

## **TDMHSAS BEST PRACTICE GUIDELINES**

### ***Children and Adolescents Who Identify as Lesbian, Gay, Bisexual, Transsexual, Transgendered and Gender Nonconforming, or Questioning***

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#### ***I. Introduction-***

It can be challenging for adults to acknowledge the sexuality of children and adolescents in general, much less feel comfortable with considering this issue in youth with a minority sexual or gender orientation. It can be equally challenging for young people to self identify to their families or others for fear of rejection and/or serious negative reactions (Ryan, 2009).

Despite the fact that many popular television shows feature LGBTQ characters or that there are a number of celebrity marriages involving this group, LGBTQ youth still find the going extremely rough. Children and/or adolescents that self identify as LGBTQ often struggle about whether to tell their parents, teachers, friends—anyone—about these thoughts and feelings. Because they might be viewed as being different by their peers, particularly during the adolescent years, many of these youth become targets of harassment and bullying (Lyness & Izenberg, 2010).

A fair proportion of LGBTQ youth are in foster care. The Lambda Legal Defense and Education Fund estimates that between five and ten percent of young people in foster care self identify as LGBTQ. However, this figure is most likely an underreporting since many LGBTQ youth fail to disclose and/or actively hide their sexual orientation. Some of these youth have been rejected and/or abused by their families because of their sexual orientation. Others have been victims of discrimination, harassment, and even physical violence perpetrated by foster parents, peers/siblings, even group care staff. Many choose to run away from their placement to live on the streets where they feel safer (Dworsky, 2013).

Self identification as LGBTQ may be extremely stressful and/or painful for young people that lack supportive friends and family, live in smaller towns, or come from more traditional families. These youth experience so much pain that they are reported to have one of the highest rates of suicide attempts, as well as other health problems, especially related to substance abuse. Their risk is increased because they perceive the world they live in as hostile and unaccepting. Not having support, real or perceived,

can cause LGBTQ youth to feel very isolated and have low self esteem and/or poor self image (Lyness & Izenberg, 2010).

The goals of this practice guideline are to assist clinicians in becoming more comfortable recognizing and addressing the emotional and developmental needs of this population, to provide evidence-based treatment principles, and to provide a list of references for self-education that include definitions of the most current terminology used in this field and practice guidelines/reports developed by the American Academy of Child and Adolescent Psychiatry (AACAP), the American Psychiatric Association, and the American Psychological Association. Until the early 1990's, there were limited resources for youth who identified as LBGTQ or their families (Ryan, 2009). Resources in these guidelines should provide a helpful starting place.

**II. Practice Principles** (From AACAP Practice Parameter on Gay, Lesbian or Bisexual Sexual Orientation, Gender-Nonconformity, and Gender Discordance in Children and Adolescents/2012).  
*Please refer to the AACAP Practice Parameter for a thorough review of this topic.*

**Principle 1.** *A comprehensive diagnostic evaluation should include an age-appropriate assessment of psychosexual development for all youths.*

**Principle 2.** *The need for confidentiality in the clinical alliance is a special consideration in the assessment of sexual and gender minority youth.*

**Principle 3.** *Family dynamics pertinent to sexual orientation, gender nonconformity, and gender identity should be explored in the context of the cultural values of the youth, family and community.*

**Principle 4.** *Clinicians should inquire about circumstances commonly encountered by youth with sexual and gender minority status that confer increased psychiatric risk.*

- *Bullying.*
- *Suicide.*
- *High-Risk Behaviors.*
- *Substance Abuse.*
- *HIV/AIDS and Other Sexually Transmitted Illnesses.*

**Principle 5.** *Clinicians should aim to foster healthy psychosexual development in sexual and gender minority youth and protect the individual's full capacity for integrated identity formation and adaptive functioning.*

**Principle 6.** *Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful.*

**Principle 7.** *Clinicians should be aware of current evidence on the natural course of gender discordance and associated psychopathology in children and adolescents in choosing the treatment goals and modality.*

**Principle 8.** *Clinicians should be prepared to consult and act as a liaison with schools, community agencies, and other health care providers, advocating for the unique needs of sexual and gender minority youth and their families.*

**Principle 9.** *Mental health professionals should be aware of community and professional resources relevant to sexual and gender minority youth.*

### **III. The Family Acceptance Project: Resources for Providers**

Research conducted by the Family Acceptance Project (FAP) suggests that few providers who work with youth who identify as LGBTQ ask about how this decision affects the young person's relationships with their parents, foster parents, caregivers, and/or other adults. (FAP is a community research, intervention, education, and policy initiative started in 2002 to study how family acceptance and rejection affect the mental health, health, and wellbeing of these youth.) Instead the data show that providers tend to make the assumption that families are not supportive. Thus, FAP contends that providers do not consider families as a potential resource for helping youth that identify as LGBTQ (Ryan, 2009).

As a result, FAP is developing a new family model for working with young people who identify as LGBTQ, which engages families as allies to promote support for their children. The materials will be available online in English, Spanish, and Chinese. FAP has also developed a six-question tool (FAPrisk) that providers can use to quickly assess the level of family rejection and related health risks in youth who have self-identified as LGBTQ. The tool can be used by a variety of behavioral health providers, including pediatricians, nurses, social workers, school counselors, and mental health professionals. In addition to accurately identifying high levels of family rejection, the tool will aid in the identification of related risk for suicide, depression, substance abuse problems, and risk for HIV and STDs in the youth. The FAPrisk will give providers a way to start the conversation about family relationships and quickly help in identifying families in need of education and support. Information on FAP and/or the risk assessment tool can be obtained from [fap@sfsu.edu](mailto:fap@sfsu.edu) and <http://familyproject.sfsu.edu> (Ryan, 2009).

FAP further offers strategies for providers who work with LGBTQ children, youth, and families. Among the strategies are the following:

- Locate community and online resources for LGBTQ youth and families to teach parents and caregivers how to assist and support their young person. Parents and caregivers need access to positive family role models to help learn new ways to care for and support their LGBTQ youth, including gender-nonconforming children.
- Provide supportive counseling, as needed, and connect youth with LGBTQ community programs and resources.
- Use the FAP screener to identify the level of family rejection and related health risks in LGBTQ youth. Refer and follow up with families, as needed, to provide education and family counseling.
- Help families identify supportive behaviors that will provide protection against risk and promote their youth's well-being (Ryan, 2009).

#### *IV. Selected Resources/References*

- AACAP practice parameter on gay, lesbian or bisexual sexual orientation, gender-nonconformity, and gender discordance in children and adolescents. (2012 June). Retrieved from [http://www.aacap.org/galleries/PracticeParameters/glb\\_t\\_practice\\_parameter\\_june\\_2012.pdf](http://www.aacap.org/galleries/PracticeParameters/glb_t_practice_parameter_june_2012.pdf).
- APA practice guidelines for LGB clients: Guidelines for psychological practice with lesbian, gay, and bisexual clients. (2011). *American Psychologist*, 67(1), 10-42. doi: [10.1037/a0024659](https://doi.org/10.1037/a0024659).
- Byne, W., Bradley, S., Coleman, E., Eyler, A., ... Tompkins, D. (2012). Report of the American Psychiatric Association task force on treatment of gender identity disorder. *Archives of Sexual Behavior*. Retrieved from <http://www.springerlink.com/content/65145105t4000220/fulltext.pdf>. doi 10.1007/s10508-012-9975-x.
- Dworsky, A. (2013 January). The economic well-being of lesbian, gay, and bisexual youth transitioning out of foster care. Retrieved from [http://www.mathematica-mpr.com/publications/pdfs/family\\_support/LGB\\_youth\\_trans\\_ib.pdf](http://www.mathematica-mpr.com/publications/pdfs/family_support/LGB_youth_trans_ib.pdf).
- Getting down to basics: Toolkit to support LGBTQ youth in care. (2010). Lambda Legal/Child Welfare League of America. Retrieved from <http://www.lambdalegal.org/publications/getting-down-to-basics>.
- HRC youth survey report growing up LGBT in America. (June 2012). Retrieved from [http://www.hrc.org/files/assets/resources/Growing-Up-LGBT-in-America\\_Report.pdf](http://www.hrc.org/files/assets/resources/Growing-Up-LGBT-in-America_Report.pdf).
- Lyness, D., & Izenberg, N. (2010). Supporting LGBT kids. Retrieved from [http://kidshealth.org/parent/positive/issues\\_2011/2011\\_lgbt.html](http://kidshealth.org/parent/positive/issues_2011/2011_lgbt.html).
- Ryan, C. (2009, Fall/Winter). Helping families support their lesbian, gay, bisexual, and transgender (LGBT) children: The connection by CASA. Retrieved from [http://nccc.georgetown.edu/documents/LGBT\\_Brief.pdf](http://nccc.georgetown.edu/documents/LGBT_Brief.pdf).
- Technical assistance partnership for child and family mental health, lesbian, gay, bisexual, transgender, questioning, intersex, or two-spirit learning community. Retrieved from <http://tapartnership.org/COP/CLC/lgbtqi2s.php>.

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