



# HETRICK-MARTIN INSTITUTE

EMPOWERMENT, EDUCATION & ADVOCACY FOR LGBTQ YOUTH

## Best Practices in Working With LGBTQ Youth and Families





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The Hetrick-Martin Institute is the **oldest and largest** non-profit agency serving LGBTQ young people for over 30 years.

We have two locations, one in Manhattan, and one in Newark, NJ.



# Our History

- HMI was founded in 1979 by **Damien Martin** and **Emery Hetrick**.
- Dr. Emery Hetrick, a psychiatrist, and Dr. Damien Martin, a professor at New York University, heard the heartbreaking story of a homeless 15-year-old boy who had been beaten and thrown out of his emergency shelter because he was gay.
- They were so moved that they gathered a group of concerned adults and created what was then called the *Institute for the Protection of Lesbian and Gay Youth* (IPLGY) to assist this group of youth who desperately needed support.



# Mission

All young people, regardless of sexual orientation or identity, deserve a safe and supportive environment

# Our youth population

- LGBTQ youth between the ages of 12-24 and their families
- 98% youth of color; primarily African American and Latino
- 80% living at or below the poverty line
- Travel from over 200 zip codes to participate in HMI programs





# Workshop Objectives

The goal of this workshop is to provide participants with models that are supportive in building and sustaining healthy family communication. Participants will:

- Increase their knowledge of counseling strategies when working with LGBTQ identified youth.
- Understand how family support can impact the lives of LGBTQ youth.
- Learn strategies for supporting cohesive communication among family systems.

WHAT ARE YOUR CONCERNS  
ABOUT WORKING WITH LGBTQ  
YOUTH AND THEIR FAMILIES?

## What to Keep in Mind From the Beginning

- The first point of contact is the biopsychosocial information gleaned from intake and referrals.
- You might be working with the youth first, before meeting the parents/family.
- Focus on how the youth identifies themselves and preferred gender pronoun (PGP).
- It is **IMPERATIVE** to think about the youth's safety with regards to housing situation, issues of abuse/neglect in the house, safety to be "out" at home, is it safe to work with parents, etc.



# Gathering Information in an Affirming Way

## I identify my gender as (choose all that apply):

Female/Feminine/Woman

Male/Masculine/Man

Gender Non-Conforming

Trans\*

Trans/Transgender

Transsexual

MTF

FTM

Bi-gender

Two-spirit

Intersex

Genderqueer

Genderfluid

Butch

Femme

Questioning

\_\_\_\_\_ (Fill in with any other identity that applies)

## My Preferred Gender Pronoun is (choose all that apply):

She/Her/Hers

He/Him/His

They/Them/Theirs

Ze/Hir/Hirs

My Name \_\_\_\_\_

\_\_\_\_\_ (fill in any other pronouns that apply)

# Gathering Information in an Affirming Way (Cont.)

I identify my sexual orientation/preference as (choose all that apply):		
Lesbian	Gay	Curious
Queer	Bisexual	Non-identified (no label)
Heterosexual/straight	Same gender loving	Asexual
Ominsexual	Heteroflexible	Trans-attracted
Questioning	MSM (man who has sex with men)	Pansexual
_____ (fill in any other identities that apply)		

# Theories Used in Working With LGBTQ Youth and Their Families

- Biopsychosocial systems perspective, including family systems and the impact on child/adolescent development
- Attachment theory
- Impact of abuse/neglect (educational, medical, physical, emotional, sexual, etc.) and resilience of the youth
- Intersectionality
- Strengths-based perspective and positive youth development
- Adolescent development compounded by LGBTQ identities

# Challenges With Coming Out

- Internalized homophobia/transphobia
- Internalized shame – may be layered
- Fear of rejection
- Challenges with intimate relationships and peer relationships
- What else?

# Tips on the Therapeutic Alliance

- Trust and confidentiality ARE KEY. What are ways to build trust and confidentiality?
- The relationship must be collaborative in nature – what does this mean?
- Remember, always, that the youth is the expert of their own experience
- Allow for fluidity and exploration of sexual/gender identities including
  - Changing PGP's
  - Changing names
  - Changing orientations or having no orientation

# Incorporating Families

- Safety first! It is essential to explore all the options of involving the family.
  - Do you want to involve your family?
  - Knowing your family, how do you think they may respond?
  - IS IT SAFE FOR YOU TO BRING YOUR FAMILY IN?
- Allow for self-determination – remember, the youth is the expert of their own experience.



**SOMETIMES INVOLVING THE  
FAMILY ISN'T THE SAFEST  
OPTION FOR THE YOUTH**

# Barriers to Family Involvement

- Cultural/Family-based stigma
- Mental health
- Cognitive issues
- Religious/spiritual/cultural values in conflict with LGBTQ identities (ie.machismo/patriarchy)
- Stigma of getting mental health support outside of the family
- What might be other barriers?

# Risk Factors for LGBTQ Youth

LGBTQ youth accepted by (both) parents have lower rates of depression, anxiety, phobic anxiety and other mental health problems than those youth rejected by (both) parents<sup>1</sup>. The following are risk factors for LGBTQ youth in general, and can be the result of rejection by family/community.

- Homelessness
- Parentification
- Negative peer relationships/bullying
- Lack of positive role models
- Low self esteem/self worth and depression/anxiety/suicidal ideation and attempts
- Systemic oppression
- Pre-existing mental health conditions/cognitive issues

<sup>1</sup>[http://www.nami.org/Content/ContentGroups/Multicultural\\_Support1/Fact\\_Sheets1/MH\\_Risk\\_Factors\\_among\\_GLB\\_T\\_Youth\\_07.pdf](http://www.nami.org/Content/ContentGroups/Multicultural_Support1/Fact_Sheets1/MH_Risk_Factors_among_GLB_T_Youth_07.pdf)

# REMEMBER:

- Family members may need to access support individually, because the adjustment to coming out impacts not just the individual coming out, but the entire family system, as well as the individual family members.
- Accepting families can still experience challenges with a youth coming out.
- IF A YOUTH'S FAMILY OF ORIGIN IS REJECTING, OTHER SUPPORT CAN EXIST IN LIEU OF TRADITIONAL FAMILY SUPPORT. CHOSEN FAMILY, GAY PARENTS/FAMILY, COMMUNITY MENTORS, AND ROLE MODELS MATTER AS MUCH AS TRADITIONAL FAMILY, IF NOT MORE, IN CASES OF REJECTION

# Working With Families

- Who is in the room for a family session?
  - On-going family counseling: a clinician other than the person working 1:1 with the youth
  - Single-occurrence family session: determine with youth if they want you (their counselor) to facilitate the session or if they want another counselor to facilitate the session
  - **IT IS NECESSARY TO TALK WITH THE YOUTH TO DETERMINE WHAT THEY WANT THE FAMILY SESSION TO LOOK LIKE AND WHO SHOULD BE IN IT.**

# What the Family Session Looks Like

- Establish ground rules for family sessions:
  - Openness
  - Acceptance
  - No judgment
  - Be curious
  - One mic
  - Respect
  - Agree to disagree
  - Active listening



# What the family session looks like (cont.)

- Create a safe space that is an equal playing field for the child and adult to freely express feelings without power dynamics
- How can we do that?

# Things to keep in mind while doing the family work

- In these moments, we model how to communicate with each other.
- We help to moderate the dynamics to allow space for family members to hear each other and encourage empathy, even if there are differences in views/opinions.
- It is vital to the therapeutic alliance to clearly acknowledge individual and familial strengths of coming together, and having sometimes difficult conversations to support each other.

# What Can Clinicians Do to Support the Family Outside of the Counseling Office?

- HMI's Annual Family Retreat
- Generate lists of family-friendly and agreed upon activities
- Support with tools to work on healthy communication in the home
- Find safe spaces for youth – partner with other organizations
- Find safe spaces for the parents – connect to support groups such as PFLAG, local LGBTQ centers, etc.

# Resources for Youth and Their Families

- For families:
  - PFLAG: <http://community.pflag.org/>
  - Gay & Lesbian Youth Services of Western New York - <http://www.glyswny.org/for-adults/parents-of-lgbtq-youth/>
  - Family Acceptance Project:  
<http://familyproject.sfsu.edu/publications>
- For Youth:
  - The Center – NYC: [www.gaycenter.org](http://www.gaycenter.org)
  - The Trevor Project – [www.thetrevorproject.org](http://www.thetrevorproject.org) or  
1-866-488-7386 (HOTLINE NUMBER)
  - The Hetrick-Martin Institute – [www.hmi.org](http://www.hmi.org)

# CASE SCENARIOS

**Think about the following:** What stands out for you?  
What are the family dynamics at play?  
What kind of support could the clinician provide?

- The Stillman's – African American Mother, Father, and Candy, their 17 year old daughter who came out as transgender. Middle/working class family.
- Jeffrey – 12 year old cis-gender, gay, white male from upper level socioeconomic status, intact family with Mother, Father and older sister.
- Mandy – 22 year old young transgender woman from middle/working class family. Diagnosed on the autism spectrum since childhood. Lives with Mother, father passed away from cancer 3-6 months after Mandy began hormone therapy.

QUESTIONS?



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