COUNSELORS WORKING EFFECTIVELY WITH SEXUAL MINORITY YOUTH & THEIR FAMILIES.

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Learning Objectives

1. Participants will gain an understanding of sexual identity and gender identity development
2. The issues and risks sexual minority youth face
3. Parent perspectives and family acceptance of sexual minority youth
4. Counselor’s role and best practices
5. Through role-play counselors will practice skills for working with sexual minority youth
What is Sexual Identity?

Sexual identity is defined as the understanding and expression of one’s sexual sense of self.

- Sexual identity is not reducible to:
  - Sexual orientation
  - Erotic desire
  - Sexual behavior
  - Emotional/Romantic attraction
  - Socialization
Sexual Identity Development

Understanding one's own sexual self

Accepting one's sexual self

Identifying as heterosexual, homosexual, lesbian, gay, or some other sexual identity

Sexual identification is influenced by an authentic inner experience and interaction with others (family, community, social expectations, categories available, role models, friends, relationships)
What is Gender Identity?

Gender identity is defined as one’s innermost concept of self as male, female, a blend of both or neither.

- Gender Identity includes:
  - How an individual perceives themselves
  - What an individual calls themselves
  - Gender identity can be the same or different from their sex assigned at birth
Gender Identity Development

Ages 2-3
Identity becomes clear

Ages 3-4
Awareness of Anatomical Differences

“I wish I was a girl!”

Ages 4-6
Belief another gender is possible

“I want to be a boy when I grow up.”

Ages 6-9
Understands gender will not change

My body has betrayed me.

Ages 9-12
Gender dysphoria strengthens

(Brill & Pepper, 2008)
SEXUAL MINORITY RISKS AND ISSUES
LGBT youth are at higher risk for bullying, physical assault, substance abuse, mental health problems, suicide, and homelessness from being kicked out of their homes by unsupportive parents.

(Gragg, 2012)
Sexual Minority Youth Data

- LGBTQ individuals are almost 3 times more likely than others to experience a mental health condition such as major depression or generalized anxiety disorder.

- The fear of coming out and being discriminated against for sexual orientation and gender identities can lead to depression, posttraumatic stress disorder, thoughts of suicide, and substance abuse.

- LGBTQ youth are at higher risk for self-harm and thoughts of suicide, and LGBTQ teens are 6 times more likely to experience symptoms of depression than the general population.

(National Alliance on Mental Illness – NAMI)
Survey Data (n=10,000)

LGBT youth are nearly twice as likely to be called names, verbally harassed or physically assaulted at school compared to their non-LGBT peers.

LGBT youth are more than twice as likely to experiment with drugs and alcohol.

4 in 10 (42%) LGBT youth say the community in which they live is not accepting of LGBT people.

About half (49%) of LGBT youth say they have an adult in their family they could turn to for help if they felt worried or sad (compared to 79% of non-LGBT youth).

“My relationship with my parents has become much more tense ever since I came out.”

(Human Rights Campaign, 2013)
Survey found that LGBT youth represent between 30% and 43% of those served by drop-in centers, street outreach programs, and housing programs:

- **Host Home Programs** – 42% of clients identified as LGBT (LGB = 37%; transgender = 5%)
- **Permanent Housing Programs** - 39% of clients identified as LGBT (LGB = 36%; transgender = 3%)
- **Transitional Living Programs** - 22% of clients identified as LGBT (LGB = 19%; transgender = 3%)
- **Independent Living Programs** – 22% of clients identified as LGBT (LGB = 19%; transgender = 3%)
- **Emergency Shelters** – 21% of clients identified as LGBT (LGB = 17%; transgender = 4%)

(Durso & Gates, 2012)
Transgender Youth

Singh, Meng, & Hansen (2014) identified 6 major threats to the resiliency of transgender youth:

- Experiences of adultism – “It’s a phase.”
- Health care access challenges
- Emotional and social isolation
- Employment discrimination
- Limited access to financial resources
- Gender policing
Social support of sexual minority youth is directly related to distress variables

- 40% more likely to report feelings of sadness and hopelessness in the past 2 weeks
- Transgender youth are 30% more likely to report suicidal ideation and 21% more likely to engage in self-harm
- Data shows that LGB youth are more than twice as likely to have considered attempting suicide than their heterosexual peers (30% vs, 14%)
- A study found the prevalence of self-harm was particularly high among LGBT males (41.7%)
- Rates of anxiety were 40.4% for transgender women and 47.5% for transgender men
- 58.7% of bisexual women had a lifetime history of mood disorder compared with 44.4% of lesbian women, 36.5% of women who were unsure about their sexual identity, and 30.5% of heterosexual women
- Found rates of depressive symptoms were 51.4% for transgender women and 48.3% for transgender men
- Gay men had a higher prevalence than heterosexual men of any lifetime mood disorder (42.3% vs 19.8%) and of any lifetime anxiety disorder (41.2% vs 18.6%)
- LGBT youth score significantly higher on the scale of depressive symptomology
PARENT’S PERSPECTIVE & FAMILY ACCEPTANCE
Parent’s Reaction

Parents describe the disclosure event in ways that indicated a high degree of stress and/or emotionality.

- Not uncommon for both the child and parent to cry
- Significant degree of tension may be felt by parent and/or child
- Feeling shocked or surprised is a common initial reaction
- Fear for child’s well-being is a common reaction
In addition to negative reactions that affect the youth’s well-being, common parent reactions include:

“It’s just a phase!”
“Are they gay or lesbian?”
“Are they mentally ill?”
“What did I do wrong?”
A Developmental Model of Parent Reactions

Denial and Isolation
- Denial provides a buffer zone, a time for parents to re-gain their bearings and equilibrium
- Isolation may be initially helpful, a time to process the evidence and perhaps move toward an initial but partial acceptance of the fact.

Anger
- Denial can last only so long before a sense of control vanishes
- Parents may then react with agitation, dismay, or rage at their child

Bargaining
- An attempt to regain equilibrium by working out “a deal”

Depression
- This stage is characterized by depression and in some cases, resigned tolerance.
- This is the anger stage turned inward, a guilt parents feel for not recognizing their child’s “condition” early enough to change the outcome or for being the kind of parent that “causes” a child to be LGBT

Acceptance
- Family equilibrium becomes restored and the son’s or daughter’s homosexuality is no longer a family secret or a source of shame

(Williams & Dubé, 1998)
Themes of Parent’s Perspectives

Fields (2001) identified several themes that reflected what these parents were struggling with:

- Lack of social scripts to assist them in learning their child was LGBT
- Dealing with a sense of loss
- Wanting to encourage heterosexual norms with their children
- Fear of child’s safety
- Confronting the concept of normalcy
According to Vanderburgh (2008), parents seek help for various reasons that include:

- Questioning if a mental illness exists
- Indecisive on directing a change in their behavior or identity
- To understand better by seeking resources & information
- Advocacy and advice for children actualizing a new gender
- Professional support as their family moves forward with actualizing their child’s identity
• Ryan & Diaz (2005) across ethnic, socioeconomic, and geographic lines, the study participants reported similar experiences.

• Parents express urgent need for information and contact with other families experiencing similar issues.

• Parents often have particular difficulty accepting their child’s emerging LGBT identity when the child is an adolescent or preadolescent for whom they are responsible and over whom they expect to have ongoing influence.

• Some parents could not reconcile their child’s sexual orientation or gender identity with their own strongly held religious beliefs or moral views.
When Families are accepting and supportive of their LGBT youth

- Are more likely to believe they will have a good life
- Have better mental health and overall health
- Have higher self esteem
- Are much less likely to be depressed
- Are much less likely to use illegal drugs
- Are much less likely to think about killing themselves or attempt to commit suicide

(Ryan, 2009)
Supportive Behaviors of Parents

- Talk with child about their LGBT identity
- Advocate for your child when he or she is mistreated because of their LGBT identity
- Connect your child to LGBT organizations, events and role models
- Work to make your church supportive of LGBT members, or find a supportive faith community
- Welcome your child’s LGBT friends or partner to your home
- Support your child’s gender expression
- Believe your child can have a happy future as an LGBT adult
COUNSELOR’S ROLE & BEST PRACTICES
Counselor’s Role

- Empathy for LGBT youth
- Empathy for parents of LGBT youth
- Education for self, LGBT youth and parents
  - Sexual identity and gender identity
  - Sexual and gender identity development
  - Adolescent development
  - Family life cycle
- Check one’s own values around sexual identity, gender identity and expression, adolescent development and parent support
- Knowledge of advocacy models
- Knowledge of ethics and laws around counseling minors
Best Practices

- Seeing parents and family as a supportive resource
- Providing accurate information on sexual orientation and gender identity
- Helping parents who react to their LGBT children with ambivalence and rejection understand how their reactions contribute to health risks (Ryan & Chen-Hayes, 2013).
- Meet parents where they are – build an alliance for the support of the LGBT child
- Teach and model LGBT-understanding, LGBT-accepting and LGBT-supportive behaviors
Transgender Youth Resiliency

- Ability to self-define and theorize one’s gender
- Proactive agency and access to supportive educational systems,
- Connection to a trans-affirming community,
- Reframing of mental health challenges
- Navigation of relationships with family and friends

(Singh, Meng, & Hansen, 2014)
Counselor’s Role & Best Practices

“Trans identity is a real-world, whole-life issue that the therapist can only glimpse during a session.”

- Read literature (professional & personal accounts of trans individuals)
- Become knowledgeable of community resources
  - Therapists
  - Endocrinologists
  - Psychiatrists
  - Support groups for child and caregivers
- Be willing to advocate
- Check your biases
- Check your counseling modality
- Be aware of language used by yourself, other professionals, clients, and their families
Counselor Tasks BEFORE Parent Session

- Clearly understand young client’s goal: coming out, getting parent support, changing parent’s mind
- Role play, discuss expectations, possible scenarios
- Identify how counselor and young client will share communication to parents
  - Client doing it on their own
  - Client and counselor together
  - Counselor session with just the parents
Counselor Tasks IN Parent Session

- Assess parent level of support
- Reflect parent’s concerns to increase counselor’s empathy and connect with parent
CASE SCENARIO
Andrea is a 14 year old Hispanic female. She’s a freshman in high school and she comes to your counseling center after being referred by teachers and school counselor. Andrea’s school performance has suffered in the past year and the school counselor has seen symptoms of depression. Andrea’s mother has been bringing her to your office and you’ve met with Andrea three times. During those sessions, Andrea has shared with you that she is a lesbian. She has a girlfriend at school and she’s worried her parents won’t understand or support her sexual identity or her relationship. Andrea has set a goal to come out to her parents and you’ve helped her prepare for that.
Role Play

1. In groups of three or four, create a short dialogue between the counselor, Andrea, her mother, and an optional other family member

2. What specific skills would the counselor need to use in this conversation?
Resources for Sexual Minority Youth & Parents

- Gay-Straight Alliance Network
- PFLAG
- Family Acceptance Project
- LGBT Centers Directory
Resources