Bridging Competency Gaps: Understanding School Counselor Perceived Preparedness for Suicide Prevention Among LGBTQ+ Youth

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Abstract

Despite growing visibility of LGBTQ+ youth, they remain at elevated risk for suicidality, with transgender youth particularly vulnerable. School counselors play a critical role in supporting these students, yet differences in counselor competency across demographic and training factors are not well understood. This study examined self-perceived competency among 67 U.S. school counselors in working with LGBTQ+ youth at risk for suicide. Independent-samples t-tests and Welch's ANOVAs revealed significant differences in competency by counselors' sexual orientation, race, educational level, and school setting. LGBTQ+ counselors reported higher attitudes, knowledge, and overall competence than their straight peers. White counselors scored

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higher on knowledge and total suicide competency than non-White counselors. Doctoral-level counselors reported higher total competency and skills than master's-level counselors. School setting differences emerged in total competency, knowledge, skills, and willingness to treat, though post-hoc comparisons showed no significant pairwise differences. Bivariate correlations indicated that greater LGBTQ+ counseling competence was associated with higher suicide-specific competency and more extensive training experiences. Findings underscore the importance of ongoing, culturally responsive professional development that integrates LGBTQ+–affirming practices with advanced suicide prevention skills, supporting school counselors' ability to provide effective, inclusive interventions for at-risk youth.

Keywords: LGBTQ+ youth, school counselors, suicide prevention, counseling competence, multicultural competency, social justice advocacy

Globally, suicide is the third leading cause of death for youth between the ages of 15-29 (World Health Organization, 2025). In the United States, specifically, suicide is the second leading cause of death among individuals between the ages of 10 and 34 (Centers for Disease Control, 2025). Furthermore, the suicide rate for LGBTQ+ (lesbian, gay, bisexual, transgender, queer, or questioning) youth is three to four times higher than that of their non-LGBTQ+ peers (Nath et al., 2024). The Trevor Project, a national LGBTQ+ organization that focuses on suicide prevention, conducts a study every year on the mental health of LGBTQ+ youth in the United States. According to the *2024 Trevor Project's Survey on the Mental Health of LGBTQ+ Young People*, 39% of LGBTQ+ youth considered attempting suicide in the past year, and 12% of LGBTQ+ youth attempted suicide in the past year (Nath et al., 2024). These rates were higher among LGBTQ+ youth who identified as Black, Indigenous, or other People of Color (BIPOC). Forty-eight percent (48%) of Native/Indigenous LGBTQ+ youth considered attempting suicide in the past year, and 24% attempted suicide in the past year, both of which are the highest among all racial/ethnic groups. Elevated rates were also observed among Asian American/Pacific Islander (36%, 10%), Black/African American (41%, 14%), Hispanic/Latinx (40%, 14%), Middle Eastern/Northern African (40%, 14%), White (37%, 10%), and multiracial youth (44%, 16%; Nath et al., 2024). Additionally, when looking at the breakdown of those who considered attempting suicide and those who attempted suicide by sexual orientation and gender identity, the results are even more alarming. Nearly half of transgender women (47%) and over half of transgender men (52%) seriously considered attempting suicide in the past year. Similarly high rates (e.g., exceeding 40%) were reported by nonbinary/genderqueer youth (43%) and questioning youth (42%). As it relates to attempting suicide, 14% of transgender women, 18% of transgender men, 13% of nonbinary/genderqueer, and 11% of questioning youth attempted suicide in the past year (Nath et al., 2024). Sociopolitical dynamics also played a significant role in shaping LGBTQ+ youths' experiences. A substantial proportion of LGBTQ+ youth (90%) also reported that broader sociopolitical conditions negatively affected their mental health (Nath et al., 2024).

Given these alarming statistics, it is critical to recognize not only the severity of the mental health crisis facing LGBTQ+ youth, but also the urgent need to understand how school environments and other contextual factors contribute to their elevated suicide risk. Scholars have identified many suicide risk factors associated with LGBTQ+ youths' suicide risk, such as depression, bullying/victimization, oppression due to sexual/affectional and gender identity, rejection by peers and family, and psychological distress due to stigma and prejudice (Cottrell et al., 2022; Madireddy

& Madireddy, 2022). Consequently, 49% of LGBTQ+ youth reported being bullied in the past year (Nath et al., 2024). Also, of the LGBTQ+ youth who attempted suicide in the past year, 18% experienced bullying, either in-person or cyberbullying (Nath et al., 2024). Forty-six percent (46%) of LGBTQ+ youth reported experiencing discrimination due to their sexual/affectional identity, and 65% reported experiencing discrimination due to their gender identity (Nath et al., 2024).

When it comes to LGBTQ+ youth accessing mental health care, the numbers continue to be staggering. Sixty-seven percent (67%) of LGBTQ+ youth between the ages of 13 and 17 reported symptoms of anxiety, and 57% of LGBTQ+ youth reported symptoms of depression (Nath et al., 2024). LGBTQ+ youth wanted to seek mental health care (84%); however, 50% of LGBTQ+ youth did not receive it (Nath et al., 2024). Of the LGBTQ+ youth who sought mental health care and did not receive it, the top reason (42% of LGBTQ+ youth) was that they were afraid to talk about their mental health concerns with someone. Internationally, LGBTQ+ youth face similar barriers to mental healthcare, and in many regions, restrictive laws, limiting supports (e.g., crisis lines), cultural stigma, and a lack of affirming services further limit their ability to access needed support (Albes, 2025; Meyer, 2015; Poteat et al., 2021; United Nations Human Rights Council, 2021).

Despite these significant challenges and barriers, scholars have also identified several protective factors associated with lower depressive symptoms and suicidality (Cottrell et al., 2022; Nath et al., 2024; Madireddy & Madireddy, 2022). Connectedness and belonging were one of the main protective factors that decreased depressive symptoms and suicidality among LGBTQ+ youth. Having an affirming space that honors and respects LGBTQ+ youths' identities in school has been shown to significantly decrease depressive symptoms and lower suicide risk (Nath et al., 2024). Additionally, protective factors for LGBTQ+ youth that have been shown to prevent suicide and reduce depressive symptoms include schools having antibullying and anti-harassment policies, school counselors and school personnel receiving training on LGBTQ+ issues and how to meet the needs of LGBTQ+ youth, creating affirming spaces, such as Gender and Sexuality Alliances (GSA), and having curriculum in the schools on LGBTQ+ history (Cottrell et al., 2022). School personnel, specifically school counselors, can be a significant source of support for LGBTQ+ youth, as school counselors are usually the school staff LGBTQ+ youth look to for social and emotional support (Cottrell et al., 2022). School counselors can play a crucial role in the prevention and intervention of suicide among LGBTQ+ youth.

School Counselors' Role in Suicide Prevention

School counselors are widely identified as essential professionals who deliver culturally responsive suicide prevention and intervention support through comprehensive school counseling programs, and they do so while following the ethical and legal requirements of their profession, school district, and state (American School Counselor Association [ASCA], 2024; Gallo & Wachter Morris, 2022; Ratts et al., 2016). They also play a vital role in the social, emotional, and academic success of youth and provide a variety of services, including crisis intervention, social/emotional support, and academic and career planning in elementary, middle, and high school settings (ASCA, 2025). Suicide prevention, assessment, and intervention continue to be a high concern for school personnel, especially school counselors who are on the frontline with students and in an optimal position to assess suicide risk (Gallo & Wachter Morris, 2022; Nath et al., 2024; Rickwood et al., 2018).

School counselors receive training to identify behavioral, social, and emotional signs of suicide risk, and they also play a role in educating students and other stakeholders about warning signs, risk factors, and suicidal behavior (ASCA, 2024). Because of this preparation, school counselors and other school-based mental health professionals serve as key resources for strengthening teacher understanding of student mental health. According to ASCA (2024), "school counselors have a legal and ethical responsibility to provide a holistic approach to students' social/emotional well-being and comprehensive suicide prevention policies including prevention, intervention, and postvention components" (para. 5). The majority of school counselors reported having to engage in suicide risk assessments and feeling competent with engaging in the process (Gallo, 2018). While engaging in suicide risk assessment, intervention, and prevention is a challenging yet inevitable role for school counselors, it is also an ethical obligation that they are trained to do (Gallo & Wachter Morris, 2022). Although working with youth experiencing suicidal ideation can be daunting, it is essential that school counselors implement prevention, assessment, and intervention within their schools (Hatchel et al., 2021; James et al., 2016; Johns et al., 2020).

School Counselors, Suicide Prevention, and LGBTQ+ youth

Suicide prevention for LGBTQ+ youth in K-12 settings presents a valuable opportunity for schools to improve the support they provide to this population. Although school counselors often report limited training related to serving LGBTQ+ youth (Kuff et al., 2019), this gap is an important opportunity for growth in competency and advocacy. This need for growth aligns with broader

counselor competencies that prioritize cultural responsiveness to student concerns, including those outlined in the Multicultural and Social Justice Competencies (MSJCCs; Ratts et al., 2016). Counselors describe challenges connected to non-affirming parents, political dynamics, and the broader sociopolitical climate, and they work to balance their ethical responsibilities with district policies (Cottrell et al., 2022; Guest et al., 2024; Weiss, 2020). LGBTQ+ youth report experiencing a lot of victimization and harassment across school settings, which is often also associated with suicide risk (Cottrell et al., 2022). These same contextual factors are also linked to suicide risk among LGBTQ+ youth (Cottrell et al., 2022; Guest et al., 2024; Stilwell et al., 2025; Weiss, 2020), which provides an opportunity for supporting students in multiple areas.

LGBTQ+ youth report feeling the most comfortable talking about issues and concerns with school counselors (Madireddy & Madireddy, 2022; Nath et al., 2024). In their work with LGBTQ+ youth, school counselors have utilized their personal and/or professional experiences with LGBTQ+ youth to connect with them (Guest et al., 2024), and have found it helpful to interact with other school counselors and school-based mental health professionals who are experiencing the same issues and concerns in providing services to LGBTQ+ youth (Guest et al., 2024).

There is a growing attention in the literature examining suicide prevention, intervention, and postvention among LGBTQ+ youth, including gender-diverse youth (Ahuja et al., 2015; Guest et al., 2024; Gunderson et al., 2021; Madireddy & Madireddy, 2022; Stilwell et al., 2025). This literature has identified several well-developed strategies, including anti-bullying and anti-harassment policies, training and curriculum on LGBTQ+ issues, Gender and Sexuality Alliance (GSA) groups, and providing training to school personnel on LGBTQ+ issues, which have been shown to reduce suicide risk among LGBTQ+ youth (Guest et al., 2024; Madireddy & Madireddy, 2022; Stilwell et al., 2025). These strategies align with counseling competencies that emphasize affirming, inclusive, and socially aware practices (Ratts et al., 2016).

Although a substantial body of literature has examined suicide prevention and intervention among LGBTQ+ youth (Guest et al., 2024; Madireddy & Madireddy, 2022; Stilwell et al., 2025), less attention has been on specific role of school counselors, particularly regarding their competencies in suicide risk prevention and intervention. Given the current sociopolitical climate and persistently elevated rates of suicidality among LGBTQ+ youth, further research examining school counselors' preparedness and practice in this area is warranted. School counselors are in a unique position to support LGBTQ+ youth who are experiencing suicidality; however, effective help cannot be achieved without appropriate competency in both LGBTQ+ issues and suicide prevention,

assessment, and intervention. Despite this necessity, school counselors may receive limited training in integrating LGBTQ+ considerations into suicide risk prevention, assessment, and intervention, underscoring an important gap in school counselor preparation and practice.

Integration of the Multicultural and Social Justice Counseling Competencies (MSJCC)

Within the context of elevated suicide risk among LGBTQ+ youth, particularly sexual minority adolescents and transgender people of color, the MSJCCs provide a structured framework for conceptualizing school counselors' responsibilities in both direct service and advocacy. Ratts et al. (2016) described the MSJCC as a revision of the original Multicultural Counseling Competencies that integrates multicultural and social justice principles, and it organizes practice into four domains: counselors' self-awareness, understanding of clients' worldviews, the counseling relationship, and counseling and advocacy interventions (Ratts et al., 2016). Their framework emphasizes understanding the complexities of diversity in the counseling relationship, attending to clients' social environments, recognizing the negative influence of oppression on mental health, and integrating social justice advocacy into counseling, which are issues especially relevant given disparities in suicidal behavior among sexual minority adolescents and transgender people of color (Ratts et al., 2016). Subsequent scholarship has used the MSJCC to organize research and practice, emphasizing that the competencies provide a framework for reflecting on prior multicultural and social justice work and for developing innovative approaches to counseling and research (Hays, 2020). Clinical applications have demonstrated that the MSJCC can inform counselors how to work with clients who hold multiple marginalized identities. In this view, concerns such as eating disorders are treated as multicultural issues that require counselors to challenge harmful stereotypes, understand intersecting identities, and implement inclusive, culturally responsive interventions (Labarta et al., 2025). Counselor education authors have also argued that programs should intentionally incorporate teaching strategies that align counseling curricula with the MSJCC, so that trainees develop the specific skills, knowledge, and actions needed to enact multicultural and social justice competence in practice (Melamed et al., 2020). In K-12 settings, the MSJCC has been promoted as a leadership framework that helps school counselors promote equity for students who are marginalized in educational environments (Dowden et al., 2021). When considered in relation to LGBTQ+ youth suicide prevention, MSJCC-informed literature suggests that school counselors should engage in ongoing critical self-reflection about their own privileged and marginalized identities and strive to

understand LGBTQ+ youths' intersecting worldviews (Hays, 2020; Ratts et al., 2016). This work also emphasizes the importance of building affirming counseling relationships and using counseling and advocacy strategies at multiple ecological levels to address policies, practices, and school climates that may contribute to suicide risk for LGBTQ+ students (Dowden et al., 2021; Labarta et al., 2025).

Purpose of Present Study

The purpose of this study is to examine school counselors' self-perceived competency in working with LGBTQ+ youth experiencing suicidality and explore differences in competency across demographic and training-related variables. This quantitative study aims to identify significant group differences and correlational patterns that may inform future counselor education training programs and school counselor professional development efforts.

Research Questions:

1. How do school counselors perceive their competency level in working with LGBTQ+ youth at risk for suicide?
2. What are the relationships between school counselors' LGBTQ+ counseling competency and suicide intervention competency?
3. Are there significant differences in perceived LGBTQ+ counseling competency based on demographic characteristics?
4. Are there significant differences in perceived competency based on training experiences?

Methods

Sampling and Participants

After obtaining Institutional Review Board (IRB) approval, we administered an online survey via Qualtrics to recruit participants. Eligible participants were school counselors who were currently employed or had previously been employed in kindergarten through 12th grade (K–12) school settings across the United States. Participants were recruited through multiple channels, including CACREP-accredited programs, the American School Counselor Association (ASCA) listserv, and professional networks within the counseling field. The recruitment announcement included a brief description of the study, an eligibility checklist, and a link to the online survey. Participation was voluntary, and informed consent was obtained electronically before proceeding to the survey.

A total of 67 valid responses were retained for data analysis after excluding incomplete or invalid cases. Participants ranged in age from 22 to 69 years, with 18% between 22–29 years, 34% between 30–39 years, 30% between 40–49 years, 15% between 50–59 years, and 2 % between 60–69 years. The majority of participants identified as women (81%; $N = 54$), followed by men (13%; $N = 9$), and non-binary and gender diverse (4%; $N = 4$). In terms of sexual orientation, 84% ($N = 56$) identified as heterosexual (straight), and 16% ($N = 11$) identified as LGBQ+. Regarding racial and ethnic background, 81% identified as White and 19% identified as non-White. In terms of education, 51% held a master's degree, and 42% held a doctoral degree. Participants represented diverse geographic regions across the United States: 12% from the North Atlantic region, 27% from the North Central region, 2% from the Rocky Mountain region, 36% from the Southern region, and 22% from the Western region. The majority of participants were employed in secondary school settings (58%), followed by elementary school settings (28%) and other settings (13%). On average, participants reported 8.60 years of experience as practicing school counselors. Counselor-to-student ratios varied, with 32% reporting ratios of 1:249, 51% reporting 1:250–499, 13% reporting 1:500–749, and 5% reporting 1:750–1,000. In terms of training, 54% reported receiving suicide prevention–related coursework and 69% reported receiving LGBTQ+-related coursework during their degree-seeking program. After completing their degrees, 66% reported receiving suicide prevention–related training, and 45% reported receiving LGBTQ+-related training. The demographic information of our participants is outlined in Table 1.

Measure

Sexual Orientation Counselor Competency Scale

The Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005) is a 29-item, 7-point Likert-type scale (1 = *not at all true* to 7 = *totally true*) designed to assess counselor competencies for working effectively with LGBTQ clients. Consistent with the MSJCC (Ratts et al., 2016), the SOCCS operationalizes counselor competence across domains central to culturally responsive practice, including counselors' self-awareness, understanding of clients' worldviews, and the enactment of affirming counseling practices within the counseling relationship. The scale encompasses three factors: (a) *attitudinal awareness* (10 items; e.g., "It would be best if my clients viewed a heterosexual lifestyle as ideal", (b) *knowledge* (8 items; e.g., "*I am aware of institutional barriers that may inhibit the well-being of LGBTQ individuals*", and (c) *skill* (11 items; e.g., "*I feel competent to assess the mental health needs of a person who is LGBTQ*").

Specifically, the *attitudinal awareness* subscale aligns with the MSJCC Self-Awareness domain, capturing counselors' beliefs, values, and potential biases related to sexual orientation and gender identity. The *Knowledge* subscale aligns with the MSJCC Knowledge domain, including awareness of systemic oppression, institutional barriers, and sociocultural factors affecting LGBTQ+ individuals. The *Skill* subscale reflects the MSJCC Skills domain, counseling and intervention processes within the counseling relationship, assessing counselors' perceived ability to implement affirming, responsive, and culturally appropriate practices when working with LGBTQ+ clients. Ten items within the attitudinal awareness subscale are reverse-coded. Total and subscale scores are calculated by averaging item responses, with possible scores ranging from 1 to 7. Higher scores reflect greater perceived competence in working with LGBTQ clients. Bidell (2005) reported internal consistency coefficients of α = .88 for Attitudinal Awareness, α = .71 for Knowledge, and α = .91 for Skill. In the present study, the internal consistency reliability (Cronbach's α) was .87.

Suicide Competency Inventory

The Suicide Competency Inventory (SCI; Graham et al., 2011) is an 11-item, 5-point Likert-type scale (1 = *strongly disagree* to 5 = *strongly agree*) measuring suicide assessment competency among mental health professionals. The measure includes three subscales: *Perceived Competency* (2 items; e.g., "*I am competent in assessing clients for suicidal risk*"), *Willingness to Treat* (4 items; e.g., "*I am willing to work with suicidal clients*"), and *Willingness to Assess* (5 items; e.g., "*I am comfortable asking clients about suicidal thoughts*"). Five items within the willingness to assess subscale are reverse-coded. Higher scores reflect greater comfort and competence in assessing and treating suicidal clients. Higher scores indicate greater self-perceived competency and willingness to engage in suicide assessment and intervention. Graham et al. (2011) reported strong internal consistency across subscales (αs ranging from .82 to .93). In the present study, the total scale demonstrated excellent internal consistency reliability (Cronbach's α = .90).

Data Analyses

Data were analyzed using SPSS (Version 28). Prior to analysis, data were screened for missing values, accuracy, and assumptions of normality. Descriptive statistics were computed for all demographic variables. Bivariate correlations were conducted to examine relationships among SOCCS and SCI scores. Group differences in competency scores were examined using independent-samples t-tests and one-way analyses of variance (ANOVAs), including Welch's ANOVA when assumptions of homogeneity of variance were violated. Bias-corrected and accelerated (BCa)

bootstrap confidence intervals (1,000 samples) were calculated to obtain robust estimates of mean differences. Statistical significance was determined at $p < .05$.

Results

Descriptive and inferential analyses were conducted to examine school counselors' self-perceived competency in working with LGBTQ+ youth at risk for suicide and to assess differences across demographic and training-related factors. Independent-samples t-tests and Welch's ANOVAs were used to evaluate differences across all subscales and total scores. Bivariate correlations were computed to examine relationships among the main study variables, including competency scores and training experiences. No significant differences were found for gender or counselor–student ratio. Significant differences emerged across several demographic factors, including counselors' sexual orientation, race, educational level, and school setting.

Sexual Orientation Differences

Independent-samples bootstrap t-tests indicated that school counselors who identified as LGBTQ+ reported significantly higher scores on the SOCCS Attitude subscale (M = 6.84) compared to individuals who identified as straight (M = 6.59), $t(65) = -1.57$, $p < .05$. The bootstrap 95% CI for the mean difference [–0.437, –0.033] did not include zero, indicating a reliable difference between groups. LGBTQ+ participants also scored significantly higher on the SOCCS Knowledge subscale (M = 5.57) compared to participants who identified as straight (M = 4.65), $t(65) = -3.01$, $p < .05$, with bootstrap 95% CI [–1.522, –0.278] supporting the presence of a robust between-group difference. Additionally, LGBTQ+ counselors reported significantly higher total SOCCS scores (M = 170.55) than straight counselors (M = 153.82), $t(65) = -2.55$, $p < .05$. The bootstrap 95% CI [–29.080, –2.355] further indicated a robust effect, with the lower and upper bounds both below zero.

For the SCI, a significant difference also emerged on the SCI Perceived Competency subscale, with LGBTQ+ counselors scoring higher (M = 12.18) than straight participants (M = 10.63), $t(65) = -1.80$, $p < .05$. This effect was supported by the bootstrap 95% CI [–2.615, –0.534], which did not include zero. Similarly, LGBTQ+ counselors scored higher on the SCI *Willingness to Treat* (M = 25.36) compared to straight counselors (M = 22.39), $t(65) = -1.75$, $p < .05$, with a bootstrap 95% CI [–5.228, –0.582] reinforcing the reliability of the group difference. However, no significant difference was found for SCI total scores.

Racial Differences

Independent-samples bootstrap t-tests identified two significant racial differences. White counselors scored higher on the SOCCS Knowledge subscale (M = 4.93) than non-White counselors (M = 4.30), $t(65) = 2.14$, $p < .05$, with the bootstrap 95% CI not including zero. White participants also reported higher SCI Total Scores (M = 57.81) compared to non-White counselors (M = 51.08), $t(65) = 2.70$, $p < .05$; the bootstrap 95% CI again confirmed the reliability of this difference. No other racial differences were statistically significant.

Educational Level Differences

Independent-samples bootstrap t-tests identified two significant educational level differences. Doctoral-level counselors reported significantly higher SOCCS total scores (M = 163.46) than master's-level counselors (M = 151.85), $t(60) = -2.24$, $p < .05$. A significant difference was also found for the SOCCS Skills subscale, with doctoral counselors scoring higher (M = 5.12) than master's-level counselors (M = 4.28), $t(60) = -2.78$, $p < .05$. No significant differences were observed for the SOCCS Knowledge or Attitudes subscales. For the SCI, total scores and subscales did not differ significantly between the two educational levels (all $p > .05$).

School Setting Differences

Welch's ANOVA was conducted to examine differences in LGBTQ+ counseling competence (SOCCS) and suicide intervention competency (SCI) across counselors' school settings (elementary, secondary, and higher education), accounting for unequal variances. Significant differences were found for SOCCS total scores and the *Knowledge* and *Skills* subscales: total SOCCS, Welch's $F(2, 21.12) = 5.41$, $p < .05$; Knowledge, $F(2, 21.87) = 6.12$, $p < .05$; Skills, $F(2, 21.76) = 5.75$, $p < .05$. No significant difference was observed for the Attitudes subscale. For the SCI, only the *Willingness to Treat* subscale was significant, $F(2, 20.60) = 3.76$, $p < .05$, whereas total SCI, *Perceived Competence*, and *Willingness to Assess* were not. Although the overall ANOVA for SOCCS total scores was significant, post-hoc comparisons using Tukey HSD, Duncan, and Scheffé tests revealed no statistically significant pairwise differences among counselors across school settings.

Correlations Among Study Variables

Bivariate correlations among the main study variables are presented in Table 2. As expected, overall SOCCS total scores were positively associated with all three SOCCS subscales (e.g.,

Attitudinal Awareness $r = .47$, $p < .01$, Knowledge $r = .86$, $p < .01$, and Skill $r = .92$, $p < .01$). SOCCS total scores were also significantly correlated with total suicide competency (SCI; $r = .31$, $p < .01$), perceived competency ($r = .25$, $p < .05$), and willingness to assess ($r = .33$, $p < .01$), but not with the subscale of willingness to treat. In addition, SOCCS total scores were significantly positively correlated with suicide-related training ($r = .46$, $p < .01$) and training related to sexual orientation ($r = .45$, $p < .01$). Within the SOCCS subscales, we observed that Skill subscale scores were positively associated with all main study variables ($rs = .24$ - $.92$).

SCI total scores were strongly correlated with three SCI subscales, including perceived competency ($r = .84$, $p < .01$) and willingness to treat ($r = .92$, $p < .01$), and moderately correlated with willingness to assess ($r = .51$, $p < .01$). However, SCI total scores were not significantly associated with either suicide-related training or sexual-orientation training.

Suicide-related training was moderately associated with training in sexual orientation ($r = .58$, $p < .01$) and showed a small but significant association with the willingness to assess scale ($r = .26$, $p < .05$). No significant relations were found between the suicide-related training and the SCI total score or the remaining SCI subscales. Overall, the pattern of correlations shows that higher LGBTQ+ counseling competence is associated with greater suicide-specific competency and more extensive training experiences.

Discussion

The present study examined school counselors' self-perceived competency when supporting LGBTQ+ students at risk for suicide through the lens of the MSJCC (Ratts et al., 2016). Given the heightened suicide risk and mental health disparities in LGBTQ+ youth, the MSJCC framework provides a useful theoretical foundation for understanding how counselors' self-awareness, culturally responsive knowledge, and advocacy skills are essential to effective suicide prevention and intervention services (Hatchel et al., 2021; James et al., 2016; Johns et al., 2020). While prior research has documented elevated suicide risk among LGBTQ+ youth and the importance of culturally responsive prevention strategies, fewer studies have focused specifically on school counselors' perceived preparedness to address suicide risk among LGBTQ+ students. By linking self-perceived competency to counselor identity, training background, and school setting, this study offers preliminary evidence identifying areas of strength and potential gaps in school counselor preparation.

In this study, we observed that school counselors who identified as LGBTQ+, received

advanced post-master's training, or worked in secondary settings demonstrated higher self-perceived competency across both suicide prevention and LGBTQ+ competency areas. From the MSJCC framework, these findings indicate differences in counselors' perceived self-awareness, knowledge, and skills (Ratts et al., 2016). Counselors with lived experience or advanced training may feel more confident and prepared to engage in culturally responsive suicide prevention practices. Our findings are consistent with existing literature, where researchers have found that counselors with specialized education in suicide assessment or LGBTQ+ issues tend to report stronger self-perceived competence and professional efficacy (Bidell, 2005; Gallo & Wachter Morris, 2022; Kuff et al., 2019).

Specifically, we also found that school counselors who identified as LGBTQ+ reported higher levels of self-perceived competency in supporting LGBTQ+ students experiencing suicide risk compared to their heterosexual peers. From the MSJCC perspectives, this finding may be interpreted as reflecting differences in perceived self-awareness and relational readiness, as counselors with shared or proximate lived experiences may feel more attuned to LGBTQ+ students' concerns (Green et al., 2021; Guest et al., 2024; Ratts et al., 2016). These results suggest variation in counselors' perceived preparedness, which may be informed by greater familiarity with experiences of discrimination, identity-related stress, and social determinants of mental health that are salient in suicide risk intervention with LGBTQ+ youth (Green et al., 2021).

In contrast, we also observed disparities when examining counselors' perceived competency across racial identity. School counselors of this study who identified as white also reported higher levels of self-perceived competency and knowledge, which reinforces previous literature that white counselors in school settings working with LGBTQ+ populations feel more competent than their minoritized peers (Bidell, 2012; Hays, 2020; Schmidt et al., 2011). Perceived competency may be shaped by broader systemic and educational factors that reinforce systems of inequity. From a social justice perspective, these disparities may reflect inequitable access to training, mentorship, and institutional support (Ratts et al., 2016) rather than true differences in capability. For example, access to professional development and training may vary significantly across program contexts and create different opportunities for skill development.

In terms of training, advanced suicide prevention and assessment training has consistently been shown to be critical in the development of suicide assessment competency across client populations (Cramer et al., 2024; Rickwood et al., 2018). In this study, participants who had documented doctoral-level training or sought out advanced training in suicide assessment and prevention,

whether on their own or required by their employer, felt more competent in addressing suicide risk in their students. This finding aligns with the MSJCC skill domain, which emphasizes that culturally responsive counseling requires not only awareness and knowledge but also the ongoing development of applied skills through continued training. Experiential learning approaches, including role-play, case-based discussion, and skills-focused workshops, have been associated with greater confidence and perceived competence in prior research (Cramer et al., 2024). In general, counselors feel more confident in their ability to meet the needs of students and clients when they have access to sustained and varied types of training over time.

Similarly, LGBTQ+ competency development benefits from structured, skills-based training, with evidence suggesting that school counselors who actively participate in continuing education feel more equipped to meet the complex needs of their diverse students (Bidell, 2005; Simons & Cuadrado, 2019). This echoes previous research, which found that identity-affirming and inclusive environments are protective factors when assessing for suicide risk among LGBTQ+ youth, highlighting the need for school counselors to create safe space climates for these students (Gorse, 2022; Green et al., 2022; Madireddy & Madireddy, 2022). Beyond individual training, available training, and contextual factors, such as school setting, can shape self-perceived preparedness.

Indeed, participants in this study differed on self-perceived competency related to the students they served, with secondary school counselors feeling more prepared to work with LGBTQ+ clients related to the *Willingness to Treat* subscale compared to those working in elementary schools. One plausible contextual explanation is that older adolescents are more likely to disclose LGBTQ+ identities and related stressors, which may result in greater exposure for secondary school counselors (Gnan et al., 2019). Central to the MSJCC framework, these findings underscore the role of systemic factors and institutional commitment in shaping counselors' perceived preparedness. School-level differences may also reflect institutional factors, as secondary school settings often provide more mental health resources and professional learning opportunities than elementary schools (Clark et al., 2020). Also, a school's institutional commitment to fostering belonging (e.g., inclusive policies, identity-affirming practices) may function as protective contextual factors and further influence counselors' perceptions of readiness (Stilwell et al., 2025). Taken together, these findings highlight that counselors' perceived competency is shaped not only by individual factors but also by the institutional and systemic contexts in which they practice, reinforcing the importance of school-wide advocacy and structural support.

Finally, from a school psychology perspective, LGBTQ+ students' risk for suicide is closely

linked to the interactions and conditions they experience at school. LGBTQ+ youth are more likely to improve academically and emotionally when they are accepted, supported, respected, and valued at school (National Association of School Psychologists [NASP], 2017). In contrast, higher levels of victimization in school are associated with greater suicide risk (NASP, 2017). Within this context, school psychologists can respond by using affirming practices that fully accept LGBTQ+ youth as well as applying knowledge, attitudes, and skills that support resilience, mental health, and a sense of connection to school (NASP, 2017). School psychologists must also examine their own beliefs, values, and biases to promote positive identity development and well-being in LGBTQ+ students who may be experiencing harassment, isolation, or stigma (NASP, 2017). As a result, school psychologists can contribute to redefining school environments as protective, identity-affirming spaces for LGBTQ+ students rather than settings that heighten suicide risk.

Overall, the findings of this study support the MSJCC assertion that effective suicide prevention with LGBTQ+ youth requires an integrated approach encompassing counselor self-awareness, knowledge of sociopolitical context, applied skills, and institutional advocacy (Ratts et al., 2016). It also aligns with the updated Suicide Prevention Core Competencies, which note the importance of skill development, advanced training, and culturally responsive practice (Cramer et al., 2024). Suicide risk and protective factors are influenced by factors such as social determinants of mental health, cultural context, and systemic inequities. School counselors who assess suicide risk through a culturally responsive lens can provide more affirming support for LGBTQ+ student identities and are better prepared to respond to suicide risk effectively (Cramer et al., 2024; Ratts et al, 2016). By focusing on counselors' self-perceived competency, this study contributes nuanced insight into how counselors understand their preparedness, an important precursor to training engagement and professional development.

Implications

The results of this study highlight two major implications for both counselor education programs and professional development systems to support school counselors. First, the finding that post–master's training is significantly associated with counselor competency underscores the need for structured, sustained learning opportunities beyond preservice preparation. This aligns with prior studies demonstrating that school counselors often enter the field with limited exposure to LGBTQ+-related content during their preservice preparation and therefore rely heavily on post-degree professional development to build affirming knowledge, skills, and awareness (Hall et al., 2013; Kull

et al., 2017; Shi & Doud, 2017). Participation in focused workshops, continuing education sessions, and LGBTQ+-specific professional learning communities allows counselors to deepen their understanding of sexual orientation, gender diversity, and the lived experiences of LGBTQ+ students in schools (Kull et al., 2017). Prior research also shows that such training fosters higher self-efficacy and more frequent use of LGBTQ-affirming counseling practices (Kull et al., 2017). It emphasizes that LGBTQ+ competency needs to be viewed as a developmental and ongoing process that begins in preservice training and continues through post master's professional learning. Counselor education programs can set the foundation for knowledge and skills, while sustained, targeted professional development deepens and expands counselors' competencies over time, ensuring access to continue LGBTQ+ specific growth opportunities.

Second, the observed correlations between counselor competency and training specifically to suicide-related as well as sexual orientation-related training point to the critical role of targeted, specialized education. LGBTQ+ students face heightened risks for suicidality due to minority stress, victimization, and discrimination, and schools play a pivotal role in mitigating these risks (Stilwell et al., 2025). This is consistent with previous studies indicating that counselors with LGBTQ+-focused professional development helped school counselors to increase stronger intentions for advocacy, proactive intervention, and collaboration with administrators and community partners (Beck & Wikoff, 2020; Maru, 2017; Simons et al., 2018). These correlations further imply that effective suicide prevention training for LGBTQ+ youth may require a sequenced approach in which counselors first develop cultural competence in working with LGBTQ+ students before engaging in specialized suicide prevention training. Without a foundational understanding of sexual orientation, gender identity, minority stress, and LGBTQ+ specific challenges, suicide prevention training may be insufficient or misaligned with students' lived experiences.

From a school psychology standpoint, similar implications emerge for training and practice. The NASP (2025) position statement indicates that research demonstrates that inclusive and affirming school climates improve academic, social, and emotional outcomes for LGBTQ+ students. It also identifies professional development, inclusive curriculum and policies, and Gender and Sexuality Alliances as strategies to create inclusive environments where students feel supported and accepted (NASP, 2025). Within those systems, school psychologists can contribute through data-informed problem solving, collaboration with families and school, and advocating for practices and environments that explicitly support LGBTQ+ youth (NASP, 2025). At the individual level, LGBTQ+ students at risk for suicide may need affirming interventions such as counseling, suicide

risk assessment and safety planning, ongoing assessment, and family collaboration (NASP, 2025). In engaging in these practices, school psychologists help LGBTQ+ students thrive rather than merely survive and contribute to their safety and support (NASP, 2025).

Taken together, these findings reinforce the need for both counselor education programs and school districts to adopt a developmental, competency-building approach. Counselor education curricula should introduce LGBTQ+ content systematically across core courses, but professional competency must be strengthened through ongoing post-degree training, particularly in the areas of suicide prevention education. For instance, school counselor preparation programs may move beyond isolated lessons and systematically infuse LGBTQ+-affirming content throughout the core curriculum. This includes integrating sexual orientation and suicide prevention topics into ethics, multicultural counseling, human development, assessment, school counseling foundations, and internship coursework. Euser and Chamberlain (2024) specifically highlight curricular infusion as a best practice, noting that a comprehensive, across-the-curriculum approach is necessary to build affirmative, ethical, and culturally responsive competence. Embedding LGBTQ+ issues throughout graduate training will better prepare school counselors at program completion, reduce reliance on later remediation through post-degree workshops, and align preparation with the ethical standards set by ASCA and ACA regarding advocacy, social justice, and culturally competent practice (Beck & Wikoff, 2020; Shi & Doud, 2017). At the same time, school districts may consider requiring or incentivizing LGBTQ+-specific professional development and forming collaborative partnerships with mental health agencies, universities, and LGBTQ+ organizations to ensure specialized expertise.

Limitations and Future Research

Several limitations should be noted when interpreting the findings of this study. First, the sample size was relatively small, which may limit the generalizability of the results to the broader population of school counselors globally. Second, the study relied exclusively on self-perceived competency measures rather than observed or externally evaluated competencies by students. This raises the possibility of social desirability bias or discrepancies between perceived and actual skills. Third, the sample lacked full representation across gender, racial, and other demographic groups, which may have influenced the patterns of group differences and restricted the study's ability to draw conclusions about underrepresented populations. Fourth, the cross-sectional design limits causal inference; therefore, the identified associations cannot be interpreted as causal relationships. Finally,

the use of survey instruments that assess perceived competency inherently constrains the depth of understanding regarding counselors' applied skills, decision-making processes, and real-world performance. These limitations highlight the need for future research employing larger and more diverse samples, multi-method assessments, and longitudinal or observational designs to more fully capture the complexities of counselor competency in supporting LGBTQ+ youth at risk for suicide.

There are multiple areas for future research to further explore school counselor preparedness to support LGBTQ+ youth who experience suicidality. Longitudinal research that explores school counselor competency development over time and across professional development could provide valuable insight into changes in self-perceived competence over time. Further, a phenomenological inquiry exploring the lived experiences of school counselors who have high self-perceived competence working with LGBTQ+ youth experiencing suicidal ideation could be valuable in understanding successful strategies for increasing competence and how they meet the needs of their students. Further, intervention-based research that explores specific school-based LGBTQ+ affirming approaches to suicide prevention used by school-based mental health professionals would be a valuable approach to understanding how culturally responsive practices are implemented. Finally, comparative studies across global contexts could provide important perspectives on how cultural, educational, and policy differences influence school counselor preparation in supporting LGBTQ+ youth at risk for suicide.

Conclusion

This study examined school counselors' self-perceived competency in supporting LGBTQ+ students at risk for suicide, revealing that counselors who identified as LGBTQ+, received advanced training, or worked in secondary school settings demonstrated higher competence across both suicide prevention and LGBTQ+ domains. These findings underscore the need for ongoing professional development that integrates advanced suicide prevention skills with culturally responsive, identity-affirming practices across elementary and secondary school settings. Strengthening school counselors' competence to address suicide risk, affirm identity, and foster inclusive environments can lead to LGBTQ+ students feeling safe to seek and receive the support they need.

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Table 1
Participants Demographic Characteristics

Demographic Category	Total (*n*)	Percentage
Age (N = 67)		
22 to 29 years old	12	17.9%
30 to 39 years old	23	34.3%
40 to 49 years old	21	31.3%
50 to 59 years old	10	14.9%
60 to 69 years old	1	1.5%
Gender (*N* = 610)		
Male	9	13.4%
Female	54	80.6%
Non-binary and gender diverse	4	6.0%
Race/Ethnicity (*N* = 67)		
White	54	80.6%
Non-White	13	19.4%
Sexual Orientation (*N* = 67)		
Heterosexual/straight	56	83.6%
LGBTQ+	11	16.4%
Education (*N* = 67**)**		
Master's degree	34	50.7%
Doctoral-level degree	28	41.8%
Multiple degrees	4	6.0%
Others	1	1.5%
Counselor-Student Ratio (*N* = 67**)**		
0-249	21	31.4%
250-499	34	50.7%
500-749	9	13.4%
750-999	2	3.0%
Above 1000	1	1.5%
School Settings (*N* = 67**)**		
Elementary	19	28.4%
Secondary	39	58.2%

Other Settings	9	13.4%
Academic LGBTQ+ Training (*N* = 67)		
Yes	46	68.7%
No	21	31.3%
Academic Suicide Prevention Training (*N* = 67)		
Yes	36	53.7%
No	31	53.7%
Post-Degree LGBTQ+ Training (*N* = 67)		
Yes	30	44.8%
No	37	55.2%
Post-Degree Suicide Prevention Training (*N* = 67)		
Yes	44	65.7%
No	23	34.3%
Geographic Region (*N* = 67)		
North Atlantic	8	11.9%
North Central	18	26.9%
Rocky Mountain	1	1.5%
Southern	24	35.8%
Western	15	22.4%

N =67

Table 2
Means, Standard Deviations, and Correlations of the Main Variables

	1	2	3	4	5	6	7	8	9	10	*M*	*SD*
1. SOCCS	-	.47**	.86**	.92**	.31**	.25*	.21	.33**	.46**	.45**	156.57	20.72
2. AWAR		-	.26*	.24*	.03	.06	-.04	.09	.26*	.16	6.63	0.48
3. KNOW			-	.68**	.22	.12	.12	.33**	.39**	.35**	4.80	0.98
4. SKILL				-	.36**	.30**	.26*	.33**	.44**	.49**	4.65	1.23
5. SCI					-	.84**	.92**	.51**	.17	.10	56.51	8.46
6. PC						-	.76**	.17	.12	.07	10.88	2.67
7. TREAT							-	.20	.08	-.01	22.88	5.21
8. ACCES								-	.26*	.26*	22.75	2.78
9. TR_S									-	.58**	1.82	0.95
10. TR_L										-	1.60	1.05

Note. $N = 67$. SOCCS = Total Scores of Sexual Orientation Counselor Competency; AWAR Attitudinal Awareness Subscale Scores of SOCCS; KNOW = Knowledge Subscale Scores of SOCCS; SKILL = Skill Subscale Scores of SOCCS; SCI = Total Scores of Suicide Competency; PC = Perceived Competency Subscale Scores of SCI; TREAT = Willingness to Treat Subscale Scores of SCI; ACCES = Willingness to Assess Subscale Scores of SCI; TR_S = Received Training of Suicide; TR_L = Received Training of Sexual Orientation. $^{*}p < .05$. $^{**}p < .01$.