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## Mindfulness Based Therapy Used in Treatment for Secondary and College Students Who Identify as LGBTQ

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MINDFULNESS BASED THERAPY, LGBT STUDENTS

**Mindfulness based therapy used in treatment for secondary and college students who  
identify as LGBTQ**

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A Capstone Project submitted in partial fulfillment of the

requirements for the Master of Science Degree in

Counselor Education at

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MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

Winona State University

College of Education

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CERTIFICATE OF APPROVAL

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CAPSTONE PROJECT

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Course Instructor in partial fulfillment of the requirements for the

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## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

### **Abstract**

High schools, colleges and universities across the United States have thousands of students enrolling in a range of programs. These students vary in the following ways: different cultural affiliations, religions, racial identity, and sexual orientation. This paper will specifically look at students who identify as LGBTQ and the issues they face on college campuses. The author will describe different forms of mindfulness-based therapies, and the effectiveness in Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) student populations. Finally, the discussion will include the outcomes of using these therapeutic techniques and interventions as well as the next steps to consider for clinical mental health professionals and school counselors.

*Keywords:* LGBTQ High School students, LGBTQ College students, LGBTQ, Mindfulness-Based Interventions

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

## Contents

Introduction .....	5
Review of Literature .....	6
Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning) LGBTQ.....	6
LGBTQ Discrimination.....	6
Sexual Identity .....	7
Gender Identity .....	8
Therapeutic Modalities: Mindfulness Techniques.....	9
Conclusion & Authors Note .....	19
References.....	21

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

### **Introduction**

#### **Mindfulness-based therapy used in treatment for college students who identify as LGBTQ**

Education means something different to everyone. For some it means opportunity for advancement and a higher salary, for others it means the opportunity for self-growth and knowledge. However one may define education, it can be personal and subjective. Gaining an education is somewhat of a different journey for each student. This paper focuses on LGBTQ populations of high school and college students (Lesbian, Gay, Bisexual, Transgender, Queer (or questioning)). Research shows that lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ) students are at high risk for being victims of bullying and violence, poor mental health, alcohol and other drug use, and poor academic performance (Hanson et al., 2019). The purpose of this paper is to discuss how clinical mental health professionals and school counselors can use mindfulness-based therapy techniques to help students who identify as LGBTQ.

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

### Review of Literature

#### Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning) LGBTQ

Sexual identity formation typically begins during adolescence, but emerging adulthood is a critical stage in terms of sexual development, including disclosing one's identity and integrating it into one's sense of self, as well as forming intimate relationships (Arnett, 2014). Sexual orientation is one's innate sexual attraction to other men, women or others who identify as non-binary. This is not to be confused with gender, sex or gender identity. Lesbian: A noun and an adjective for women who are attracted to other women, although some women prefer to be called gay or queer (CNN, 2019). Gay is an adjective and not a noun, most often used to describe men who are attracted to other men (CNN). Bisexual is someone who is attracted to more than one gender (CNN). Transgender: Unlike non-binary people, transgender people may identify as male or female. What the two groups share is the innate sense that their gender identity does not match the sex they were assigned at birth (CNN). The Q can stand for "questioning", as in still exploring one's sexuality, or "queer," or sometimes both (CNN). Queer: Once considered a demeaning slur for being gay, "queer" is being reclaimed by some as a self-affirming umbrella term, especially among those who consider other labels restrictive (CNN).

#### LGBTQ Discrimination

The history of LGBTQ issues and history remain sandwiched between a culture war on one side and the tendency to treat them as an "add on" in the manner of women's history or black history on the other (Sawchuk, 2017). The identity of classification of LGBTQ history and how it is taught in education, is a parallel to the reality of LGBTQ life: marginalized.

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

Sexual minority youth (SMY; for example, lesbian, gay, or bisexual youth, and youth who are unsure of their sexual identity) have an increased likelihood of many risk behaviors including depression, suicide, alcohol abuse, and illicit drug use as well as increased sexual risk behaviors (Marshall et al., 2011).

The Centers for Disease Control and Prevention defines teen dating violence as the physical, sexual, or psychological/emotional violence within a dating relationship; the definition also includes stalking (McNaughton-Reyes et al., 2018). McNaughton-Reyes et al. found that teens who experience Teen Dating Violence Victimization (TDVV) are also at risk for long-term negative health and behavioral outcomes, including suicide, poor academic performance, and intimate partner violence.

In a national survey of LGB individuals in the United States, over two-thirds reported experiencing some form of discrimination within their lifetime (i.e., sexual orientation, race, and gender) (Drazdowski et al., 2016). Drazdowski et al. continued to note that little research has been conducted on LGBTQ populations, even though it is considered to be a high-risk population for mental health disorders particularly substance abuse.

### **Sexual identity**

Sexual identity development is conceptualized as the process by which a person comes to recognize his or her sexual attractions and incorporates this awareness into his or her self-identity (Mohr & Fassinger, 2000). While all individuals engage in the process of sexual identity development, typically in adolescence and young adulthood (Mohr & Fassinger), LGB youth are presented with a unique set of challenges during this process. In particular, LGB youth may find the development of a positive sexual identity challenging in the face of social stigma and marginalization (Mohr & Fassinger). Research in this study discusses different factors that affect

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

sexual identity for both heterosexual and LGBTQ individuals. One source cited five developmental influences that affected development for LGBTQ individuals, these include: age of coming out, timing of milestones, parental attitudes, comfort with sexual orientation, and emotional distress (Bregman et al., 2012). Bregman et al. also noted other variabilities the research shows including gender, sexual orientation, age, and ethnicity.

Research regarding sexual identity development and sexual orientation in relation to psychological wellbeing has produced mixed results (Shepler, 2016). Studies conducted before the 1980s often indicated that lesbian, gay, and bisexual (LGB) people were less mentally healthy and more likely to suffer from depression, suicidality, and self-destructive behavior than were heterosexual people (Shepler). More recently, research has shown that while young adults engaged in developing a LGB identity may experience more psychological distress certain environmental and societal factors, such as parental support and increased visibility of LGB role models and access to LGB-affirming media allow for healthy development that is similar to that experienced by heterosexual youths (Bagley & Tremblay, 2000).

### **Gender identity**

Gender is a social construction that involves the interactional process of crafting gender identities that are then presumed to reflect and naturally derive from biology (Robbins & McGowan, 2016). The American Psychological Association defines biological sex as the chromosomal, hormonal, and anatomical characteristics categorized as male, female, or intersex. (Robbins & McGowan). The research for this article continued to state that gender and biological sex are often incorrectly used and interchanged.

Gender identity is a person's internal self-concept with regard to gender categories (Robbins & McGowan, 2016). Constantly in flux, these identities include agender, cisgender,

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

transgender, man, woman, gender nonconforming, genderfluid, and genderqueer, among many possible identifications (Robbins & McGowan). Agender refers to a person who has an internal sense of being neither male nor female nor some combination of male and female (Merriam-Webster, 2006). Cisgender applies to people whose gender identity corresponds with the sex the person had or was identified as having at birth (Merriam-Webster, 1994). Someone who is transgender has a gender identity that differs from the sex the person had or was identified as having at birth (Merriam-Webster, 1974). Man is the term for individual human especially: an adult male human (Merriam-Webster, 12<sup>th</sup> Century). Similarly, the term woman corresponds to an adult female person (Merriam-Webster, 12<sup>th</sup> Century). Someone who is gender nonconforming exhibits behavioral, cultural, or psychological traits that do not correspond with the traits typically associated with one's sex (Merriam-Webster, 1991). The term gender fluid relates to a person whose gender identity is not fixed (Merriam-Webster, 1994). Genderqueer relates to being a person whose gender identity cannot be categorized as solely male or female (Merriam-Webster, 1995).

### **Therapeutic Modalities: Mindfulness Techniques**

The original concept of mindfulness was produced by Gautama Buddha and his spread over the past 2,500 years mainly in Southeast Asian countries (Iacono, 2015). Recently, there has been an increased interest in mindfulness throughout the Western world. Despite inconsistent definitions of mindfulness in the literature, a general understanding of mindfulness is that it is as a way of bringing attention and awareness to the present moment. It also comprises an attitude of non-judgment, acceptance, patience and letting go (Iacono).

There are a wide variety of therapeutic interventions that work to help treat different diagnoses. The spread of mindfulness-based therapy has had different reactions amongst the

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

counseling community. One article stated that despite the increase in publications about mindfulness, the counseling literature lacks sufficient discussion on what constitutes an adequate level of qualification or training for counselors providing interventions involving mindfulness (Brown et al., 2013). This research article continues to discuss the importance of continued training in mindfulness-based interventions (MBI) and using mindfulness in conjunction with other therapeutic approaches to best help serve individual clients and students.

A mindfulness-based practice that is often considered a good place to begin when practicing mindfulness is an intervention known as “Notice the Breathing” (Kane, 2020). Invitations to participate should be offered but not mandatory; those who opt out can remain sitting quietly (Kane). Many people prefer to sit in a quiet place with eyes averted or closed to avoid distractions. Natural, unregulated breath is often a comfortable place to begin and it anchors the body to the experience (Kane). Furthermore, Kane continues to instruct that a person should notice the breath for about 5-7 minutes. Regular practice is helpful, and encouraging a regular place and time is good for consistency. Consistency is important for making the habit routine (Kane).

A second technique is “four-square breathing”, which is a technique that engenders more focus and attention to one’s mind and body as it is affected by breathing (Kane, 2020). This practice begins by breathing in through the nose while counting to four and then holding for a count of four. Next, exhale through the mouth to the count of four and hold for a count of four and then repeat. This added layer of focus and attention to the body (e.g., nose, mouth, and lungs) thus creating heightened attention and focus to specific processes (Kane). Kane continues by stating that for many clients and students, they can sustain this breathing practice for 3-4 minutes before the mind starts to wander. Yet, the gentle noticing, with curiosity, then

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

acknowledging, and redirecting back to the breath allows for the mind/body alignment along with a reduction in stress levels (Kane).

A third technique is “self-compassion”, which is a means of using tools of mindfulness and compassion to surmount self-criticism and to embrace the uniqueness of our own individuality (Kane, 2020). Since identity development is a core developmental task of adolescence, this practice requires that we treat ourselves as kindly as we would a good friend. One strategy is called “Appreciating Me” (Kane). This practice begins by closing your eyes or looking at the ground and finding your quiet center. Then begin to bring to mind the qualities or characteristics that you appreciate about yourself (Kane).

A fourth technique is “Body Scan” practice that can be conducted in many ways (Kane, 2020). It can be an individual practice that might be augmented by a guided meditation that reviews all of the parts of the body to check for tension or unease. Starting with the feet and moving to the crown of the head; there is a review of each area of the body to determine whether any tension or sensations are being experienced. During this experience, there is the occasion to notice and observe, which strengthens metacognitive functions (Kane). Another variation is to practice progressive muscle relaxation, which also focuses on individual parts of the body by tightening and then releasing the muscles in that area (Kane).

A fifth technique, “gratitude”, is an important element of well-being and it is a skill that can be taught. (Kane, 2020). Cultivating a spirit of gratitude for all aspects of life both big and small will anchor a genuine sense of appreciation. Even when confronted with challenges, there can be some elements, either big or small, for which there is gratitude; however, it can be difficult to discern. The article discusses a common gratitude activity called Three Good Things. The activity, Three Good Things (Sisk & Kane, 2018), emphasizes maintaining a record of

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

appreciation for what has occurred during the day. Some examples include keeping a running list, adding to a poster in the classroom or at home, or verbally sharing with family or classmates can anchor the sense of well-being (Kane).

### **Efficacy for Mindfulness based Treatment in LGBTQ Clients and Student Populations**

The purpose of this paper is to discuss different mindfulness modalities, mindfulness techniques and the effectiveness in treating LGBTQ populations. One research article defined mindfulness as paying attention in a particular way: on purpose, in the present moment (Wei et al., 2015). It is thought to allow individuals to be less reactive and to respond to situations more reflectively (Bishop et al., 2004). This next of the paper will dive deeper into the efficacy for using mindfulness as a therapeutic intervention for LGBTQ clients and students.

As previously mentioned in this paper, LGBTQ students are at an increased likelihood of experiencing depression, anxiety, substance abuse issues, and other mental health disorders. In one article the author found research that considered how high school aged students have an increased level of mental health diagnoses. A systematic review of quantitative studies of mindfulness delivered to young people in school settings demonstrated improvements in mental health variables such as depression, anxiety, rumination, behavioral distress, hostility, and aggression (Sapthiang et al., 2019).

Several benefits of mindfulness were summarized in another article, including improved concentration and mental clarity, objectivity, equanimity, affect tolerance (Wei et al., 2015). The ability to tolerate difficult feelings in one's self or in others self-control, and the ability to relate to others and one's self with kindness, acceptance, and compassion (Wei et al.). Individual facets of mindfulness have been shown to differentially impact psychopathology and other emotional outcomes in particular populations, including college students (Pearson et al., 2015).

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

For example, investigated subgroups of college students with specific mindfulness profiles, including low mindfulness, high mindfulness, judgmentally observing, and nonjudgmentally aware groups. Along with the group demonstrating high mindfulness scores across subscales, the group of participants reporting high scores on non-judging and acting with awareness mindfulness tended to show better emotional outcomes, including fewer depressive and anxious symptoms (Pearson et al.). In another article, the research showed that higher levels of acting with awareness, non-judging, and non-reacting mindfulness, predicted lower levels of depression (Christopher et al., 2012). This type of research shows that LGBTQ clients and students who practice mindfulness, will be able to cope and have better emotional outcomes through regular practice.

In an article discussing mindfulness for LGBTQ healthcare, the author argues that LGBTQ individuals have shown to have higher rates of depression versus the general population (Ghassemlou, 2016). The author reveals LGBTQ populations who also have chronic pain due to long-term effects of Human Immunodeficiency Virus (HIV) may find mindfulness a helpful practice amongst other treatments. Mindfulness meditation involves an individual being acutely aware of mental and physical sensations paired with acceptance and compassion (Ghassemlou). The author describes how an LGBTQ person who practices mindfulness can use mindfulness to transcend acceptance and compassion to be present and in the moment. There is a growing number of healthcare professionals who prescribe the practice of mindfulness to patients dealing with mental health issues. Such mental health issues include: anxiety, depression, and/or chronic pain (Ghassemlou). Often, we find the way we as humans think about pain (physical and emotional) can completely change our experience with it. If individuals are able to practice mindfulness and acceptance with pain, we can lessen the impact on our overall well-being.

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

The author of this article, a Psychotherapist by the name of Payam Ghassemlou (2016), researched the effects of mindfulness in treatment with LGBTQ populations. Ghassmelou found that LGBT individuals often spend many years of their childhood in a state of hypervigilance in order to be ready for possible homophobic attacks (Ghassemlou). The article continues to discuss the research of Ghassmelou, and found in addition to psychotherapy, the author states mindfulness practices can help them stop living life based on past conditioning, for LGBT people who grew up mistreated and had to rely on hypervigilance as a survival skill, mindfulness can help them be in the moment without getting lost in catastrophic thinking (Ghassemlou). The author of this article notes that most LGBT mindfulness advocates and healthcare professionals have been inclined to understand how meditation and other mindfulness practices can help promote healing from the traumas of homophobia (Ghassemlou).

In a journal article that discusses mindfulness and LGBT populations, the author specifically looks at how mindfulness impacts the LGBT experience. The author discusses how historically mindfulness and meditation focused on healing the trauma experienced by members of the LGBT community. More recently there has been a focus on how mindfulness can help form a stronger LGBT identity by connecting LGBT populations with internal characterizations about themselves, their experiences, and their current concerns (Layes, 2015). The author of this journal article argues mindfulness can help LGBT individuals identify their identity with other areas of their life. These areas include: spirituality, clarity, and connection (Layes).

Spirituality refers to how mindfulness meditation can help to find the connections between spiritual and sexual identity by allowing thoughts to freely flow while meditating. LGBT persons can gain a better understanding of their own thought processes and connections between parts of their lives (Layes, 2015). Clarity refers to how through mindfulness

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

meditation, reflecting on the past can help bring clarity to a current moment. For example, an LGBT person might consider how they overcame an earlier obstacle such as ending a relationship, and how they can use the lessons from that experience to deal with a current stressful situation (Layes). For LGBT persons who feel like their sexual orientation is keeping them from connecting to other people, mindfulness can be a way to consider shared experiences and experiencing a moment together (Layes).

In an article that explores the feasibility of mindfulness-based interventions (MBIs), as a mental health approach, for lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth and individuals, found that given the promising research evidence that LGBT individuals who participate in MBIs, experience positive mental health outcomes (Iacono, 2015). The author found that mindfulness can help LGBT individuals gently observe their thoughts, emotions, and physical sensations, accept them as transient inherently human experiences, and become willing to engage in meaningful activities even if doing so could elicit discomfort (Iacono, 2015).

Coming out, or being out, as a sexual and gender minority during the adolescent developmental period may be characterized by intense peer influence that can be conducive to peer victimization (Iacono, 2015). The mental health consequences of peer victimization have been well documented in the literature, making mental health a critical concern for LGBT individuals. The author of this research found that youth who experience discrimination experience elevated levels of depression, suicidal ideation and attempts, as well as substance misuse (Poteat et al. 2011).

In one research journal article published by the American Psychological Association (APA), the researchers looked at the correlation of stress, mindful acceptance, and self-esteem with regards to psychological quality of life in LGBT populations. The writers describe how

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

LGBT individuals are alienated and experience discrimination across cultures (Vosvick & Stem, 2018). The writers of the journal article sampled LGBT populations to examine mindful acceptance, self-esteem, stress, and psychological quality of life in a sample of sexual and gender minorities. The authors sampled using stratified convenience sampling and they recruited representative samples from lesbian ( $n = 50$ ), gay male ( $n=50$ ), bisexual ( $n = 48$ ), and transgender ( $n =29$ ) communities. The authors recruited participants from various venues, including community-based organizations such as the Dallas LGBT Resource Center and at the Dallas Gay Pride Parade, in Dallas, TX. The authors required participants to be at least 18 years of age, understand English, and self-identify as lesbian, gay male, bisexual, or transgender person.

The researchers looked to answer 3 hypotheses, these included: Hypothesis 1: Together mindful acceptance, self-esteem, and perceived stress account for a significant portion of the variance in psychological quality of life (Vosvick & Stem, 2018). Hypothesis 2: Mindful acceptance moderates the relationship between perceived stress and psychological quality of life (Vosvick & Stem). And hypothesis 3: Self-esteem moderates the relationship between perceived stress and psychological quality of life (Vosvick & Stem).

Vosvick & Stem (2018) used a cross-sectional correlational design and collected data using a computerized survey that assessed psychological, behavioral, and health constructs. The authors found that when controlling for age, education, income, and ethnicity, mindful acceptance and self-esteem account for a significant portion of the variance in psychological quality of life, with perceived stress trending toward significance (Vosvick & Stem).

Additionally, the analyses revealed that both mindful acceptance and self-esteem moderate the relationship between perceived stress and psychological quality of life (Vosvick & Stem). The author's analyses supported hypotheses 2 and 3, with hypothesis 1 being partially

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

supported. This research article found that the results were consistent with what their review of their literature suggested, that there were positive associations between mindful acceptance and self-esteem and well-being with mental health (Vosvick & Stem). In other words, the findings of this research supported the original hypotheses that mindfulness-based treatments are affective for LGBT individuals.

In a journal article that was published by the APA, Lyons (2016) discussed the effectiveness of mindfulness used to help treat LGBT individuals. The author also discusses the mental health of middle-aged and older gay men. The research shows that depression, anxiety, and other mood disorders are more common among men who identify as gay or homosexual compared with the rest of the population (Lyons). The article looked at a meta-analysis of 25 studies from seven countries including the United States, the United Kingdom, and Australia (Lyons). The researcher stated that many gay men report experiences of harassment, family rejection, workplace discrimination, bullying at school, and feelings of shame (Lyons). The author discussed how mental health outcomes may be improved by assisting men to develop mental health practices, specifically mindfulness techniques, that prove effective to minimize or prevent the psychological impact of sexuality (Lyons).

The article continued to discuss the effectiveness of mindfulness-based interventions. Mindfulness means that a person is more likely to display equanimity when experiencing emotionally challenging events and more likely to accept and process negative inner experiences rather than engaging in avoidance (Lyons, 2016). Individuals who display high levels of mindfulness are less likely to feel stressed and tend to have better mental health, better physical health, and more satisfying relationships (Lyons).

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

The author of this article also looked at different types of mindfulness-based interventions and their effectiveness in treatment. Mindfulness-based cognitive therapy and mindfulness-based stress reduction have found that when a LGBT individual practices these types of therapeutic interventions there is lower psychological distress, and in cases improved physical health and lower disease progression (Lyons, 2016).

This paper discusses several mindfulness techniques in aid for therapeutic intervention. Students frequently experience psychological distress that often results in impairment and psychopathology and then effective interventions are thus needed (Felver et al., 2018). Mindfulness-Based Stress Reduction or MBSR (Kabat-Zinn, 1990) and mindfulness-based techniques discussed in this paper, have shown to be generally efficacious for promoting psychological and physiological health and well-being (Felver et al.). The types of mindfulness techniques discussed earlier in this paper help reduce symptoms of depression, anxiety, and other mood disorders. As this paper discussed Mental health disorders are common in LGBTQ populations. Research demonstrates higher volumes of these diagnoses when compared to people who identify as cis-gender and/or heterosexual.

The research shows the effectiveness of mindfulness practice specifically among young adults in a college setting has proven mindfulness can help support psychological health, reduce stress, decrease problematic substance use, enhance adjustment to college, reduce physiological stress, and prevent the development of psychopathology (Felver et al., 2018) It is evident that mindfulness is an effective strategy in coping with significant life changes, especially the major life transition from high school to college. Academic rigors may elicit new challenges for students juggling personal and social development, thereby increasing the risk for

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

psychopathology (Struthers et al., 2000). LGBTQ students and clients may juggle these similar challenges, on top of experiencing potential negative challenges of being LGBTQ.

### **Conclusion**

The purpose of this paper is to highlight the research on LGBTQ students and the effectiveness of mindfulness-based therapy techniques for treatment. The research shows various types of interventions; however, for the purpose of this paper only a few were highlighted. Resources are noted in the author's notes section for next steps on finding training. While LGBTQ students are a marginalized population dealing with different stressors and diagnoses, the varieties of treatment have shown to be effective and purposeful. Mindfulness is a developmental process that anyone can practice on their own simply through awareness and self-compassion. In working with a trained professional therapist, one may dive deeper into this therapeutic approach to treatment. It is imperative all clients are shown unconditional positive regard and treated as autonomous beings with choice in a treatment that works for them.

### **Authors Note and Next Steps for Clinicians**

The purpose of this paper is to highlight LGBTQ students and the hardships they face. It is important to recognize there are other considerations to be aware of when using mindfulness-based therapy techniques with LGBTQ clients and students. For example, the author cited earlier the importance of a counselor being trained in these types of mindfulness-based therapy techniques. This is an important aspect when considering use of mindfulness techniques. The author urges mental health advocates and professionals to seek out training and/or continuing education when pursuing mindfulness techniques. Websites such as GoodTherapy.org post training and continuing education courses for therapists seeking different therapeutic techniques in mindfulness. The American Psychology Association (APA) and American Counseling

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

Association (ACA) also post frequently regarding Mindfulness Based Therapy articles and training.

Another consideration for mindfulness techniques is the importance of meeting your client or student where they are. There are forms of mindfulness that may be too advanced for some clients and students, and understanding that certain forms of mindfulness are not appropriate for every person. Making sure to assess for suicidal ideation and past suicidal attempt is crucial while working with LGBTQ clients as it was previously noted in this paper that suicide and suicidal ideation is higher among this community.

It is recommended clinical mental health counselors and school counselors be reflective in their mindfulness practice so as to ensure best practices with clients. Based on the research, training and consistent practice in mindfulness is vital.

## MINDFULNESS BASED THERAPY, LGBTQ STUDENTS

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