and if we're assuming that I know what that is, then I'm continuing to talk to someone and that could, you know, lead to a complete misunderstanding of what the patient is even talking about! So, I think key terms or terminology, right? It's really important to get some really strong, like evidence-based, research in terms of, like, numbers and…more than just having a narrative of what's going on. Education should some strong research to back things up. So it would be helpful having some evidence-based research and statistics to support, like, adding terminology training into a program.

Participant 8 suggested continuing education should address practical challenges affecting sexual and gender minority youth. For example, regarding LPC-colleagues suggestion for finding consultation opportunities to support competently counseling these youth, Participant 8 shared their perception:

> I went searching for a consultation group. It was not good information that they were giving me. I usually got pushback towards that idea so I spent a lot of time looking for a group that was LGBTQ or gender diverse competent. And I had to seek out a national level of group that is of transgender counselors who provide for transgender people which is a great consultation group for me but it's at a national level…there isn't any local.

Additionally, financial realities are a practical challenge. For instance, Participant 10 openly

shared their perspective regarding the implications of managing minimal funding for ongoing

training: "We don't have money, there's so many individuals that we don't work with." This

statement from P10 indicates a lack of funding prohibits continuing education which might aid in

funding trainings which would potentially inform clinicians concerning relevant contemporary

issues such as those impacting counseling accessibility for sexual and gender minority youth.

Concerning the cost of workshops specific to SGMY issues, Participant 6 frankly stated their

view: "Barrier. The pricing is ridiculously prohibitive."

Another practical consideration is how educational opportunities are funded and who

should provide information concerning sexual and gender minority youth. Participant 10

expressed their opinion that this population is best suited to educate clinicians for expanding

access to competent counseling. Referring to a panel incorporated into a CE workshop that was

independently sponsored by a local agency, Participant 10 stated:

> I would like to learn from them…I heard from a trans-female, a trans-male, and then a
> homosexual youth, and they all told us their stories. I think we learned so much from that.
> Yeah, so I think if we can let them educate us, I think that would be beneficial instead of
> us trying to just learn about their lives without *them* telling us *their* story.

Participant 10 seemed excited, noticeable in her increased rate of speech and piqued tone of

voice. Related, Participant 9, in an apparently helpful spirit, shared her perception: "The best

training in my opinion are the ones that are by national or statewide counseling organizations."

P9 clarified later in the interview she was referring to CE opportunities through SAIGE (2020)

and ACA (2014). Participant 9's views support ideas for training expansion. After all, the nature

of counselor associations is collaborative (Portela, 2018; Storlie et al., 2019), a main tenet of

social constructivism (Vygotsky, 1980, 2004). Established professional counseling associations

such as SAIGE (2020) and ACA (2014) uphold openness in dialogue in the spirit of productive

collaboration and the constructive (Vygotsky, 1980, 2004) purpose of assisting individuals and

strengthening communities (Portela, 2018; Storlie et al., 2019).

***Theme 2 - Clinicians' Competency Related to Counseling SGMY***

Participants discussed their perceptions concerning SGMYs' service accessibility and

how this affects competently counseling this population. Participant 4 shared her views regarding

how to potentially improve ethical practice suggesting challenges center on ethics and diversity

factors which should be addressed through "evidence-based research…adding terminology-

training into educational programs." Participant 4's point was improving educational programs

increases counselor educators' and counselors' awareness about ethics and diversity factors

impacting competency serving this population which, if adequately researched, might improve

emerging clinicians' ethical behaviors and perhaps expand counselors' availability for serving

sexual and gender minority youth. Along those lines, Participant 10 shared her perspective

concerning this population's barriers to counseling accessibility, how this is likely to inform

LPCs to competently serve them: "I think being able to properly assess is really

important…asking all the right questions…I also just think being covered in the up-to-date

research and new issues is probably the biggest thing."

Similarly, participants acknowledged they are aware of the impacts regarding counselors

denying SGMY services. They shared perceptions about how counselors' incompetent behaviors,

resulting ethical violations, exacerbated the problem. For instance, Participant 8 a self-

identifying transgender female counselor educator and actively counseling SGMY shared:

> When it comes to youth, I think there should be a guideline, a kind of treatment-
> training…a level of understanding to be able to say you're proficient…if you are not

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proficient then it should be unethical.  You should be *ethically* stating you are *not* proficient.

This participant continued sharing perceptions on her understanding of proficiency, also known as ethics and diversity issues, for counseling sexual and gender minority youth. Participant 8 continued, sharing her perception regarding a vital ethical consideration:

> I believe we should be reviewing the standards of confidentiality regarding the clients' sexual and gender diversity and sexual orientation diversity, romantic orientation diversity is very important too, because too many times I've seen peers of mine outing clients to their family. The client did not want the outing to occur, either through handing over documentation or just talking to the family in general about this huge detrimental problem that causes a lot of LGBTQ youth to not trust counselors and therapists because of that fear of being outed.

This is a clear example of incompetent behaviors leading to ethical violations, in cases such as this, HIPAA violations arguably resulting in youth prematurely terminating counseling (Smith et al., 2021). Furthermore, participants discussed clinicians' inconsistent awareness concerning colleagues denying these youth services. Participant 5 shared it took her time to realize the reality of the problem, describing her perceptions concerning attempts expanding her availability for sexual and gender minority youth: "I recently just tried to gain experience because I want to make sure I do what I can with that population." Participant 5's voice sounded shaky but certain. Participants suggested understanding LPCs' perceptions in this regard might influence clinicians' motivations affecting change concerning the problem of service denial.

Participants discussed moral dilemmas which counselors experience. They related these to negative consequences sexual and gender minority youth suffer resulting from counseling accessibility challenges. Participant 10, practicing in rural Nebraska, stated the importance of positive clinical experiences for her and other LPCs regarding competently counseling sexual/gender minority youth: "Unfortunately, when kids go to a bad counselor or they get one

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negative statement they're not going to go to counseling anymore, right?" Participants shared

their perceptions regarding emotionally charged topics concerning SGMYs' counseling

accessibility challenges. Some of the impacts participants **s**hared which they heard from sexual

and gender minority youth include homelessness, substance abuse, and severe mental health

episodes such as suicidality. Sighing as if this issue was a heavy brick obstructing her breathing,

P6 commented on her perception concerning SGMYs' "really high suicide attempt rate…40% or

something just absolutely ridiculous." Participants discussed what they perceived to be

counselors' collective guilt regarding SGMYs' negative consequences resulting from colleagues

denying these youth counseling. In this context P1, following a deep exhalation and inhalation,

stated her perspective: "The likelihood is high of being in the homeless population if you are a

young LGBTQ, so…you're trying to stay alive." Participant 1 further explained SGMY act on

survival instincts begin "using substances and take other risks in order to maintain a sense of

control." Participants discussed the insufficiency of current counseling options for sexual and

gender minority youth and how this problem impacts counselors.

Participants shared their perceptions regarding the problem of inaccessibility related to

consequences affecting counselors. These impacts included their perspective on systemic

challenges such as problematic funding for program and training updates, which adds to

challenges serving sexual and gender minority youth. Conveying their views on such obstacles,

participants included thoughts regarding scheduling demand and delays for anyone seeking

counseling especially youth indentifying as sexual and gender minorities. On that note,

Participant 1, who counsels individuals in an urban setting, said: "It's hard to find available

counseling right now, for *anyone*; and, then on top of that…there's a scarcity of us who are

openly trans-affirming." In context, this participant was describing how the high demand for

counseling is stressful for her and colleagues. Participants shared perceptions concerning how SGMYs' service accessibility challenges affect clinicians, despite to whatever degree some mental health counselors contribute to the problem. In a serious tone Participant 2 referenced one of the most stressful aspects related to serving these youth: "Obviously, increased rates of suicide attempts and completed suicides." Participant 2 appeared to straighten herself in her chair as she shared her perspective on this tragic issue, perhaps the shift in body position expressed her sense of grief prompted by sharing this information.

Participants shared their perceptions on competency, or ethics and diversity, issues linked with effectively serving SGMY amidst strong beliefs and opinions. They discussed how these factors implicate their understanding of competently serving youth identifying as sexual and gender minorities. Describing the topic of clinicians denying these youth counseling, in a matter-of-fact tone, Participant 3 shared her view regarding competently counseling this population. She indicated it is "important for them to have a therapist who specializes in this or has a lot of knowledge." This participant sounded confident sharing her perception concerning criteria for ethically serving sexual/gender minority youth. Participant 3 suggested heightened awareness is vital to LPCs' growth for expanding ethical service to this population.

Participants acknowledged counselors exhibiting incompetent behaviors typically do not feel confident in their training, issues which affect individual clinicians as well as the fields of counseling and counselor education and supervision. They expressed their opinions, constructively (Vygotsky, 1980, 2004) addressing the research question and subquestion, indicating their belief that low confidence results in clinicians who outright deny SGMY services. They perceived the root of this counselors' diminished confidence is likely due to misunderstanding what it means to affirm SGMY or how to communicate that to youth seeking

mental health care. Participants perceived clinicians are frequently unaware of how to appropriately follow ethical standards related to competently counseling this population. Along these lines, Participant 4 stated:

> I think I'm more prepared with difficulties if we were talking about heterosexual versus homosexual terminology and all the other new stuff, right? Yeah, cisgender, gender binary, all that stuff. I'm not up to date and or prepared, per se...new stuff.

Regarding sexual and gender minority youths' attempts accessing counseling services, Participant 2 shared her perception on the issue: "I would imagine, as someone who does not experience what [SGMY] experience, that it's really hard to probably be sure that you're going to find a therapist that is gender-affirming." Participant 2 shook her head from side-to-side as she spoke, by this body language she was perhaps noting the discouragement affirming clinicians and SGMY regularly experience. Another participant practicing in rural Arizona shared her perspective on LPCs who are disaffirming: "When it comes to those who are really intolerant…affirming is not even part of their construct…what youth could be needing, help is really, really inaccessible." Participant 6 was noticeably shaking their head slowly, from side-to-side, perhaps also reflecting on how counseling accessibility challenges impact those LPCs who *are* constructively (Vygotsky, 1980, 2004) affirming this population.

Participants shared their perspectives concerning practical issues stemming from ethics and diversity important for competently counseling sexual and gender minority youth which affect them and colleagues. They linked these issues to SGMYs' access to quality mental health care. Participants perceived these practical, or systemic, issues negatively impact licensed professional counselors. Reiterating how these challenges affect her and colleagues, Participant 8 shared her straightforward perspective: "There is a problem in regards to accessibility." She looked directly into her webcam when she made this statement seemingly highlighting how the

issue deeply affects her. Illustrating systemic obstacles affecting clinicians related to service

accessibility for sexual and gender minority youth, Participant 8 perceived SGMY "have a

greater chance of not having the financial, insurance capabilities of getting counseling." This

participant suggested some clinicians feel guilty not regularly serving uninsured or underinsured

sexual and gender minority youth. She indicated more counselors might expand service

availability if marginalization, including related insurance-coverage challenges, were not a

factor. In this spirit, Participant 9, an urban Pennsylvania based counselor and clinical

supervisor, shared her perception: "It's…really important: I want there to be expanded

information but I want to get it the right way." She suggested "expanded information" should

include insurance coverage or other funding streams implemented ensuring counselors'

compensation is secure when considering availability for sexual and gender minority youth

clientele. Participants agreed understanding LPCs' perceptions concerning ethics and diversity

implications for serving SGMY, also known as competency issues, would inform clinicians. On

that note, Participant 4 perceived developmental factors related to diagnostics and treatment are

vital for clinicians to collaborate on for best affirming the individual client as well as

professional integrity. She shared:

> In my opinion…I think there are lots of separate issues but we put them all in the same
> box and, I mean, I think kind of deciphering that would be really helpful for
> counselors…we need to know what's happening so we can effectively assess and
> treat…For some…something is totally wrong…maybe this child is trying to
> communicate to the parent…part of natural adolescent difficulties and they could just be
> a perfectly developing child…but we're categorizing them as like maladaptive…on the
> flip side…maybe there's something really wrong though we're normalizing it…so I think
> this is a really growing topic that needs a lot of attention and detail…to really help…so
> we can, you know, really kind of figure out what is needed and what's not needed.

These are primary examples from the participants' perceptions concerning how ethics and

diversity considerations, competency issues, relate to clinicians denying counseling to these

youth and how this issue impacts licensed professional counselors as well youth identifying as sexual/gender minorities and their access to quality services.

Participants discussed how clinicians' prejudices and biases against sexual/gender minority youth affect themselves and colleagues. The participants described SGMYs' experiences of marginalization related to counseling, describing how marginalization results in harmful consequences such as isolation and heightened occurrences of severe mental health symptoms. For instance, Participant 8 stated: "Stories from my clientele…they've had a lot of discriminatory interactions with counselors and therapists." On that note, Participant 2 shared: "Emotional complexities of SGMY, living as 'a minority within a minority,' increases…isolation, helplessness…severe mental health…and marginalization." Due to a lack of clinical exposure or general unawareness clinicians tend to disbelieve clients, especially regarding their reported sexual identifications. Some counselors assume youth identifying as sexual and gender minorities need to thoroughly come out, a phenomenon coined erasure (Zaki et al., 2017), undermining clinicians competently serving this population and to the integrity of the counseling profession. Regarding erasure impacting her competently serving SGMY, Participant 6 shared,

> They have had therapists who might have been gay or straight who have encouraged them…that they're not completely out yet because their identity is seen as somehow incomplete, and so I do a lot of, you know, supportive work…to overcome…erasure.

Participants indicated quality counseling helps resolve issues that deeply affect sexual/gender minority youth, in turn strengthening their own resolve, broadening support with colleagues thereby bolstering ethics and diversity, competency, for the field of counseling. Participant 3, concerning supervision and clinical work, stated: "What I can bring is just a total non judgmental stance to allow people to be who they are…provide that safe harbor." Along these lines,

Participant 2, a supervising clinician reported particular challenges for the team of clinicians she oversees therefore she "really listens" to her staff suggesting SGMY experience unique negative consequences which can vicariously affect counselors.

Related to this, Participant 2 went on to say SGMY are a "minority within a minority." This participant explained the meaning of that phrase: "Most are 'first-generation minorities' because of the nature of identification." Participant 2 elaborated: "'First-generation minority' means that they don't have parents or other family members with the same experiences." This participant further explained SGMYs' experiences are usually "very different from parents', grandparents', or other relatives' lives" thus competently counseling SGMY is extraordinarily difficult compared to other clientele, even other minorities. Participant 2 said these atypical generational experiences are "unique…because nearly all other minorities have family members who provide insight." In the context of collaborating with colleagues to affirm SGMY within communities, Participant 1 suggested "systemic awareness, being aware of clients' basic needs, first of all. That includes a safe counseling environment to begin processing crucial issues." Regarding awareness and safety for both clinicians and clients, Participant 1 stated,

> The thing that comes to mind for me would be systemic awareness. So, basically being aware of how things that you may not think would affect people—that they do: insurance coverage, housing, just feeling safe in the therapy office to actually talk about things that they need to talk about.

Concerning ethically asking SGMY personal questions while simultaneously respecting their experiences of painful challenges, this participant commented on this important factor related to trust and building rapport:

> Making sure that we can get info' without making our clients explain themselves and feel as if they're being asked personal questions that aren't necessary. It sure can be a tricky line to walk.

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On a related note, Participant 5, an experienced clinician, stated:

> There are definitely specifics but I kind of see it as specifics that many populations have…if an individual comes to me and they're an ethnic minority, then I've got to, have to, understand that there will be differences in their experiences of being different.

Participant 1, a self-identifying bisexual, non-binary, queer, White, agnostic conveyed,

> There's a movement happening right now that's really positive of, 'how do we work better with minorities?' Even for minority counselors, we may not be a minority in the way that our client is. And so, intersectionality movement… his goes for people who do the work, which to me means talk about it…processing, like how can we how can we dig deep, and so less about what you know. It's more about what you know about *yourself* and *how*…to preempt like any transference or counter-transference, working through internalized transphobia.

> ***Ethical Factors Related to Counseling SGMY.*** Participants shared that some clinicians

are not adequately prepared to counsel sexual and gender minority youth (SGMY) due to lack of

knowledge or concern for issues important to that population, resulting in violating ethical

standards. For instance, Participant 8 relayed her perception regarding counselors' ethical

obligation for gender diversity:

> It's hard to get networked into counselors, in my area at least, who have the gender and sexual diversity at a sufficient level. One of the barriers I run into…is the idea of gaining enough skill to lose some of the prejudice.

Along those lines, sharing her perspective on available sexual/gender diversity training near her

Participant 5 matter-of-factly stated: "It's pretty much people here are military or medical." She

implied the region of Texas in which she lives and works is comprised of large employers which

are apparently uninterested to provide ethics training such as gender/sexual diversity.

Commenting counselors collectively, Participant 3 shared her view:

> I think that we're still pretty closed-minded as a whole. I think there are pockets of people that are really open and understanding, kind of. I think that as a whole we just need a lot more education about it.

Participants shared how denying SGMY access to counseling violates the profession's ethics standards. Participant 9 offered her perception of this ethical problem by using a workplace anecdote: "Let's say I'm [employed] at a place, who has no understanding…you're going to get stuff wrong…I want to be empathetic but I also want to be like WTF are you doing?" This participant suggested equitably scheduling youth identifying as sexual/gender minority youth is vital for ethically serving this population.

Participants discussed how denying SGMY counseling is unethical, affecting individual counselors as well as the professions of counseling and counselor education which impacts service accessibility for that population. Linking counselor education and counseling accessibility, Participant 10 stated: "I think education is important. I think that the impact would be to provide a safer community for those individuals. I think it would provide better counseling for those individuals." Participants discussed their experiences counseling sexual and gender minority youth related to these youths' challenges accessing services. Participant 6, a self-identifying non-binary, queer, pansexual commenting on their perception of these obstacles shared: "I feel like gender identity topics are something to burn…maybe it *was* improving, but now it's more toxic."

The therapeutic relationship, referral practices, and counselors' biases are the primary ethical considerations the participants perceived to be at the root of the problem. Participants shared perspective concerning how the counselor-client relationship is a key ethical and diversity consideration for competently serving SGMY which influences therapeutic progress. Namely, they perceived trust and rapports are the most vital qualities counselors should nurture in that relationship. For instance, concerning the importance of developing these qualities with SGMY, Participant 6 shared these youth "learn how and who to trust, it's really important. So as a

therapist…that's one of the most central things." Along those lines, participants discussed

counseling sexual and gender minority youth highlighting the importance of competently serving

this population related to fostering trust within the client-clinician relationship. Participant 6

shared her perspective:

> Unfortunately, gender and sexual minority youth are like targets for all sorts of
> exploitation and, you know, things…that can really, you know, hurt them. And learning
> how to build trust in yourself and discern who's trustworthy outside of yourself is one of
> those sets of skills that, you know, if I do nothing else, that's what I want them to leave
> with.

As this participant shared, she appeared emotionally affected, wiping tears from the corners of

her eyes. Audible changes were apparent as her voice became shaky and quieter. Through the

emotions, this participant emphasized how invaluable trust is for vulnerable youth identifying as

sexual or gender minorities. She suggested this emphasis on trust is an ethics consideration

affecting clinicians' ideas for competently serving these youth. Participant 6 stressed the idea

that without a trustworthy professional, SGMY frequently experience mental health crises,

isolation, marginalization, abuse, and worse. Participant 6 underscored SGMY need to "build

trust in self and discern who's trustworthy."

Concerning affirming care and safety within the therapeutic relationship and how this

attitude serving SGMY fulfills her sense of professional duty and moral obligation, Participant 3

shared: "I can bring…total non judgment, provide that safe harbor." Regarding the importance of

the counselor-client relationship to clinicians and the counseling profession, Participant 1, a self-

described LGBTQIA+ ally, advocate, and non-binary clinician, referenced the 2014 ACA Ethics

Code's introduction to Section A, which states:

> Trust is the cornerstone of the counseling relationship, and counselors have the
> responsibility to respect and safeguard the client's right to privacy and confidentiality.

Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve.

Participant 2 shared her perception concerning SGMYs' trust how important that is for the counselor-client relationship and the profession:

> The experience that I have…for many of us, we serve children mostly, or teens…if you're lucky or just through the course of just getting to know the client that they'll feel safe enough to tell you that their gender identity is different…when we do hear that, we are so grateful and we make sure they're letting us know their preferred pronouns…there is so much more isolation, we really just try to address that, try to take care of them and give them resources.

Along these lines, participants shared perceptions concerning how mistrust damages the counselor-client relationship, an ethical factor essential for competent practice impacting counselors and the profession of counseling. They noted counselors' failure to refer sexual/gender minority youth to clinicians who are competent to serve them, an aspect of mistrust which is harmful the therapeutic relationship. With increased volume and apparent seriousness, Participant 1 shared:

> As far as counseling goes, you know, you can just say...basically: 'it's not my scope of expertise, my scope of practice, we don't have money,' there are so many things, 'we don't work with that right now,' just like you know, 'I'm sorry, I don't work with the,, here's a referral.' You know, it's just a personal choice, it's like here's somebody who does do that; we need to refer-out in an ethical way instead of just saying, 'no, good luck with your life.' Yeah, we don't have to work with everybody.

Participants discussed the connection between competently following ethical referral standards set forth by the ACA (2014, A.11.a-d). P2 leaned into her web camera and passionately commented on SGMYs' counseling accessibility challenges: "When it comes to ethics…there's so much…professionals will basically say, 'No I won't do that because they're transgender,' or *whatever the case* may be."This participant exhibited passion for the issue as their voice grew louder than in previous sharing. They appeared to be visibly shaking, especially when they

exclaimed, "or whatever the case!" Along those lines, Participant 10 shared perceptions

regarding the exclusive attitudes prevalent in her community which prevent SGMY from seeking

counseling:

> We had admin' say, 'we're not going to force our counselors to work with deviant youth, you know because we don't agree with it'…you don't have to agree with it, just say…it's outside your scope of practice. Yeah, you don't have to be rude.

Participants acknowledged they might not agree with clients regarding various issues including

sexual/gender identification however they expressed their passion for equitable counseling

accessibility. For instance, regarding the importance of referring SGMY to competent providers,

Participant 1 somberly stated:

> We don't have to agree with everything…yeah, I think we do need to have that referral, and you know, just simply say, 'you know I'm sorry I can't but we're going to get you somebody who does'…you know at least be honest with the client, help them find another counselor that fits, really comes down to that.

On that note, Participant 3, a clinical supervisor and therapist in urban Washington State, said: "I

can…allow people to be who they are…if we get into other concerns I may not know a lot about

then I refer or consult to make sure they get their needs met."

Participants discussed how counselors' biases affect themselves and the counseling

profession. They expressed perceptions about how clinicians' bias should be set aside in order to

competently counsel sexual and gender minority youth. Along these lines Participant 6, sounding

exhausted, stated:

> It's become a lot worse recently, probably in the last four years 4 ½ years…the politically far-right conservative party really has politicized the issue when it shouldn't be; it's just a human characteristic but now been aligned with 'you have to hate people you have to hate these people in all these different groups' and gender being one of them, or you don't get to be a conservative' unfortunately. And I'm very accepting to, you know, all.

This participant's description about how counselors' biases negatively impact people highlight sexual and gender minority youths' counseling accessibility challenges and its impact on clinicians. Participants discussed the importance of supporting SGMY, what alliance means, and how to set aside bias. Participant 1, looking directly into her webcam with seeming intensity, conveyed her perception:

> I mean but, just saying, like, we have to be honest with ourselves. As I said…it's not like how to *be an ally,* necessarily. It's like how to *work on* continuing to while *making sure* we are setting aside biases…none of us want to believe that it's there but it's true that you have to intentionally unlearn it. I need to think about, you know, how can I be curious about that or set it aside.

Participants highlighted how personal and professional identities intersect with competently counseling youth identifying as sexual and gender minorities. They discussed counselors' ethical obligations. They offered perspective concerning how awareness of personal privilege can assist in constructively (Vygotsky, 1980, 2004) acknowledging biases. Participant 6 acknowledged:

> I'm in a privileged class being cisgender and pansexual and white, and all that, and so *that's there,* and I think *that's* going to be there for a lot of different populations that I serve, that is going to be different from me, so…there's gonna be those you know the internalized lens stuff, like that, just because of the privilege that I carry.

Furthermore, participants shared examples of bias impacting personal and professional affairs. Participant 8, a self-identifying transgender clinician and counselor educator shared their perceptions of coworkers' biases:

> I also hear similar stories from my clientele and from people who are queer who…have had a lot of discriminatory interactions with counselors and therapists. I kind of have a similar distrust…with most counselors and therapists until they proven otherwise. It's a really strong problem and one that's hard to eliminate just because most counselors, when I bring up that they are being micro-aggressive, will usually strongly deny information biases in order to prove that they are not, rather than reflect on whether or not they are…It took me quite some time to find a workplace that didn't regularly discriminate against me and queer youth. If I brought up the things that were occurring at work that were discriminatory, I was usually labeled as being 'unprofessional' because I was causing 'distress and duress' amongst peers...I've actually had the experience of *being*

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> *fired three times now, from places that are counseling organizations, for being gender diverse!*

Participant 8 expressed frustration by emphasizing the experiences of inequitable treatment, relating their perceptions about this problem to fellow counselors' prejudicial treatment against sexual and gender minority youth. This participant's discontent was observable in their strained, shaky voice and in their eyes watering as well as their sudden head movements toward their web camera during the interview, apparently expressing anger and sadness.

### *Theme 3 – Clinicians' Advocacy Related to Counseling SGMY*

Participant 10 simply shared her perception: "I think that we need more advocacy." Participant 4, who reportedly advocates for SGMY and their family members in her community, shared her perspective: "About perceptions of gender minority youth families…that family dynamic, I absolutely do see something: that it's gotten worse." This participant presented apparently calm and sincere. This was observable in her consistent eye contact and steady tone of voice.

Participants described their perceptions on expanding educational advocacy for families of sexual/gender minority youth. Related to this idea, Participant 5 expressed her view on supporting ethics and diversity considerations related to competently counseling these youth: "I really I wish that there was more of an emphasis on family. We have to get the family involved." This participant seemed sincere and open, noticeable in her warm, welcoming online presence. Her openness was especially apparent in her soft, sincere tone of voice.

The participants underscored the need for supporting and advocating for colleagues as well as for SGMY and their family members regarding their perceptions about potential improvements to counseling and counselor education. For instance, Participant 7, a counselor

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educator, shared her perception concerning actions she takes in addition to instructing counseling students: she shares "resources, books…and teaches" these youth and their family members, similarly to how she approaches counselor trainees. Participant 7 seemed excited; she exhibited a lively speech pattern and apparent enthusiasm for sharing this information.

Regarding advocacy of sexual and gender minority youth and their family members, Participant 6 shared their views on advocating for counselors, helping them with what they need for competently serving them. This participant shared their perceptions with an observably calm body language and with a somber tone of voice:

> There needs to be explicitly help for how to deal with parents who are at any point of acceptance, and how to do that kind of family therapy because you're dealing with a situation where the problem doesn't lie within the child, but in society and the family system.

Participants shared perceptions concerning the importance of constructive (Vygotsky, 1980, 2004) collaboration, a need for clinicians to ally with one another for educating families of sexual and gender minority youth and advocating for this population. Participant 5 differentiated clinical work from what happens with SGMY at home with their families; with her right-hand pointing forward then moving downward, apparently illustrating the importance of what she was sharing:

> You and I can do all the work in the world with, you know, one of the kiddos, and if they go home and their parents are being awful to them or maybe they're not even awful, maybe they don't even know what to do, you know. So anyway, I think supporting each other and family members is important.

Along those lines, participants commented about their perceptions regarding underutilized support and advocacy from within families. Regarding clinicians' awareness and what might impact sexual and gender minority youth and their family members, Participant 1 shared their perception:

You know family or friends, you know peer relationships, just an example of a topic that may be relevant for effectively serving clients with awareness. So, basically being aware of how things that you may not think of would affect these kiddos.

On that note, Participant 1 self-disclosed, describing their struggles as a youth identifying as a sexual minority. This participant wove those experiences into their perceptions regarding SGMYs' as well as clinicians' contemporary needs. Participant 1 shared personal experience concerning perceived needs for advocacy, from both a client's and a counselor's perspective, impactful to sexual and gender minority youth:

I think the advocacy could go really far, being there for families not as a like remedial like, 'Oh my kid came out now we have to deal with this,' but like just how can we be better and how can we teach our children to be in a way that like coming out wouldn't be a big deal? Like, 'In our family… we want you to know we want you to ask questions about sex if you have them.' Just a little just a little tidbit from my life: I was not sexually active in high school. I was a closeted bisexual, and I just didn't really know what was going on. I didn't really have very many relationships in high school and in college I dated women exclusively. I was like, 'Oh I'm a lesbian because, you know— not going to be bi—means you have to pick.' I liked women so I'm like, 'Well I guess that's me in high school…I graduated. I started dating this guy who is my really close friend and I realized now, 'Gosh, I am attracted to him! It was like, what does that mean for me?' And so, of course my mom—then I'm like 21 or 23 at this point. My mom sits me down and is like, okay, so when you have sex with a man this is what you do.' And I am like: 'Don't! Like I'm 23!' And she was like, 'Well you weren't having sex in high school and then you're having sex with women, and I didn't have anything to say about that.' Oh, my goodness, 23! Me: 'It's too late! Like, I already know about condoms I'm good!'

Participant 1's emotions seemed to range from tearfulness to laughter; she observable wiped a tear from her left eye at one point in her share; at another time shortly following the wiping of the tear, she was literally laughing out loud. Throughout her sharing her perceptions concerning her experiences, this participant's rate of speech and tone of voice seemed to match her emotions.

The participants discussed their views on the importance of advocacy. They described perceptions concerning how information is helpful for counselors to competently serve sexual

and gender minority youth and their families. Along the lines of exhibiting helpfulness and

sharing information, with a noticeably somber tone, Participant 2 said:

> You know…just being open to the fact that their needs are always changing. Also, there
> is lots of information on, obviously increased rates of suicide attempts and completed
> suicides and depression and anxiety—just among minority youth. And also, some
> information on ways to connect families—that same information could help us
> counselors especially if families are really struggling or refusing or declining to support
> their child.

Participants shared perspectives regarding facilitating clinical sessions for supporting sexual and

gender minority youth, thereby strengthening counselors' competency and counselor educators'

capacity for supporting emerging counselors. Participants discussed actions that might be helpful

as well as some which are counter-productive. For instance, with apparent sincerity, in a steady

tone, Participant 10 shared her perceptions on advocacy important to clientele and clinicians:

> Definitely being a voice, helping kids remember their voice. You know helping them talk
> to, if they want to share, with family, helping them learn how to talk to family. You
> know, bringing…family into the client session if they want to talk to them, that way, not
> pushing them to talk to family. I think that's important. I think sometimes counselors will
> be like, 'you have to tell your family! You have to come out!' And I think it's important
> to not push them to do that, so we need to educate that way and advocate that way.

As she said this, this participant sat up straighter than she appeared before sharing these

thoughts. She simultaneously moved nearer her camera, maintaining intent eye contact,

seemingly more present than ever. Participants described additional ways that clinicians can

advocate for one another as well as for sexual and gender minority youth. She described her

perceptions concerning the importance of identity-affirming people as well as access to

informative resources. For example, Participant 2, tilting her head in apparent curiosity, shared

the perspective:

> I can say that any of my staff would be gender-affirming. I wonder about how much they
> don't know the 'how-to' for some of the clients that they see. How much more beneficial
> would it be if they had felt like they had access to more resources, outside of a youth

center which is the one place I can pick out, local, where they would actually be able to speak to someone that really knows what that is like.

Implicating Vygotsky's social constructivism (1980, 2004) participants shared their perceptions supporting clinicians competently counseling SGMY and the importance of sharing information and supporting advocacy. They described the importance of counselors' and counselor educators' advocating for sexual/gender minority youth in communities and providing educational opportunities. For instance, in a confident manner observable in tossing-back motions of her long straight hair, Participant 8, a counselor educator employed by a large university, shared:

> I consider myself…being able to advocate. And so, for me that means like not just working on another project or having the Lambda sign on my door. Tell me when policies are coming out and not just signing a petition! I'm working on being able to speak…for example I handle some of the listserv stuff around, coordinator here at the university. So what you think I did when we returned to campus: sent out LGBTQ announcements on that listserv…kinda ruffles feathers, 'cause I sent out one about a petition, a study and, you know, it was like also about resources including information…the thing here is what I want to do is make sure advocate's someone who's familiar with the community… representative of the…youth.

Participant 9 also disclosed the need for intentionally approaching advocacy from within the professions of counseling and counselor education centering on practitioners and sexual/gender minority youth as well as their family members. This participant describes how this avenue is especially important considering gender transition topics. In this context, as she inched nearer her webcam in apparent confidence and stated:

> The first thing that came to my mind was making sure that we can get enough relevant data without making our clients explain themselves and feel as if they're being asked personal questions that aren't necessary. Sure, you can get a tricky line to walk, because as a clinician, if someone, especially as who's considering medical transition, I need to know what stage they're at, at home…to get accurate information to the client and then to their family, it's relevant. But at the same time, I don't want to make my clients feel like they have to disclose anything too quickly…one of the ways that I have a positive relationship with my client.

**Summary**

This chapter summarized the essential findings from the themes derived from the data, which began with the researcher's role, the interest in the research topic, and intriguing aspects of the study. Chapter 4 linked the study to the researcher's background and experiences. It described the sample, data preparation, data analysis procedure, and concluded with the notable findings of that analysis presented clearly with the participants' responses. Through Percy's (et al., 2015) step-by-step inductive analytical procedure the researcher coded and grouped their responses into categories. Eventually, patterns surfaced which, through the researcher's rigorous data preparation and intimate time with the data, resulted in themes and sub-themes.

The themes and sub-themes were arranged in order of importance determined by the frequency participants highlighted them. The purpose of this study was exploring these themes to answer the research question what are licensed professional counselors' perceptions of ethics and diversity implications for serving sexual and gender minority youth? Sequentially, the purpose also was to answer the subquestion: how do licensed professional counselors' perceptions of ethics and diversity implications for serving sexual and gender minority youth inform Counselor Education and Supervision? The participants shared detailed descriptions of their perceptions concerning their experiences and phenomena related to counseling sexual and gender minority youth. Their perspectives reinforced existing social constructivist tenets described by Vygotsky (1980, 2005) and presented novel implications highlighting the importance of collaboration, education and training, the advance of information, and advocacy for counselors and clients.

The main findings of this study were (a) adequate counselor education/training supports clinicians' awareness of issues important to youth identifying as sexual and gender minorities, which enables them to competently serve that population and (b) counselors who are informed of

issues affecting these youth is connected to improved service accessibility. Inductive analysis (Percy et al., 2015) of the participants' transcripts resulted in three final themes, including respective sub-themes. The final three themes were (a) lack of counselor training and preparation with the subthemes: lack of training and curricula in graduate-level programs, lack of adequate continuing education, and recommendations for improving counselors' preparation, (b) clinicians' competency related to counseling sexual and gender minority youth with the subtheme: ethical factors related to counseling these youth, and (c) clinicians' advocacy related to counseling this population.

Each theme and sub-theme included direct quotations from the participants, bolstering the interpretation of the data. Descriptions of body movements as well as tone and volume observed in the interviews were included to present context for the analytical process, strengthening rationale for interpretation and simplifying replication. The participants' responses were synthesized to support an understanding centered on constructivist (Vygotsky, 1980, 2004) principles illustrating licensed professional counselors' perceptions concerning ethics and diversity implications for serving sexual and gender minority youth. A summary of the final three themes follows.

The first theme, counselor training and preparation, which implicated competency issues, was the most impactful factor related to clinicians' perceptions concerning denying sexual and gender minority youth access to counseling. All 10 participants shared their perspectives on these competency issues which are ethics and diversity considerations for preparing counselors to serve these youth. Participants also shared their experiences and opinions about the effectiveness of graduate-level programs concerning enabling emerging clinicians to competently counsel

sexual and gender minority youth. Additionally, they discussed their perceptions concerning the adequacy of continuing education and recommendations for improving counselor preparation.

The second theme, clinicians' competency, related to SGMYs' counseling accessibility, was a significant consideration the participants highlighted, sharing their perceptions on ethics and diversity implications. They implied the importance of this factor was secondary to the first theme because competency for counseling this population results, or should result, from effective counselor training, preparation, and education. Participants shared their perspectives regarding ethical factors related to sexual and gender minority youths' access to adequately informed clinicians and quality counseling services. More specifically, they shared views and experiences related to diversity and counseling SGMY such as the importance of the therapeutic counselor-client relationship. They discussed clinicians' lack of adequate preparation resulting in incompetency serving these youth and counselors' lack of awareness resulting in ethical violations such as not referring these clients or inappropriately referring them based on ethical standards (ACA, 2014, A.11.a-d). Additionally, most participants shared about counselors' prejudices and biases related to denying this population access to counseling.

The participants shared perceptions concerning ethics and diversity implications for serving this population which resulted in the third theme, clinicians' advocacy, implicating counselors' support for one another as well as clients and other stakeholders. Participants described their ideas, opinions, and experiences regarding how advocacy is linked with the value of resource accessibility and collaboration, expanding knowledge of issues relating to competently counseling sexual and gender minority youth. They underscored the needs for education and support of clinicians as well as SGMY and their families. This equated to opportunities supporting colleagues and the professions of counseling and counselor education.

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Participants suggested educational family support and professional collaboration lends to advocacy efforts, affirming these youths' gender identification and life experiences. In effect, they detailed how these methods of advocating for SGMY strengthen counseling and counselor education. Some participants self-disclosed in great detail, providing grounded and specific examples of the power of advocating for youth identifying as sexual and gender minorities as well as for colleagues.

Analysis of the data derived from the transcribed interviews resulted in the three final themes and corresponding subthemes. Through detailed narrative responses, licensed professional counselors sufficiently answered the research question what are licensed professional counselors' perceptions of ethics and diversity implications for serving sexual and gender minority youth? And the subquestion: how do licensed professional counselors' perceptions of ethics and diversity implications for serving sexual and gender minority youth inform Counselor Education and Supervision? Aligning with the social constructivist (Vygotsky, 1980, 2004) theoretical framework for this study, the information obtained from the participants filled the gap in the literature related to licensed professional counselors' perceptions of ethics and diversity implications for serving sexual and gender minority youth.

The participants shared detailed descriptions of their perceptions concerning their experiences related to counseling sexual and gender minority youth. Their perspectives reinforced existing social constructivist tenets described by Vygotsky (1980, 2005) presenting novel implications which highlighted the importance of collaboration, education and training, the advance of information, and advocacy for colleagues as well as clients. The themes were reinforced by these tenets of constructivism (Vygotsky, 1980, 2005), the theory underpinning this study. The perceptions shared by the participants provided insight to reasons clinicians deny

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SGMY access to services. Additionally, it shed light on supporting counselors to competently and equitably counsel this population as well as suggesting how to strengthen counselor educators in master's and doctoral level counseling programs. Participants reported adequate graduate and ongoing counselor education/training is vital for informing clinicians about ethics and diversity, also known as competency issues, impacting these youths' access to services. They conveyed perspectives concerning potential improvements to counselor education/training for informing clinicians, supporting them to competently counsel youths identifying as sexual and gender minorities. Moreover, participants discussed their experiences, observations, and opinions regarding professional competency issues related to ethically counseling sexual and gender minority youth. Participants also provided insight concerning equitable service accessibility for that population. Related to this, they presented specific concerns such as the client-counselor therapeutic relationship, ethical referral standards (ACA, 2014, A.11.a-d), and counselors' biases and prejudices. Finally, a key theme that emerged from the data was counselors advocating for sexual and gender minority youth as well as clinicians affect the professions of counseling and counselor education.

Chapter 5 will present in detail the three themes and the corresponding sub-themes of (a) counselor training and preparation, (b) clinicians' competency, and (c) clinicians' advocacy. The theoretical lens, Vygotsky's social constructivism (1980, 2004), will guide the interpretation and comparison of the findings of the study through that framework and previous literature. Points at which the literature aligns with the findings of this study, notable divergences, and areas relevant for advancing the scholarly dialogue will be highlighted. Additionally, Chapter 5 will discuss limitations of the study, practical and theoretical implications, and future research recommendations.

# CHAPTER 5. DISCUSSION, IMPLICATIONS, RECOMMENDATIONS

The purpose of this study was to explore licensed professional counselors' (LPCs) perception of ethics and diversity implications for serving sexual and gender minority youth (SGMY). Understanding LPCs' perceptions was expected to expand awareness regarding how to support clinicians to competently counsel that population. Chapter 4 presented the findings of this research study through themes which emerged from coding the data. Coding the data into distinct categories and analyzing those prioritized groupings resulted in the final three themes. Essentially, the themes are the patterns representing the main ideas participants shared in the form of their perceptions during the interviews which were the data. The purpose of this chapter is to present the conclusions from the research findings, discuss interpretations of these results, and convey implications.

The results of the study are summarized to refresh the audience with the details of the research, providing context regarding the need and significance of the study. Following is a presentation of these results illustrating how the findings answered the research questions. Additionally, the analytical findings of the inductive (Percy et al., 2015) process from which emerged the themes are compared to the overarching theoretical framework of the research study. That comparison corresponds to the theoretical implications discovered through Chapter 2, the exhaustive review of the scholarly literature.

Next, an interpretation of findings is illustrated, characterizing the researcher's assumptions of the participants' perceptions. Along those lines, the researcher's limitations are presented to accurately represent weaknesses of this research study which could prevent the complete interpretation and analysis of the findings. The research findings infer broader implications for stakeholders. Chapter 5 presents a discussion interpreting the results of the study, linking the limitations and implications to the findings from the literature and recommendations for future research. Summarily, this chapter broadly reflects on the researcher as instrument and the impacts of potential researcher bias throughout interpretation of the findings.

## Summary of the Results

The intention of this generic qualitative study was to answer the research question: what are licensed professional counselors' (LPCs) perceptions of ethics and diversity implications for serving sexual and gender minority youth? And the intention was to answer the subquestion: how do LPCs' perceptions of ethics and diversity implications for serving sexual and gender minority youth (SGMY) inform Counselor Education and Supervision? These intentions resulted from the need for the study related to clinicians not competently counseling SGMY, integral to ethical practice. The ongoing problem is clinicians deny counseling to sexual and gender minority youth due to a lack of awareness or preparation implicating inadequate counselor education programs and ongoing training (Johns et al., 2019; Kuper et al., 2018; Storlie et al., 2019; Whitman & Han, 2017). Previous researchers primarily addressed sexual and gender minority youths' perspectives in the Counselor Education and Supervision literature documenting the persistence of counselors denying access to that population (Kuper et al., 2018; Liu et al., 2019; Storlie et al., 2019; Whitman & Han, 2017). The motivation to conduct this study resulted from the need which, if

addressed, was likely to inform clinicians and counselor educators impacting training and development related to competently serving sexual and gender minority youth (Brown et al., 2018; Bruner et al., 2019; Grzanka et al., 2019; Hobaica et al., 2018; Morris et al., 2019; Ratts et al., 2016). Licensed professional counselors' perceptions concerning ethics and diversity for serving SGMY was the gap indentified from the exhaustive review of the current research on the problem.

This study was conducted to explore the problem by addressing the identified need. The significance of this study lies in recognizing counselors' violations of ethical practices affect the fields of counseling and counselor education which is rooted in acknowledging counselors are insufficiently prepared to competently serve youth identifying as sexual and gender minorities. Additionally, this study is significant because it impacts these youths' access to counseling (Brown et al., 2018; Hobaica et al., 2018; Lindley et al., 2020; Ratts et al., 2016). The act of conducting this research study aligns with constructivism (Vygotsky, 1980, 2004). The collaborative nature of this study exhibits the underpinnings of that theory. The warm welcoming style of the semi-structured interviews accentuates the significance of this study. The established literature and this study, filtered through the lens of social constructivism (Vygotsky, 1980, 2004), were utilized to conduct this generic qualitative research. This study utilized semi-structured interviews with open-ended questions gathering data from 10 participants then employing an inductive process to analyze that data (Percy et al., 2015).

While the dissertation was completed other researchers explored aspects related to the topic of this research study. For example, Diamond et al. (2022) probed the appropriateness of utilizing attachment-based therapy for sexual and gender minority youth. These researchers focused on counselors' applications of attachment-based interventions related to SGMY

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reportedly feeling rejected by authority figures. Findings from Diamond et al. (2022) suggested

counselors are effective at assisting sexual and gender minority youth to approach conversations

with non-accepting guardians they perceived too difficult to broach. Clinicians apparently

exhibited competence helping SGMY improving acceptance levels following several months of

attachment-based counseling sessions. Diamond et al. (2022) integrated social constructivist

(Vygotsky, 1980, 2004) principles in their theoretical approach although did not address the

specific need for the study nor did those researchers implicate the findings from this current

study. Diamond et al. (2022) indicate future studies could utilize constructivism (Vygotsky,

1980, 2004) to capitalize on inter- and intra- personal topics exploring correlations between

competency and service accessibility as well as between clinicians who consistently counsel

SGMY and those who do not.

Rivas-Koehl et al. (2022) examined supporting counselors working primarily in

institutions that regularly serve sexual and gender minority youth. Notably the study suggested

SGMY might have more equitable access to competent counseling while in residential

institutions than other settings. This might be a significant topic for future studies to explore.

These researchers applied an intersectional lens, related to constructivism (Vygotsky, 1980,

2004) in its evaluation of identity development considering socially constructed advantages and

disadvantages, to explore counselors' efficacy helping sexual and gender minority youth. Rivas-

Koehl et al. (2022), like the findings from this research study, found SGMY experience higher

rates of adverse mental health events such as suicidal ideation and risky behaviors. This study

suggested clinicians' biases against SGMY should be addressed at a systemic level. Comparative

to these findings, Rivas-Koehl et al. (2022) found professionals' advocacy and family support

assists in decreasing these youth' severe mental health symptoms. Overall, their findings

suggested clinicians and other professionals should exhibit competency in assisting sexual and gender minority youth if those practitioners or the entities they represent claim to follow basic ethical standards common in human services. Rivas-Koehl et al. (2022) found ethically serving SGMY, across the broad human services arena, is likely to promote safe, affirming environments supporting that population's mental health in the face of stigmatization and marginalization.

Craig et al. (2023) employed constructivist grounded theory (Charmaz, 2008; Strauss et al., 1990) implicating the theoretical framework of the current study, social constructivist (Vygotsky, 1980, 2004) exploring minority stressors harmful to sexual and gender minority youth. These researchers' examined the mitigations and protective factors clinicians can adopt to promote SGMYs' resilience. The study centered on clinicians utilizing  technological applications to competently counsel these youth. Craig et al. (2023) found SGMYs' frequent interaction with technological-based platforms have future research implications for ethics and diversity. Craig et al. (2023) discussed ethics and diversity implications regarding competency factors, tests and measurements, and employing software applications to support clientele as well as clinicians/agencies. The preceding few paragraphs highlight to-date findings from the Counselor Education and Supervision literature base; following are the findings from this research study.

These findings further indicate a lack of support for counselors presently ill-equipped to competently counsel youth identifying as sexual and gender minorities. A similar lack of edification applies to masters and doctoral level counselor educators attempting to prepare clinicians for ethical practice and facilitate continuing education. This implicates SGMYs' equitable access to counseling. These current findings recommend reevaluating graduate and ongoing counselor education/training. Exploring improvements might support both clinicians

and counselor educators. Additionally, the findings suggest how counselor educators could effectively support clinicians' competence thus, ethical practice, and impact SGMYs' access to services. This would inform counselor educators, potentially edifying program faculty to effectively prepare counselors who serve or might serve those youth. This study addresses the research question and subquestion by expanding information related to clinicians' competence for counseling SGMY possibly impacting service accessibility, thereby informing the fields of Counseling and Counselor Education and Supervision.

Addressing the identified gap, a generic qualitative inquiry was employed to collect data concerning LPCs' perceptions on ethics and diversity, or competency (Sue et al., 1992), issues for counseling sexual and gender minority youth through semi-structured interviews and open-ended questions. The sample population of 10 participants included licensed professional counselors, some of whom also were counselor educators. Using MAXQDA (Verbi, 2020) the data were coded following an inductive analytical method developed by Percy et al. (2015). Following analysis, the findings of this research were organized by the themes and sub-themes fueled by Vygotsky's (1980, 1986) social constructivism, the theoretical framework for the study. These findings resulted in three key themes representing licensed professional counselors' perceptions of ethics and diversity issues for serving sexual and gender minority youth. Below, the three identified themes with findings are outlined:

- The primary finding, issues in counselor preparation and training was related to counselors' competency serving SGMY. This included the inadequacy of graduate-level counseling programs and continuing education opportunities focused on issues important to counselors' competently serving youth identifying as sexual and gender minority youth, as well as recommendations for improving counselors' preparation

impacting SGMYs' access to services. The 10 participants shared perceptions about
ethics and diversity considerations, also known as competency issues (Sue et al.,
1992), in training and preparation affecting clinicians' ability to ethically counsel
sexual and gender minority youth. They described their views of counselor training
factors for competently serving this population. Their perceptions on clinicians'
competence centered on ethics and diversity (Sue et al., 1992).

- The second finding was clinicians' competency issues related to SGMYs' access to
counseling. The participants shared perceptions regarding how they perceive lacking
experience and preparedness. Their views included thoughts concerning compassion
and awareness for serving sexual and gender minority youth. They pointed to the idea
that clinicians as well as counselor educators should have access to relevant
information which may improve trainings and counselor educational programs (Akos
et al., 2019; Bennett & Dillman-Taylor, 2019; VanAusdale & Swank, 2021).
Participants highlighted counselors' levels of awareness and preparation for serving
that population. The discussion integrated participants' perceptions concerning
diversity-centered and ethical factors related to SGMYs' access to counseling.
Participants shared that some clinicians are not adequately prepared to counsel sexual
and gender minority youth due to lacking knowledge or concern of issues important
to those youth which frequently results in violating ethical standards.

- The third finding was the importance of clinicians advocating for one another as well
as for sexual and gender minority youth, related to competently counseling that
population. Participants agreed clinicians should advocate for colleagues, SGMY, and
their family and allies whenever possible. Through sharing their perceptions

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participants emphasized the importance of supporting counselors and counselor educators, and clients and their family members thereby linking these discoveries to potential changes for the fields of counseling and counselor education.

## Discussion of the Results

This study's research question asked what are licensed professional counselors' (LPCs) perceptions of ethics and diversity implications for serving sexual and gender minority youth (SGMY)? And the subquestion asked how do LPCs' perceptions of ethics and diversity implications for serving SGMY inform Counselor Education and Supervision? The participants answered these questions by sharing their perceptions of ethics and diversity implications for serving these youth. For example, the participants agreed counselor education and training would benefit from updates based on LPCs' approaches to sexual and gender minority youth. The research question and subquestion gave LPCs a voice which afforded them the opportunity to transparently share their perceptions through the welcoming and nonjudgmental interviews. The participants' input was heard.

In academia a brief statement does not sufficiently contextualize the findings of this research study although such brevity might prove adequate in other settings. Rather, the essence of the participants' perceptions is revealed, in substance, by examining how the three themes meaningfully aligned with social constructivism (Vygotsky, 1980, 2004), which is the theoretical lens guiding this research. Noteworthy, the participants' insights lent value to counselors', counselor educators', clients', and other stakeholders' experiences which convey meaning and reveal values (Bruner et al., 2019; Kuper et al., 2018; Vygotsky). Discovering meaning by applying value to experiences corresponds to constructivist applications (Bruner et al., 2019; Kuper et al., 2018; Vygotsky, 1980, 2004).

Participants collaborated regarding what competency means for serving SGMY and the value of that by sharing perceptions addressing the research problem, clinicians denying counseling to sexual and gender minority youth. In this manner, this research study provided novel application of constructivism (Vygotsky, 1980, 2004). The participants answered the research question and subquestion impacting clinicians' approach to ethics and diversity, also known as competency (Sue et al., 1992), which directs practical implications resulting from this study. Pointedly, discussing these results lends to constructivist guidance because discussion is an organic aspect of collaboration (Kuper et al., 2018), a key tenet of the theory (Vygotsky, 1980, 2004). These competency factors which the findings of this study accentuate could influence counselors' helpfulness as well as SGMYs' service accessibility and quality of mental health care.

These findings which emerged from the 10 participants' perceptions resulted in several global conclusions supported throughout the themes and subthemes with their own words. The study's practical implications include that participants universally agreed counselor education and training should be improved by programs including content specific to competently counseling youth identifying as sexual and gender minorities. Along those lines, all interviewees comprehensively shared that they did not receive adequate master's program training for effectively counseling these youth nor does continuing education sufficiently address issues related to competently counseling this population. The 10 participants shared perceptions of unethical behaviors conducted by colleagues or admitted questionable actions they, themselves, made concerning their approach with these youth. These participants suggested incompetency serving SGMY results in widespread ethical violations negatively impacting that population. They indicated these impacts result, in a global sense, from counselors who are not adequately

trained for serving sexual/gender minority youth and who deny them access to counseling. Negative consequences broadly affecting SGMY include worsening mental health symptoms such as suicidal ideation as well as increasing rates of homelessness and substance abuse. Additionally, the 10 participants shared ideas regarding potentially improving counselors' preparation universally related to competently serving sexual and gender minority youth broadly implicating counselor educators and counselor program administrators.

They argued informing counselor educators and administrators, who have input concerning what content is included in their programs, is likely to improve counselors' preparedness therefore their competency for counseling youth identifying as sexual and gender minorities. They perceived adequate training/education would globally impact counselors in such a way that not only would they be more accurately informed about issues important to SGMY they would also be more inclusive of that population than they are currently. This comprehensive result would equate to increased counseling availability for these youth. Moreover, the 10 participants, in their own words quoted above, not only suggested supporting counselors' preparation would affect inclusivity thereby expanding SGMYs' access to services but it is also likely to support competency. As expressed throughout this chapter in their exact words, the 10 participants noted increased competency is equivalent to avoiding ethical violations or similarly stated, upholding ethics standards (ACA, 2014).

The results highlighted the theoretical implications of the study. These included the 10 participants' perceptions concerning clinicians' inadequate training and preparation, competency issues including ethical factors, and counselors' advocacy efforts. These considerations affect SGMYs' access to counseling and the subject of competently serving that population as well as counselor education/training. Social constructivism posits forming values, discovering meaning,

learning experientially, developing identity, and collaborating are productive for individuals and

groups (Bruner et al., 2019; Kuper et al., 2018; Vygotsky, 1980, 2004). These tenets are

important to individuals such as counselors and counselor educators and the reference to groups

acknowledges those same professionals. For instance, during the sampling process, one

participant shared the recruitment materials with a colleague, the previously identified instance

of snowball sampling, highlighting the constructivist principle of collaboration (Vygotsky, 1980,

2004). Similarly, participants respectively collaborated with the researcher during the semi-

structured interviews (Chaney et al., 2019; Martinez et al., 2017; Vygotsky, 1980, 2004).

Through the interviews, the participants applied constructivist tenets by sharing their

experiences, opinions, and beliefs thereby forming values and identifying meaning through

awareness and collaboration (Bruner et al., 2019; Kuper et al., 2018; Vygotsky, 1980, 2004).

Overall, the findings of this research study illuminate a perspective concerning the impact of

sharing information centering on awareness, collaboration, and advocacy which supports

counselors' competency and implications for ethical practice.

## Conclusions Based on the Results

This chapter's earlier sections focused on understanding the results of the study. The

previous section centered on interpreting the subtleties of this study contrasted with this section

aims at considering what the results outwardly mean, for example, regarding the previous

literature and the wider field of interest. The purpose of the upcoming section is to coordinate

how those understandings fit within the theoretical framework and the literature base. The

discussion continues with how the study's findings contribute to counselors, counselor

education/training, competency/ethics, the Counselor Education and Supervision (CES)

literature, and the broader community. Despite the limitations of this study outlined later in this chapter, the results have broad implications for the wider community of interest.

For instance, the dialogue initiated by scholars in the existing CES literature base concerning counselors denying sexual/gender minority youth (SGMY) services resulted in discovering the identified gap. This established a solid platform on which to continue the discussion. Part of the comprehensive discovery from the 10 participants, that some licensed professional counselors exhibit incompetency resulting in ethical violations impacting counseling access for SGMY, might spark interest for related fields (Liu et al., 2020; Smith et al., 2021). For example, family therapy, school counseling, psychology, sociology, and medicine are fields which these results could impact. Both the literature (Grzanka et al., 2018; Liu et al., 2020; Smith et al., 2021) and participants 1, 3, 5, 6 and 8 identified these fields would potentially benefit from this research. Thus, this research study builds upon empirical research advancing the CES scholarly dialogue. Additionally, it supports related fields of interest including myriad stakeholders. Along these lines, replication of this study is imperative to supporting further CES dialogue on this topic as well as determining how these results might affect related fields and interested parties.

**Comparison of Findings with Theoretical Framework and Previous Literature**

The conclusions are derivatives of this study's data. They represent ideas connected to prior researchers' explorations in the field of Counselor Education and Supervision. The identified themes are the product of the social constructivist (Vygotsky, 1980, 2004) framework, which the participants echoed by collaborating throughout this process, describing the importance of awareness and ethical practice by sharing perceptions of ethics and diversity implications for counseling sexual and gender minority youth. Participants' views on those

factors ranged from clinicians are extremely unequipped for competently counseling sexual and gender minority youth to counselors are somewhat prepared. Social constructivism (Vygotsky, 1980, 2004) aided in analyzing the data and defining the population's adequacy for providing sexual and gender minority youth (SGMY) access to quality counseling.

The theoretical framework facilitated a nuanced positivity and productive spirit through the collaborative process by participants sharing experiences and information, supporting competency through considerations of ethics and diversity factors. Constructivism (Vygotsky, 1980, 2004) promotes supporting individuals' experiences, unique identities, and society's enrichment resulting from differences in values and perspective. Constructivism especially highlights this by heightening awareness through educational and collaborative pursuits (Kuper et al., 2018; Martinez et al., 2017). The participants' responses, the study's data, reflected these sentiments. The findings of this study align with these tenets described by Vygotsky. Although the research findings arguably did not support all aspects of social constructivism (Vygotsky, 1980, 2004) the essential components were identified, in one manner or another, by the participants sharing perceptions concerning counseling sexual and gender minority youth thereby contributing to their competency serving that population.

In addition to theoretical comparisons, these findings correlate with the existing Counselor Education and Supervision literature. The identified themes are not only the product of the social constructivist (Vygotsky, 1980, 2004) framework but are indications from previous research. Notably, the participants' collaboration throughout this research study underscores the problem identified in Chapter 2, clinicians denying counseling to youth identifying as sexual and gender minorities. Additionally, the participants addressed the gap resulting from that literature review: counselors' perceptions of ethics and diversity implications for serving sexual and

gender minority youth. Beyond highlighting areas of the problem and addressing the gap, the findings from this study identified subtleties impacting counselors, counselor educators, clientele, and other stakeholders.

Ratts et al. (2016) suggested clinicians' competency needs improvement for counseling minority populations including sexual and gender minority youth. These researchers discussed clinicians' biases and privilege problematic regarding ethical behaviors for multicultural diversity. They described the importance of counselors' self-awareness; how informed training relates to serving marginalized clientele such as these youth. Aligning with the information from Ratts et al. (2016), participants in this research study presented highly self-aware. However, participants in this study acknowledged personal privileges and biases, sharing perceptions how the problem of counselors denying services to SGMY could be solved. For instance, they shared that the problem would diminish, at least in part, if clinicians were more aware of clinical issues impacting SGMY than they are now. Additionally, participants perceived counselor education and training programs do not sufficiently prepare clinicians for competently counseling sexual and gender minority youth, they proposed those preparatory measures should be improved.

Rose et al. (2019) as well as Sanabria and Murray (2018) suggested counselor education and related programs as well as ongoing training are updated with findings from multicultural and diversity studies. However, the same researchers indicate those updates frequently exclude issues affecting sexual and gender minority youth. Participants in this study voluntarily self-disclosed they were not prepared for competently counseling SGMY throughout their education, training, and professional development. Singh (2017) reported similar concerns with counselors' training and education programs. Along these lines, participants cited inadequate masters' level programs; one cited a doctoral level CES program lacking relevant content. The participants

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described a lack of educational and training adequacy, across their experiences, noting they felt unsupported. These feelings, the participants noted, leave them frustrated and emotionally affected. Participants shared perceptions concerning this aspect of the problem greatly impacting them due to personal and relational observations, referencing how it affects them, colleagues, SGMY, and other stakeholders. Participants who consider themselves prepared and keenly aware of issues impacting sexual and gender minority youth perceived counselors should go out of their way, despite cost and other practical barriers, to acquire training for competently counseling these youth.

Participants who perceived themselves underprepared to competently counsel sexual and gender minority youth disclosed they do not provide service options or referrals to inquiring members of that population. Moreover, those participants shared neither do they advocate for that population. Rural-based participants primarily reported that their failure to refer was due to a lack of options in their areas rather than willfully or apathetically disregarding ethical standards. These participants expressed a desire for increasing access to advocacy avenues such as agency, legislative, and community supports which, do not exist in their areas of residence/employment. On the other hand, participants reported knowing colleagues, despite the service setting, who regularly and willingly refuse service to SGMY clientele, affirming reports from Rose et al. (2019). Participants described regional phenomena, providers frequently displaying signs in their office windows indicating "conscience clause" (Murphy, 1971, p. 11), indicating services are available only to those whose morals align with traditional family values (Rose et al., 2019). Other participants from various regions described colleagues' services, with which they were familiar, passively declining SGMY counseling claiming full caseloads. Those participants

described colleagues purposefully disregarding callbacks, such as clients interested in waitlists, and ignoring telephone calls, emails, and social media messages.

Morris et al. (2020) suggested clinicians' prejudices are the catalyst for prohibiting sexual and gender minority youth access to counseling. Participants agreed. Morris et al. (2020) further indicated personal moral beliefs, which are often generational, reinforce counselors' biases. Participants again concurred. Morris et al. (2020) as well as other researchers found that microaggressions against sexual and gender minority youth are prevalent, a significant part of the competency/inaccessibility problem (Ratts et al., 2016; Rose et al., 2019; Sanabria & Murray, 2018; Singh, 2017). Participants agreed concerning this point, too. In fact, they identified microaggressions as examples of counselors' incompetency which violate ethical standards. Further, participants connected these ethics/diversity concerns with counselors' unpreparedness for effective counseling outcomes, linking this lack of competency to insufficient counselor education and training. These findings confirm what the CES literature base indicated, suggesting inadequate education/training lend to unchecked privileges/biases which maintain the status quo for counselors, counselor educators, clients, and other stakeholders.

This research study contributes to the scholarly dialogue for CES suggesting if nothing changes then counselors will continue inadequately serving sexual and gender minority youth, some not assisting that population at all. It also implies counselor education professionals influencing training curricula might continue foregoing the support required for guiding faculty and program development. Due to these implications derived from the participants' perceptions, this study suggests if clinicians advocate for training focusing on competently counseling SGMY then counseling and counselor education could improve. This might support equitable access to competent counseling services thereby decreasing those youths' negative consequences related to

untreated mental health symptoms. The latter might encourage these youths' family members and other stakeholders to progress in ongoing improvements.

On the other hand, participants, in the midst of discussing accessibility problems and the related competency issues, provided examples of how they adapted trying to extend competent counseling to sexual and gender minority youth. For example, participants mentioned the accessibility advantages of telehealth, especially with the onset of COVID-19 (Ali et al., 2020; Doshi et al., 2020; Luiggi-Hernández & Rivera-Amador, 2020). However, participants shared telehealth is not an option for rural clients whose WIFI service is frequently unreliable (Ali et al., 2020; Luiggi-Hernández & Rivera-Amador, 2020). The participants agreed telehealth is not a solution for the access challenges that sexual and gender minority youth experience however its expansion is welcomed. Participants indicated telehealth options partially help SGMY connect with competent counselors. The participants further discussed that sexual and gender minority youth seeking therapy are frequently experiencing the throes of trauma or severe mental health events. They highlighted that in-person intensive services are frequently desirable over online therapy.

Liu et al. (2019) researched non-suicidal self-injury occurrences in sexual and gender minority youth. The authors suggest that in-person intensive counseling helped these clients with clinical progress. Liu et al. (2019) as well as Smith et al. (2021) indicate that due to the nature of perceived crises clients benefit from the affirming nature of in-person services and unique, organic collaboration which it fosters. This description aligns with constructivism (Vygotsky, 1980, 2004) connecting affirmation with positive self-regard, resulting from feeling understood (Chaney et al., 2019; Martinez et al., 2017; Schudson et al., 2017; Sevelius & Singh, 2017). Feeling understood by others not only decreased SGMYs' instances of self-harm, but it also

diminished their plans to escalate self-harm (Liu et al., 2019; Smith et al., 2021). Participants in this study provided insight into complex issues affecting clinicians as well as sexual and gender minority youth. From the sampling process to the interviews the participants collaborated with the researcher, offering ideas to help clinicians, educators, clientele, and the broader community.

Therefore, the study became a helpful instrument for collaboration and growth due to the participants' positive engagement throughout the process. The act of conducting this study was constructive (Vygotsky, 1980, 2004). The participants' perceptions were viewed through the lens of social constructivism (Vygotsky, 1980, 2004), the foundational theory of this study. The data supported their views on unawareness, unpreparedness, and ethical concerns such as prejudicial exclusion motivating counselors to deny sexual and gender minority youth service (Astramovich & Scott, 2020; Borders, 2019; Brandt et al., 2019; Morris et al., 2018; Ratts et al., 2016). The data also strengthened the participants' suggestions about the importance of updating training and education for supporting counselors' competency which could expand counseling access to sexual and gender minority youth (Bradford & Syed, 2019; Bruner et al., 2019; Hobaica et al., 2018; Kull et al., 2017; Liu et al., 2019; Ratts et al., 2016).

**Interpretation of the Findings**

The research question was what are licensed professional counselors' (LPCs) perceptions concerning ethics and diversity implications for serving sexual and gender minority youth? And the subquestion was how do LPCs' perceptions of ethics and diversity implications for serving sexual and gender minority youth (SGMY) inform Counselor Education and Supervision? Inductive analysis (Percy et al., 2015) of the data, generated from the guiding interview questions, yielded the three themes: counselor training and preparation, clinicians' competency, and clinicians' advocacyy. The results of this analysis, filtered through the lens of social

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constructivism (Vygotsky et al., 1980, 2004), began to fill the gap discovered from the literature. Application of the social constructivist theory (Vygotsky, 1980, 2004) assisted in framing an understanding of the 10 participants' perceptions concerning clinicians denying SGMY access to counseling. The findings from the data analysis provided information to begin filling the gap established from the research literature regarding LPCs' perceptions of ethics and diversity implications for serving those youth.

The results from this study suggested some counselors will continue incompetent behaviors violating ethics standards unless counselor educators effectively incorporate this topic into program development. The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) outlines ethics and diversity standards for counselor education programs. Furthermore, CACREP identifies counselor education program professionals are responsible for developing programs which integrate competencies affirming minority populations and those experiencing marginalization, such as youth indentifying as sexual and gender minorities (Dispenza & O'Hara, 2016; Huezo & Collins, 2019; Minton et al., 2018; Simons et al., 2021). Participants from throughout the U.S. indicated basic multiculturalism courses include ethics and diversity but virtually no competencies related to counseling SGMY are thoroughly represented. Several participants indicated private, typically cost-prohibitive, workshops frequently include these topics. However, those participants shared their graduate programs or continuing education did not include those topics. Licensed professional counselors indicated counselor educators and related program faculty do not have administrators' support which is required to train faculty instructing trainees to competently counsel sexual and gender minority youth. Participants acknowledged barriers exist such as

funding, politics, and bureaucracy which if examined might support counselor education faculty with resources to address these challenges (Simons et al., 2021).

Research participants perceived inadequate education/training centering on competence for counseling sexual and gender minority youth is the primary reason clinicians deny that population services. Participants opined counselors' unsatisfactory preparation to serve these youth results in a lack of awareness concerning diversity considerations relevant to effectively serving these youth which catalyzes ethical violations (Smith et al., 2021). Some participants suggested the breaches in ethics standards are unintentional however others discussed conscious prejudices or "conscience clauses" (Murphy, 1971, p. 11) supported by controversial state legislation. Despite the root causes, the participants agreed clinicians' lack of awareness and misinformation induce incompetent behaviors resulting in ethical violations, prohibiting SGMYs' access to counseling.

Moreover, participants perceived addressing the shortcomings in counselor education/training would support emerging and established clinicians, improving counselor preparatory programs as well as continuing education opportunities thereby strengthening competency for serving sexual and gender minority youth. Furthermore, participants noted this would impact SGMYs' access to counseling ultimately supporting their mental health (Portela, 2018; Sanabria, & Murray, 2018). Participants indicated that information such as these findings is likely to assist counselor education professionals develop programs supporting faculty for effectively training clinicians to competently serve those youth (Minton et al., 2018; Simons et al., 2021). Participants expressed counselors should advocate for colleagues as well as for SGMY and their families. They claimed clinicians' advocacy expands awareness of issues important to these youth and their families influencing professionals, community members and

other stakeholders. Participants posited advocating for that population, a marginalized group, is an ethical obligation supporting counselors' competency for serving that population. Above all, counselor education professionals are uniquely suited for responding to opportunities which would assist in program development supporting faculty and trainees in these efforts (Dispenza & O'Hara, 2016; Minton et al., 2018).

## Limitations

Limitations of the study included the sample of 10 participants, LPCs who might have agendas motivating research volunteerism (Campbell et al., 2020; Patton, 1990; Sim et al., 2018). Limitations included volunteers expressing bias concerning whether the topic warrants research. Volunteerism which could potentially result in disinterest or abandonment of participation was a limitation (Bilcke et al., 2018; Crawford & Metcalf, 2016; Master et al., 2018). Another limitation was the possibility of participants admitting lack of awareness regarding the topic (Doshi et al. 2020; Green et al., 2017; Master et al., 2018; Poteat et al., 2019; Whitman & Han, 2017).  A limitation of the study was not assessing participants' competence for counseling sexual and gender minority youth nor their respective knowledge of issues affecting that population.

Congruent with the parameters of this study, recruitment was limited to sites of licensed professional counselors. The purposive sampling method and the one occurrence of snowball sampling are limitations (Campbell et al., 2020; Given, 2008; Cecez-Kecmanovic & Kennan, 2018; Foley & Henry, 2018; Patton, 1990). The methods limited volunteers to the identified population, licensed professional counselors. Recruitment was from eight online platforms. These factors and the inclusion criteria determined appropriate for the study, limited recruitment to the CESNET Listserv (2020), LinkedIn, and the six Facebook sites LPCs frequent (Campbell

et al., 2020; Palinkas et al., 2015; Patton, 1990). A limitation was the unknown number of similar online venues which licensed professional counselors frequent. Seemingly, countless comparable sites exist between Internet social media platforms, professional networks, and listservs.

The primary data was obtained from the purposive sample (Campbell et al., 2020; Patton, 1990). All participants were from the five geographic regions of the United States: The Northeast, Southeast, Midwest, Southwest, and West. Participants reported living and working in rural or urban areas; a limitation was residence and workplace locations were not a defined element of the study. In the context of the semi-structured interviews, the 10 participants voluntarily self-disclosed gender, 9 included identifying female, one voluntarily self-disclosed gender queer. The gender imbalance in this study is a limitation possibly related to gender stigmatization. Gender minorities seeking higher education opportunities, such as those seeking to become LPCs, experience systemic oppression from gender-related marginalization (Capous-Desyllas & Akkouris, 2021). Perhaps this oppression was a factor since the target population was licensed professional counselors. Another limitation was personal and external time constraints for completing this dissertation, which is a common factor in research (Ghoston et al., 2020). Therefore, additional time might, and decreased stressors might assist replicating this study.

The limitations were addressed in an effort to mitigate bias, conflict of interest, and ethical considerations (Master et al., 2018; Whitman & Han, 2017). The design of the research study intended to highlight safety and induce minimal or no risk, considering the participants' regular professional duties of exploring and discussing controversial and complex subjects (Flanders et al., 2021). Thus, ultimately the researcher did not allow for mitigation of biases, evident in the suggestive nature of the guiding interview questions. For example, questions 5 and 6 which were leading because they begin with assumptions (Master et al., 2018). Moreover, an

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expert panel for testing of the data was not was not utilized which would have mitigated bias (Master et al., 2018; Whitman & Han, 2017). Due to neglecting to mitigate bias, opportunities to increase credibility were missed. These oversights should be conscientiously considered for replication of this research study. Despite its limitations, the research design aimed at supporting the feasibility of completion, accuracy in reporting, and effectiveness of the framework. Also, the research majorly aligned with each step of the design process (Adashi et al., 2018; Hammer, 2017).

**Delimitations**

This research study included delimitations referencing the researcher's choices defining conceptual boundaries (Theofanidis & Fountouki, 2019). A delimitation of the study was the researcher's decision to exclude associate level clinicians' participation despite the problem involving entry level counselors' adequate preparation for practice. Delimitations of this study included potential insights for related professions such as marriage and family therapy, clinical social work, and psychology. These fields might experience similar competency issues related to academic and clinical preparation for serving sexual and gender minority youth. These related practitioners were determined inappropriate for recruitment based on the problem of mental health counselors denying services to sexual and gender minority youth. Additional delimiters included exploring the frequency and causation of SGMYs' negative consequences from counseling accessibility challenges which these findings indicated link to clinicians' competency and ethical adherence counseling that population. The delimitations arguably include the sample size, 10, and participants' residence within the United States; a larger sample size and participants' locations might have provided different insights.

## Implications of the Study

Competently counseling youth identifying as sexual and gender minorities means adhering to ethical standards required for licensed professional counselors (ACA, 2014; ACES, 2016). The obligation for effectively preparing clinicians to meet these expectations lands primarily with academic institutions and counselor educators (CACREP, 2015; Freeman et al., 2016; Sheperis et al., 2020). The counseling associations governing counselor education (ACA, ACES, CACREP) might use these findings to effect changes supporting standards of practices for implementing the ethics and diversity considerations into mental health counseling programs (Schuermann et al., 2018). Moreover, Bradford and Syed (2019) as well as Grzanka et al., (2019) identify these concerns related to LPCs lacking ability to competently counsel sexual and gender minority youth (Hobaica et al., 2018, Lindley et al, 2020). This implicates underprepared counselor educators, ineffective counselor education programs (Morris et al., 2020; Schudson et al., 2017; Sevelius & Singh, 2017; Singh, 2017; Storlie et al., 2019).

The findings from this research study support these claims. The participants' perceptions illustrated their experiences which provided insight into these considerations. The participants certainly identified these concerns integral to ethics and diversity factors for competently serving sexual and gender minority youth, impacting that population's access to counseling. The professional counseling associations may decide to revisit requirements for counselors, regarding equitable accessibility to services and counselor education programs, concerning curricula updated with relevant competency issues. Universities and other academic institutions might revise policies, readdress funding allocations, and reconsider program content, to name a few of ample opportunities at the program and administrative levels. Important to note, the latter

includes entities sponsoring continuing education such as educational credits, workshops, training, and professional advocacy events.

These findings underscored the importance and benefits of continued supervision for emerging counselors as well as developmental opportunities for established clinicians. Advocating and leading counseling students, counselors, and counselor educators in this manner assists them in resilience, competence, and effectiveness (Simons et al., 2021). Similarly, the findings from this study highlight the necessity of investing in counselor educators and academic institutions (Hobaica et al., 2018), which is likely to support and strengthen them both personally and professionally (Akos et al., 2019; VanAusdale & Swank, 2021).

Finally, stakeholders can promote counseling students as well as counselors' ongoing development by advocating for issues related to professional competency/ethics. Additionally, they can apply these research findings to support counselor education program administrators and faculty by emphasizing issues impacting clinical competency and sexual/gender minority youths' equitable service accessibility. Counseling students, new clinicians, and emerging counselor educators can leverage this information for participating in voluntary developmental opportunities, positioning them for influencing change at the administrative and program levels. Overall, the findings from this research broadly implicate the counseling and counselor education professions. Considering the combined implications of these findings and their applications, this research could strengthen competency for thousands of counselors and counselor educators in addition to widening the path of counseling access for sexual and gender minority youth seeking counseling and protecting their welfare (Bruner et al., 2019; Grzanka et al., 2019; Smith et al., 2021).

## Recommendations for Further Research

This research study contributed value to the scholarly discourse in counselor education and supervision. In addition to addressing the gap discovered in the existing literature, this research is a platform for additional research. Considering the findings, design, limitations, and delimitations of this research study, recommendations for future research exist. These are described next.

The overall research finding addressed competency and ethical concerns for counselors and counselor educators. Vygotsky (1980) stated "the developmental transition to qualitatively new forms of behavior is not confined to changes in perception alone...the relation between transformations of perceptual processes and transformations in other intellectual activities is of primary importance" (p. 33). Although the findings conveyed by the participants revealed perceived incompetency resulting in ethical violations which highlighted the apparent importance of adequately informing clinicians and educators, other factors affecting competently counseling that population are unknown. Due to the reported commonality of clinicians' incompetent behaviors linked to inadequate training/education and the connection of that negatively impacting SGMY, these topics clearly implicate the problem of counselors denying services to that population thereby suggesting additional research is warranted.

The findings of this study could be broadened in multiple directions. Recommendations based on the research design include data collected could be expanded by widening the sample. For instance, it could include heightened diversity of licensed professional counselors' (LPCs) opinions concerning issues affecting sexual and gender minority youth.

**Recommendations Developed from the Data**

Expanding the sample would extend the research addressing the problem of counselors denying counseling to sexual and gender minority youth (SGMY). For instance, broadening the sample would heighten the diversity of licensed professional counselors' (LPCs) perceptions concerning issues affecting SGMY seeking counseling. Future research might benefit from planning to include detailed demographic information. For instance, future studies might invite participants to include multiple identifications with a chronological timeline to note specific self-identifiers parallel with ages and developmental stages.

Participants' political and religious stances could be explored. Future research planning might include LPCs' employing the "conscience clause" (Murphy, 1971, p. 11). Widening the sample would address the diversity of participants' perceptions (Du, 2017). Future studies might benefit from including participants subscribing to broader political and moral viewpoints than the participants included in this study. For example, including LPCs utilizing the "conscience clause" (Murphy, 1971, p. 11) would add to diversity and ethical considerations, further addressing the research problem. Due to the participants' identities and how others perceived them, related to their perceptions of ethics and diversity implications for serving sexual and gender minority youth, future studies would be wise to include more detailed demographic information from participants than this study presented.

Widening the sample would facilitate opportunities for the participants to inspire parallel changes in the fields of Counseling and Counselor Education and Supervision. Alternative sampling would allow future studies to provide insight into clinicians' competency impacting counseling accessibility for sexual and gender minority youth, related counselor education and training topics, and ethical practices for counseling SGMY as well as other marginalized populations. Participants in this study presented primarily as allies of sexual and gender minority

youth. The findings would be impacted by including clinicians whose views differed widely concerning ethical obligations and what competency means for counseling these youth. Along those lines, clinicians with differing viewpoints than the participants in this study are likely to offer other opinions and beliefs that would influence the findings. These areas of study might increase awareness concerning issues affecting sexual and gender minority youth and other marginalized populations, potentially informing counselors, counselor educators, clients, and their families as well as community members and other stakeholders.

Future studies would benefit from clearly defining participants' home and work settings, whether rural or urban and, for example, including population density and mileage to the nearest major city. Widening the location would increase the demographic diversity of the population (Devine et al., 2017; Hussain et al., 2020). Broadening the geographic representation of the study would expand the participants' range of experiences, producing new findings addressing the research problem (Devine et al., 2017). Additionally, broadening the sample to include participants' work/residence locations might organically impact the racial diversity of the sample. Since two of the 10 participants in this study identified as a race other than Caucasian/White, future research with this population would benefit from more racial diversity. This might also mitigate influences of societal privilege and systemic oppression caused by marginalization (Capous-Desyllas & Akkouris, 2021). Therefore, recommendations for future research include widening and narrowing the sample as well as expanding the recruitment sites thus the diversity of participants yielding varied personal beliefs.

**Recommendations from the Methodology of the Study**

This qualitative study applied inductive analysis (Percy et al., 2015). This technique highlighted the participants' subjective perceptions through the data gathered from the

transcribed semi-structured interviews. The researcher thoroughly and repetitively reviewed, annotated, and highlighted the data to become intimate with the words and personal views of each participant (Percy et al., 2015). The researcher sought out commonalities of the participants' respectively unique transcripts, following the 12-step inductive analytical method outlined by Percy et al. (2015). Utilizing additional methodologies would expand opportunities for additional methods of research analysis, deepening counselors' and counselor educators' understanding of issues affecting sexual and gender minority youth and competent practice for this population and other minority groups.

Introducing other methodological standpoints might facilitate opportunities for additional theoretical and practical applications throughout the field of Counselor Education and Supervision. For instance, developing a phenomenological or descriptive study, though arguably altering the fundamental nature of the study, might parallel the findings of this study. Including other methodological views might broaden the findings of the study, producing data addressing the research problem from additional perspectives. For instance, utilizing a mixed methods approach would potentially eliminate the stated limitations or at least provide another viewpoint addressing the research problem. Furthermore, a different lens such as humanistic learning theory (Combs, 1982; Gould, 2012; Rogers, 1951) might provide another view of this study.

Theoretical insight and practical applications resulting from future research findings employing methodologies other than generic qualitative might impact change for additional minority populations. This could occur from clinicians' and counselor educators' heightened awareness, enriching their collaboration with other human services professionals for educational and clinical improvements. Utilizing alternative methods with the population explored in this

study has the potential to enrich participants' experiences while providing the researcher with a clearer understanding of the collected data based on qualities of specific methodologies.

**Recommendations Based on Delimitations**

Delimitations, a subsection of the limitations of this study, included the sample size of 10 participants and their residence within the United States. The limitations were deliberately chosen by the researcher, creating potential restrictions of the participants' experiences, beliefs, and biases therefore, their perceptions concerning ethics and diversity implications for counseling sexual and gender minority youth. In this study, these possible restrictions refer to the participants' self-identifications, passion, and interest in issues affecting SGMY counseling accessibility. These include the participants' preconceived ideas based on their personal and professional experiences. These potential restrictions might be linked to the participants' respective locations and their connections to the recruitment sites.

Location refers to where the participants work and live. Despite diversity of participants' demographic details and the areas of the U.S. in which they work and reside, the sample size limited these representations (Sim et al., 2018). For example, P10 represented a rural area of Nebraska and P9 represented an urban area of Pennsylvania although this study did not define the population details of these settings. Future studies should define the rural/urban and population details and increase representation from various regions of the United States and perhaps the world. Heightening the variety of participants' self-reported demographic information would more equitably represent LPCs' perceptions on ethics and diversity implications for counseling sexual and gender minority youth. This might aid in confirming replication possibilities of this current study. It would be interesting to know if future studies yielded similar results from other samples.

The narrow focus of this study limits transferability of the findings, conclusions, and recommendations. The study is restricted by its sample, licensed professional counselors. The transferability of this study will be determined by future studies on this topic of licensed professional counselors' perceptions of ethics and diversity implications for serving sexual and gender minority youth which recruit samples representing increased diversity. These alterations might remove the potential limitation of participant homogeneity.

Transferability of this study could be exhibited by limiting the inclusion criteria to licensed professional counselors identifying in the millennial or Generation Z age ranges. Planning this study to sample couples/family therapists rather than LPCs might result in transferability. On another note, exploring human service professionals' perceptions of ethics and diversity implications for serving sexual and gender minority youth might suggest parallel transferability to other helping arenas.

## Conclusion

Conducting this study was an effort to explore the problem of clinicians denying sexual and gender minority youth (SGMY) counseling. Licensed professional counselors' (LPCs) views concerning this were essentially missing from the existing literature. This research study was an effort to begin filling that gap. The purpose of this study was to answer the research question, what are licensed professional counselors' perceptions of ethics and diversity implications for serving sexual and gender minority youth? Furthermore, the purpose was to answer the subquestion, how do LPCs' perceptions of ethics and diversity implications for serving sexual and gender minority youth (SGMY) inform Counselor Education and Supervision? Clinical mental health counselors denying services to SGMY is problematic (Smith et al., 2021). Additionally, the problem implicates counselor educators who lack program support for

effectively training clinicians to competently counsel these youth (Mustanski et al., 2017; Smith et al., 2021). This phenomenon negatively impacts clinicians, counselor educators, clientele, and other stakeholders. Ethical standards must be upheld in both counseling (ACA, 2014) and CES (CACREP, 2016). The persistence of the problem exacerbates counseling accessibility challenges and negative consequences for sexual and gender minority youth (Mustanski et al., 2017; Smith et al., 2021). This study addresses an aspect of the problem. Additional research is needed to address multiple facets of the problem and assist in filling the gap.

The emergence of the three themes—counselor training and preparation, clinicians' competency, and clinicians' advocacy—resulted from the participants' sharing their perceptions by constructively engaging in this research study. Social constructivist (Vygotsky, 1980, 2004) theory assumes this collaborative engagement centering on individuals' self- identification and a spirit of collective helpfulness toward societal improvement. The productive, affirming opportunities of constructivist (Vygotsky, 1980, 2004) theory were realized through subjective insights and creative recommendations for improvements conveyed by the 10 participants.

The primary finding of this research study was counselors' competency issues in training and preparation centering on the inadequacy of counselor education programs to support faculty for training clinicians to competently counsel youth identifying as sexual and gender minorities. The second major finding highlighted improving clinicians' preparation for counseling SGMY might impact equitable that population's access to competent counseling. The researcher hopes these findings effectively address the problem in a manner inspiring additional collaboration, extending Vygotsky's constructivist theory (1980, 2004) to novel applications which uplift LPCs, counselor educators, SGMY, and all stakeholders. The researcher desires this study fills at least a facet of the gap enough to sufficiently inspire others to conduct related research, which

might further fill the gap by more thoroughly addressing the problem than is possible in this single generic qualitative endeavor. Notably, alternative findings are likely to result when the data from this study is analyzed by other researchers. Definitive determinations are not typically an aspect of qualitative research (Caelli et al., 2003; Creswell & Poth, 2018). This is characteristic of analyzing subjective information (Caelli et al., 2003; Creswell & Poth, 2018) such as LPCs' perceptions about potentially controversial topics. The researcher vehemently encourages others to replicate this study. Replication would demonstrate consistency of the findings. It was fulfilling to witness these licensed professional counselors share personal perceptions, experiences, passion, and thoughtfulness and be instrumental in conveying the intimacies these individuals shared.

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