



STAR-Center LINK

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January 2006

Happy New Year! We wish all of our STAR-Center Link readers a healthy and joyful 2006.

Conferences

STAR-Center's Spring Conference information is now available! Our website is updated with the latest information regarding all of your 2006 conference needs. We are incorporating new topics and speakers into each conference so please pay special attention to all of the details. Visit

<http://www.wpic.pitt.edu/research/star>

to read descriptions of all of our programs and to download registration forms. We look forward to seeing you in King of Prussia, Easton, and/or Pittsburgh.

This edition of STAR-Center LINK is devoted to offering tips and resources to clinicians and educators working with lesbian, gay, bisexual and transgender youth (LGBT).

Regardless of a professional's personal views about LGBT, many of these youth are "at-risk," and deserve our best, evidence-based efforts. We dedicate this issue to aspects of working with LGBT because most of us have not received much education about this issue during our training. A professional in the field has provided STAR-Center Link readers with his thoughts as well as suggestions and helpful websites, organizations and up-to-date information that we hope will be of use to you.

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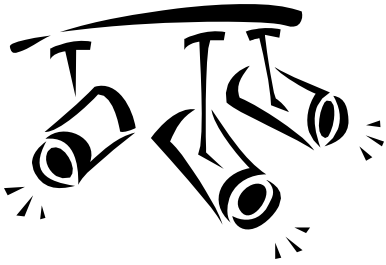
S ervices for T eens A t R isk

Supporting Lesbian, Gay and Bisexual Teenagers

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The goal of this article is to provide support for mental health (MH) professionals who work with lesbian, gay and bisexual (LGB) adolescents. The prevalence of health problems among these youth will be reviewed, followed by thoughts about providing services.

Are LGB youth at greater risk for health problems?

About 2% and 3% respectively of adolescents in the Youth Risk Behavior Survey in several states reported being LGB or engaging in same-sex sexual activity. These youth, compared to their heterosexual peers, were four to seven times more likely to attempt suicide (1, 3), two to four times more likely to be threatened with a weapon at school (1,4), and six to nine times more likely to have injected illicit drugs or used cocaine (1,4). Same-sex romantically attracted adolescents and those involved in same-sex romantic relationships were found to experience elevated rates of substance abuse (5), physical victimization (6), and, depression and suicide attempts (7) in a nationally representative sample of youth. Gay adolescents were over four times more likely, compared to a heterosexual control group, to experience a depressive or anxiety disorder and six times more likely to report a suicide attempt in a longitudinal, population-based study in New Zealand (8).

Are you providing services for LGB youth?

This may not be a simple question to answer. Given

the prevalence of LGB and the higher rate of mental health problems, it is unlikely that any busy mental health professional is not seeing any GLB clients. During my years as an administrator at Persad Center (a local MH center serving LGB individuals), our staff provided (and continue to provide) extended training for MH professionals. The individuals that we trained would often report early on, that they did not see LGB clients. Many of these same individuals would later report that LGB clients had “appeared” in their practices. The issue, as they came to realize, was that

once trained, they could provide a safe and non-judgmental environment for LGB youth. Clients then were more likely to disclose their sexual orientation and less likely to drop out of treatment.

How can you provide a welcoming and affirming environment?

First, reflect on your own feelings and beliefs about LGB youth and how these may relate to assessment and treatment. Clinicians who are uncomfortable working with and lack knowledge about LGB teenagers cannot provide optimal treatment unless these clinicians receive extensive training.

Clinicians whose personal beliefs make it difficult for them to support LGB teens have an ethical obligation to refer these clients elsewhere. On the other hand, clinicians who are uncomfortable with this population due to lack of exposure, relevant knowledge and skills may learn how to provide effective treatment. Consider these case illustrations:

A 13 year-old female reports feeling attracted only to other males previously, self-identifies as straight, and has never had sexual relations with anyone. She feels like she has

About 2% and 3%, respectively, of adolescents in the Youth Risk Behavior Survey in several states reported being LGB or engaging in same-sex sexual activity

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fallen in love with her best friend, a female. She is ashamed of her feelings and says that she is repulsed by the thought of kissing her friend. She, however, also feels strong sexual attractions to her friend and only wants to be with her. She has begun to communicate with other girls on-line who are also confused about their sexual attractions.

A 17 year-old female presents with depression. She appears somewhat masculine and is bullied by her peers at school. She has not reported this to school authorities fearing they might discover her sexual orientation. She has seriously considered committing suicide. She has not disclosed her sexual orientation to her family and believes that doing so would result in having to leave her home.

You have been seeing a 16 year-old male client diagnosed with a conduct disorder. He was sexually abused as a child and periodically bullies other youth whom he believes are gay.

Would you feel comfortable and competent to address these issues with these clients?

With what issues might a LGB adolescent present?

As Margaret Schneider suggests in her book *Often Invisible: Counseling Gay and Lesbian Youth*, three types of LGB adolescents present to clinicians (9). The first are those youth who seek support for problems related to their sexual identity (e.g., confusion, isolation, and distress). While sexual identity issues are rarely the only significant issue to be addressed, they are the primary focus. A second group presents with typical problems (e.g., depression, anxiety, substance abuse) that are exacerbated by experiences related to being LGB. Finally, a

third group of LGB youth may present with problems entirely unrelated to their sexual orientation.

Well-intentioned clinicians sometimes overlook important issues related to sexual orientation while communicating something similar to "There is nothing wrong with being gay. It just isn't a big deal." Conversely, clinicians may largely focus on LGB issues while these issues may not be particularly relevant. As Schneider suggests, MH professionals should not assume that a client's underlying issues do or do not relate to their sexual orientation.

Specific issues that may be relevant in treatment include (but are not limited to):

- internalized negative feelings about the self related to being LGB
- lashing out at gay people
- confusion concerning whether one is or is not gay;
- hopelessness for the future, in part, due to internalized stereotypes
- prior or current physical, sexual or verbal abuse related to being gay
- developing a support network and accessing positive LGB role-models
- meeting other LGB youth
- assessing the benefits and risks of "coming out" to family, friends, and co-workers
- accessing services without the consent and/or health insurance of parents
- wellness issues including HIV testing, and related counseling

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What else can you do to provide effective clinical services?

As stated above, it is important for clinicians to determine when and if they are capable of providing effective services for LGB youth. You may want to contact a professional for training.

Remember the importance of asking questions in a manner that does *not* make assumptions about sexual orientation. For example, instead of asking a gender-specific question, professionals may ask "Are you in a relationship?" Discussing prior MH treatment may be particularly important because some of these clients will have had negative experiences with clinicians, experiences related to these youth being LGB. Finally, while a concern to all clients, the issue of confidentiality is sometimes of greater concern among LGB youth.

Finally, being aware of local and national resources for LGB youth is strongly recommended. Many locales have religious, political, sports, community service, social and youth organizations for LGB individuals and their allies. Further in this newsletter are several valuable resources to add to your library:

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LGB Resources



Parents, Friends, Families of Lesbians and Gays (PFLAG):

<http://www.pflag.org/>

This is a national organization that has chapters all over the country, including Pennsylvania. Its major function is to provide support to parents of lesbians and gays.

The Gay, Lesbian and Straight Education Network (GLSEN):

<http://www.glsen.org/cgi-bin/iowa/home.html>

GLSEN is a national organization, with local chapters, committed to creating safe schools for all students. In addition to their many programs, GLSEN conducts workshops that trains educators, administrators, counselors, teachers-in-training, and students throughout the nation. GLSEN strives to teach people the benefits of creating safe and respectful school environments. The Pittsburgh contact for GLSEN is Steve Orner, steveorner@msn.com; 412-362-6491.

STAR-Center thanks you again for all of your continued support. We look forward to working with you in 2006. A number of prominent authors have already signed up to contribute feature articles to the STAR-Center LINK. Future topics include: obsessive compulsive disorder; anxiety; bereavement in schools; and healthy lifestyles for adolescents.

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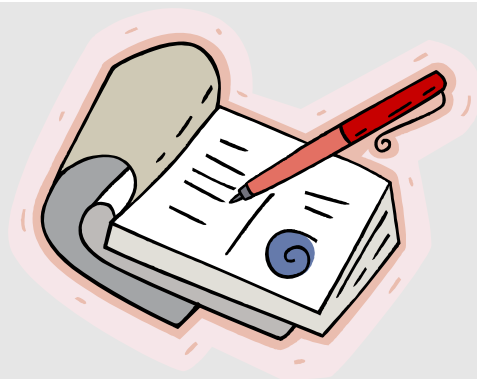
Mark Your Calendars! Upcoming STAR-Center Conferences: Go to the website for details and registration forms!

King of Prussia—Wednesday, March 8 (Institute)

King of Prussia—Thursday, March 9 (Conference)

Easton—Friday, April 21

Pittsburgh—Thursday, May 11



STAR-Center LINK

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