MAPP-Net

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Building Resilient Families
for LGBTQ Youth

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MONTANA The University of Montana, Department of Psychology

Our Gay Agenda

01
Health disparities & GSM youth

02
The role of family adversity and support

03
Conceptualizing minority stress & resilience for GSM youth
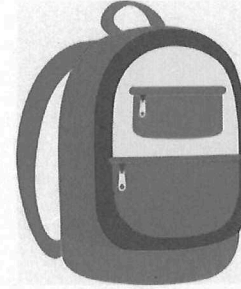
04
Applications: Assessment and intervention for youth and families

<u>GSM</u> = here, *Gender, Sexual, and/or Romantic Minority*

Unpacking the Knapsack

Building perspective and awareness with an adaptation of McIntosh's privilege analysis (2015)

McIntosh, P. (2015). Extending the Knapsack: Using the White Privilege Analysis to Examine Conferred Advantage and Disadvantage. Women & Therapy, 38(3–4), 232–245. https://doi.org/10.1080/02703149.2015.1059195

GSM Youth and Health

- **41%** seriously considered **attempting suicide** in the past year
  - 50% of the transgender and nonbinary youth surveyed
  - 53% of Indigenous youth and 47% of multiracial youth surveyed

- **67%** reported experiencing **symptoms of anxiety**
  - Almost 75% of the transgender and nonbinary youth surveyed
  - 76% of Indigenous youth and 73% of MENA youth surveyed

- **54%** reported experiencing **symptoms of depression**
  - Over 60% of transgender and nonbinary youth surveyed
 - 65% of Indigenous youth and 60% of multiracial youth surveyed

THE
TREVOR
PROJECT
2023 U.S. National Survey on the Mental Health of LGBTQ Young People

The Trevor Project. (2023). 2023 U.S. national survey on the mental health of LGBTQ young people. [PDF]

Minority Stress Theory

- The health disparities experienced by GSM individuals are the result of increased chronic stress due to the stigmatization of GSM identities

- Minority stress is...
  - unique to people with minority identities and exists in addition to the general stressors everybody experiences
  - a chronic, not acute, stressor
  - rooted in social processes and systems that impact minorities, not in the individual characteristics minorities may have

Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin, 129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Minority Stress Theory

Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin, 129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674
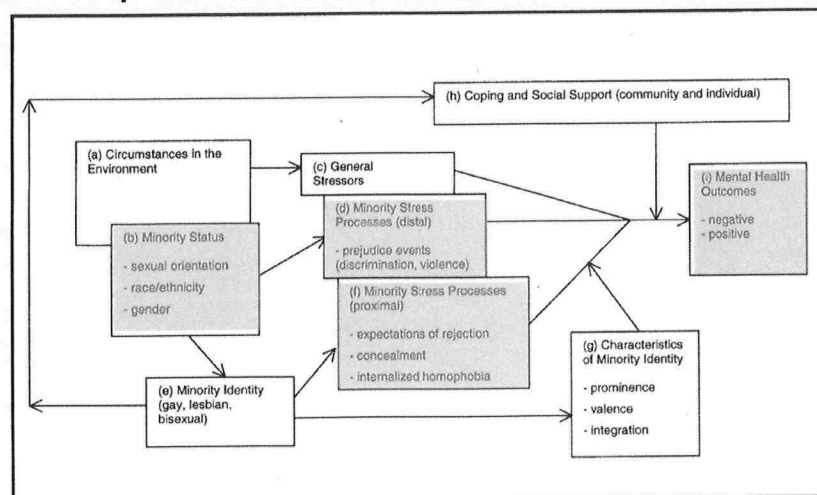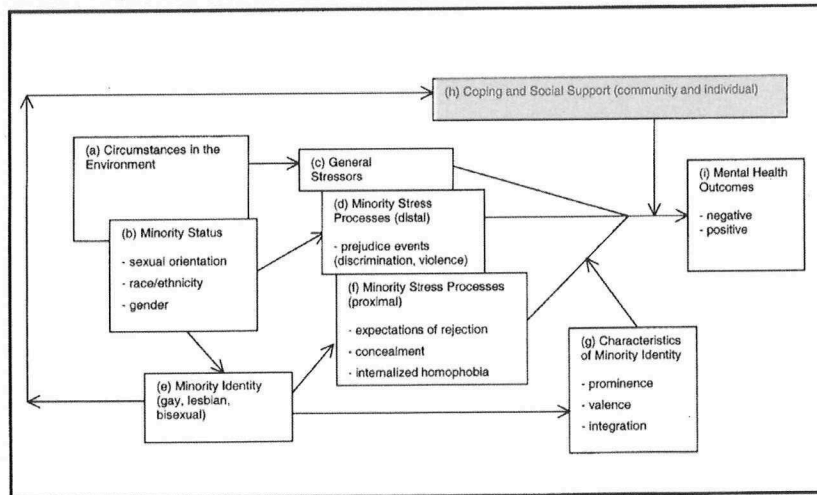
Minority Stress Theory

- **18%** of youth who **felt discriminated against** due to their GSM identity **attempted suicide** in the past year
  - Compared to **7%** who had not felt discriminated against

- **28%** of youth **who were threatened with conversion therapy** and **28%** of youth **who were subjected to conversion therapy** attempted suicide in the past year
  - Compared to **11%** of those not threatened with or subjected to conversion therapy

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2023 U.S. National Survey on the Mental Health of LGBTQ Young People

The Trevor Project. (2023). 2023 U.S. national survey on the mental health of LGBTQ young people. [PDF]

Minority Stress Theory

Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*, 129(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Social Support

- **Social support** is the amount to which one's social needs are met and the amount of aid and assistance they can expect to receive from family, friends, and others around them (Maulik et al., 2010)

- Higher levels of social support in GSM youth are associated with positive self-esteem (McDonald, 2018)

- Lower levels of social support in GSM youth are associated with increased depression, anxiety, substance use, and suicide attempts (Liu & Mustanski, 2012; McDonald, 2018)
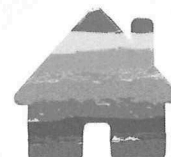
Maulik, P. K., Eaton, W. W., & Bradshaw, C. P. (2010). The effect of social networks and social support on common mental disorders following specific life events. *Acta Psychiatrica Scandinavica, 122*(2), 118-128.
McDonald, K. (2018). Social support and mental health in LGBTQ adolescents: A review of the literature. *Issues in mental health nursing, 39*(1), 16-29.
Liu, R. T., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American journal of preventive medicine, 42*(3), 221-228.

Social Support

- Youth with high family and peer support reported better mental health outcomes than youth with low family and high peer support and youth with low family and peer support (McConnell et al., 2015; McConnell et al., 2016)

- Family support was found to be more associated with decreased non-suicidal self-injury and alcohol use than peer support(Andrews et al., 2012)

- Higher family support was associated with higher self-esteem, other social support, ratings of general health and lower ratings of depression, substance abuse, suicidal ideation, and suicide attempts (Ryan et al., 2010)

Andrews, T., Martin, G., & Hasking, P. (2012). Differential and common correlates of non-suicidal self-injury and alcohol use among community-based adolescents. *Advances in Mental Health, 11*(1), 55-66.
McConnell, E. A., Birkett, M. A., & Mustanski, B. (2015). Typologies of social support and associations with mental health outcomes among LGBT youth. *LGBT health, 2*(1), 55-61.
McConnell, E. A., Birkett, M., & Mustanski, B. (2016). Families matter: Social support and mental health trajectories among lesbian, gay, bisexual, and transgender youth. *Journal of Adolescent Health, 59*(6), 674-680.
Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of child and adolescent psychiatric nursing, 23*(4), 205-213.

Family Adversity

challenges within the family environment that may negatively impact the well-being of GSM youth

- **Familial Rejection**: outright disapproval or hostility
- **Lack of Acceptance & Validation**: inability or unwillingness to acknowledge, engage, and affirm
- **Intra-familial Conflict**: different figures within the family may hold differing beliefs and attitudes
- **Microaggressions & Invalidating Behaviors**: subtle discrimination and invalidation
- **Religious & Cultural Stigma**: beliefs that stigmatize non-heterosexual or non-cisgender identities

Newcomb, M. E., LaSala, M. C., Bouris, A., Mustanski, B., Prado, G., Schrager, S. M., & Huebner, D. M. (2019). The influence of families on LGBTQ Youth Health: A call to action for innovation in Research and Intervention Development. *LGBT Health, 6*(4), 139–145. https://doi.org/10.1089/lgbt.2018.0157
Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino Lesbian, gay, and bisexual young adults. *Pediatrics, 123*(1), 346–352. https://doi.org/10.1542/peds.2007-3524
Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: School victimization and young adult psychosocial adjustment. *Developmental Psychology, 46*(6), 1580–1589. https://doi.org/10.1037/a0020705

Intersectionality & Family Dynamics
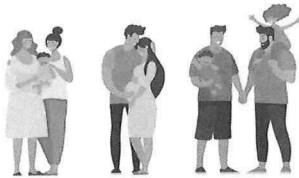
- **Cultural & Religious Beliefs**: potential for strong stigmatization or outright condemnation
- **Community Influence & Social Networks**: pressure to conform to social norms and expectations
- **Generational Differences**: generational variance even within the same community/belief system
- **Socioeconomic Status**: impacts access to resources and the financial ability of a family to provide supports
- **Racial Identity**: specific and complex community or religious influences
- **Disability**: unique accessibility and ableism challenges

Hatzenbuehler, M. L. (2011). The social environment and suicide attempts in lesbian, gay, and bisexual youth. *Pediatrics, 127*(5), 896–903. https://doi.org/10.1542/peds.2010-3020
Mallon, G. P. (2018). *Social Work Practice with lesbian, gay, bisexual, and transgender people.* Routledge, Taylor & Francis Group.
Meyer, I. H. (2003). Prejudice, social stress, and Mental Health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674
Seidman, S., & Weston, K. (1993). Families we choose: Lesbians, Gays, kinship. *Contemporary Sociology, 22*(2), 230. https://doi.org/10.2307/2075770
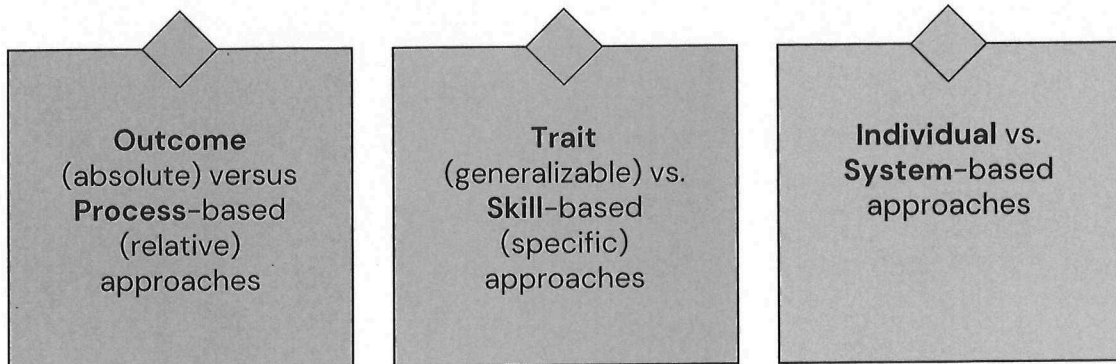
How do we define *resilience* for GSM youth?

"The capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development." (Masten, 2014, p.1020)

Masten, A. S. (2014). Invited Commentary: Resilience and Positive Youth Development Frameworks in Developmental Science. *Journal of Youth and Adolescence, 43*(6), 1018–1024. https://doi.org/10.1007/s10964-014-0118-7

Conceptualizing Resilience
(Southwick et al., 2014)

Outcome (absolute) versus **Process**-based (relative) approaches	**Trait** (generalizable) vs. **Skill**-based (specific) approaches	**Individual** vs. **System**-based approaches

Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European Journal of Psychotraumatology, 5*(1), 1–14. https://doi.org/10.3402/ejpt.v5.25338

Systems of Stress and Resilience
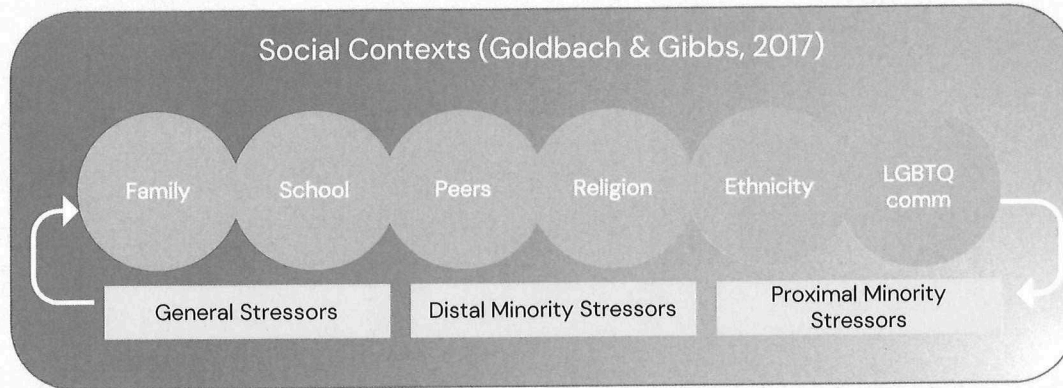
Social Contexts (Goldbach & Gibbs, 2017)

Family | School | Peers | Religion | Ethnicity | LGBTQ comm

| General Stressors | Distal Minority Stressors | Proximal Minority Stressors |

Goldbach, J. T., & Gibbs, J. J. (2017). A developmentally informed adaptation of minority stress for sexual minority adolescents. *Journal of Adolescence*, 55(1), 36–50. https://doi.org/10.1016/j.adolescence.2016.12.007

Applications: Assessment

- Whether or not minority stress is the focus of therapy, it can amplify or extend comorbid mental health symptoms (such as depression or traumatic stress; Lothwell et al., 2020; Livingston et al., 2023)

- Minority stress in childhood and adolescence may have enduring impacts on mental health into adulthood (Gibbs & Rice, 2016)

- When assessing minority stress with GSM youth, consider both **developmental** and **systemic** influences

Lothwell, L. E., Libby, N., & Adelson, S. L. (2020). Mental Health Care for LGBT Youths. *Focus (American Psychiatric Publishing)*, 18(3), 268–276. https://doi.org/10.1176/appi.focus.20200018

Livingston, N. A., Berke, D. S., Ruben, M. A., Matza, A. R., & Shipherd, J. C. (2019). Experiences of Trauma, Discrimination, Microaggressions, and Minority Stress Among Trauma-Exposed LGBT Veterans: Unexpected Findings and Unresolved Service Gaps. *Psychological Trauma*, 11(7), 695–703. https://doi.org/10.1037/tra0000464

Gibbs, J. J., & Rice, E. (2016). The social context of depression symptomology in sexual minority male youth. *Journal of Homosexuality*, 63, 278–299. http://dx.doi.org/10.1080/00918369.2015.1083773

Assessing Distal Stress

- Youth with rejecting families and/or schools may have no power to request respect or to leave (Birkett et al., 2015)
- Parents' attitudes impact GSM youth in unique ways, shaping rules about self-expression, people we spend time with, and what is acceptable or punishable behavior (Goldbach & Gibbs, 2017)

- **ASK**:
  - ❑ How do you feel about being queer/trans when you're at home? At school? Around your friends?
  - ❑ What rules do your parents have about your clothes, your hobbies, your friends, and your relationships?
  - ❑ How does each parent feel about LGBTQ issues? Each sibling?
  - ❑ What negative things have you heard about queer/trans people? From whom?
  - ❑ Do you have safe being yourself at home? At school? Around your friends?

Goldbach, J. T., & Gibbs, J. J. (2017). A developmentally informed adaptation of minority stress for sexual minority adolescents. *Journal of Adolescence*, 55(1), 36–50. https://doi.org/10.1016/j.adolescence.2016.12.007
Birkett, M., Newcomb, M. E., & Mustanski, B. (2015). Does It Get Better? A Longitudinal Analysis of Psychological Distress and Victimization in Lesbian, Gay, Bisexual, Transgender, and Questioning Youth. *Journal of Adolescent Health*, 56(3), 280–285. https://doi.org/10.1016/j.jadohealth.2014.10.275

Assessing Proximal Stress

- Anticipation of rejection should not be viewed as solely subjective (Rice et al., 2014; Clatts et al., 2005); providers should screen for risk
- Seeking congruence with sexual/gender identity can be a source of both strength and stress (Goldbach & Gibbs, 2017)

- **ASK**:
  - ❑ How would you describe your gender? Do you have a label for your experiences of attraction? How do you feel about it?
  - ❑ What is okay for all your parents to know about your sexual orientation/gender identity? What can I include in your medical record?
  - ❑ If your parents/siblings knew you were queer/trans, how might they respond?
  - ❑ How have your parents responded when they found out other family members were queer or trans?

Rice, E., Gibbs, J., Winetrobe, H., Rhoades, H., Plant, A., Montoya, J., et al. (2014). Sexting and sexual behavior among middle school students. *Pediatrics, 134*, 21–28. http://dx.doi.org/10.1542/peds.2013-2991.
Clatts, M. C., Goldsamt, L., Yi, H., & Gwadz, M. V. (2005). Homelessness and drug abuse among young men who have sex with men in New York city: A preliminary epidemiological trajectory. *Journal of Adolescence, 28*, 201–214. http://dx.doi.org/10.1016/j.adolescence.2005.02.003.
Goldbach, J. T., & Gibbs, J. J. (2017). A developmentally informed adaptation of minority stress for sexual minority adolescents. *Journal of Adolescence*, 55(1), 36–50. https://doi.org/10.1016/j.adolescence.2016.12.007

Assessing Strengths and Supports

- Sexual and role identity development are central tasks of adolescence (Erikson, 1968), and stability/clarity of identity are associated with less distress (Everett, 2015)
- Access to GSM peers and resources may be limited due to identity concealment/clarity, availability, or parental forbiddance (Goldbach & Gibbs, 2017)
- Family acceptance is associated with positive health and drastically reduced rates of suicidality (Ryan et al., 2010)

- **ASK**:
  - ❑ Do you have access to spaces and people where you can talk about what it's like to be queer/trans? If yes, what is that like? If no, what gets in the way?
  - ❑ Do you feel like the label of [   ] will always be the one to fit you? Do you feel like you're still figuring out your gender, sexual orientation, or romantic orientation?
  - ❑ Is anyone in your family queer or trans? Is anyone in your family an advocate for LGBTQ folks?
  - ❑ Do you have any family who would go to a Pride event with you? Any friends?

Erikson, E. (1968). *Identity: Youth and crisis.* New York, NY: W. W. Norton & Company.
Everett, B. (2015). Sexual Orientation Identity Change and Depressive Symptoms: A Longitudinal Analysis. *Journal of Health and Social Behavior, 56*(1), 37–58. https://doi.org/10.1177/0022146514568349
Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family Acceptance in Adolescence and the Health of LGBT Young Adults. *Journal of Child and Adolescent Psychiatric Nursing, 23*(4), 205–213. https://doi.org/10.1111/j.1744-6171.2010.00246.x

Assessing Parental Motivation

- More youth are reporting varying levels of acceptance from their immediate family members, and those levels may differ between parents (Newcomb et al., 2018)

- *With consent,* **ASK:**
  - ❑ What concerns do you have about your child being queer/trans? What are you not concerned about regarding their gender identity and relationship patterns?
  - ❑ Gender identity and patterns of attraction are relatively stable into adulthood for most young people. If you knew your child would never change in their gender identity/patterns of attraction...
    - ❑ On a scale from 1 to 10, how motivated would you feel to be accepting of your child?
    - ❑ On a scale from 1 to 10, how confident would you feel that you can support your child?

Newcomb, M. E., Feinstein, B. A., Matson, M. Macapagal, K., & Mustanski, B. (2018). "I Have No Idea What's Going On Out There:" Parents' Perspectives on Promoting Sexual Health in Lesbian, Gay, Bisexual, and Transgender Adolescents. *Sexuality Research & Social Policy, 15*(2), 111–122. https://doi.org/10.1007/s13178-018-0326-0
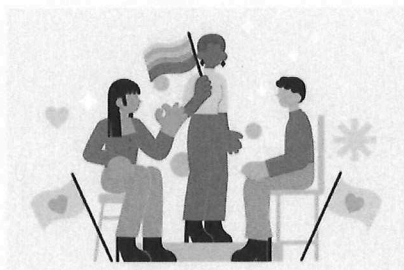
Applications: Interventions

- Most research on interventions with LGBTQ youth focus on individual-level coping skills (Lucassen et al., 2022)

- More research on including family members, and working with GSM youth in family contexts, is needed (Parker et al., 2018)

Lucassen, M. F. G., Núñez-García, A., Rimes, K. A., Wallace, L. M., Brown, K. E., & Samra, R. (2022). Coping Strategies to Enhance the Mental Wellbeing of Sexual and Gender Minority Youths: A Scoping Review. *International Journal of Environmental Research and Public Health*, 19(14), 8738-. https://doi.org/10.3390/ijerph19148738
Parker, C. M., Hirsch, J. S., Philbin, M. M., & Parker, R. G. (2018). The Urgent Need for Research and Interventions to Address Family-Based Stigma and Discrimination Against Lesbian, Gay, Bisexual, Transgender, and Queer Youth. *Journal of Adolescent Health*, 63(4), 383–393. https://doi.org/10.1016/j.jadohealth.2018.05.018

Techniques for GSM Youth

- Agency in narrative development (Singh et al., 2014)

- Visibility management (Dewaele et al., 2013)

- Consciousness raising and group connection (Wilkerson et al., 2017)

- Project YES: self-compassion, problem-solving, behavioral activation (McDanal et al., 2022)

- **Youth AFFIRM**: manualized CBT-based intervention with critical consciousness raising, mindfulness, and GSM-related examples (Craig et al., 2021)

Singh, A. A., Meng, S. E., & Hansen, A. W. (2014). "I Am My Own Gender": Resilience Strategies of Trans Youth. *Journal of Counseling and Development*, 92(2), 208–218. https://doi.org/10.1002/j.1556-6676.2014.00150.x
Dewaele, A., Van Houtte, M., Cox, N., & Vincke, J. (2013). From Coming Out to Visibility Management-A New Perspective on Coping With Minority Stressors in LGB Youth in Flanders. *Journal of Homosexuality*, 60(5), 685–710. https://doi.org/10.1080/00918369.2013.773818
Wilkerson, J. M., Schick, V. R., Romijnders, K. A., Bauldry, J., & Butame, S. A. (2017). Social Support, Depression, Self-Esteem, and Coping Among LGBTQ Adolescents Participating in Hatch Youth. *Health Promotion Practice*, 18(3), 358–365. https://doi.org/10.1177/1524839916654461
McDanal, R., Rubin, A., Fox, K. R., & Schleider, J. L. (2022). Associations of LGBTQ+ Identities With Acceptability and Efficacy of Online Single-Session Youth Mental Health Interventions. *Behavior therapy*, 53(2), 376–391. https://doi.org/10.1016/j.beth.2021.10.004
Craig, S. L., Leung, V. W. Y., Pascoe, R., Pang, N., Iacono, G., Austin, A., & Dillon, F. (2021). AFFIRM Online: Utilising an Affirmative Cognitive-Behavioural Digital Intervention to Improve Mental Health, Access, and Engagement among LGBTQA+ Youth and Young Adults. *International Journal of Environmental Research and Public Health*, 18(4), 1541-. https://doi.org/10.3390/ijerph18041541

Techniques for Families

- Challenging inappropriate control strategies (McCurdy & Russell, 2023)

- Building communication skills for demonstrating acceptance, as well as working through microaggressions/microinvalidations and taking opportunities to discuss culturally relevant experiences (Diamond et al., 2012)

- Encourage parents to ask about child's identity, reflect what they admire to help create positive narratives (e.g., Gillig et al., 2019)

McCurdy, A. L., & Russell, S. T. (2023). Perceived parental social support and psychological control predict depressive symptoms for lesbian, gay, bisexual, transgender, queer, or questioning youth in the United States. *Child Development, 94*(3), 691–705. https://doi.org/10.1111/cdev.13894
Diamond, G. M., Diamond, G. S., Levy, S., Closs, C., Ladipo, T., & Siqueland, L. (2012). Attachment-Based Family Therapy for Suicidal Lesbian, Gay, and Bisexual Adolescents: A Treatment Development Study and Open Trial With Preliminary Findings. *Psychotherapy (Chicago, Ill.), 49*(1), 62–71. https://doi.org/10.1037/a0026247
Gillig, T. K., Miller, L. C., & Cox, C. M. (2019). "She Finally Smiles … for Real": Reducing Depressive Symptoms and Bolstering Resilience Through a Camp Intervention for LGBTQ Youth. *Journal of Homosexuality, 66*(3), 368–388. https://doi.org/10.1080/00918369.2017.1411693

Techniques for Families

- Cognitive interventions: Psychoeducation and cognitive challenging

  - For low-support families: Describe relationship between minority stress, family support, and health outcomes; challenge unhelpful beliefs about youth outcomes (Huebner et a l., 2013; Troutman & Evans, 2014)

  - For moderate- to high-support families: Identify and challenge microaggressions/microinvalidations; provide information on gender affirming treatments; provide information on sexual and relationship health (Diamond et al., 2012; Matsuno & Israel, 2021)

- **AFFIRM Caregiver**: Manualized treatment for parents that includes psychoeducation, MI, and compassionate parenting practices (Craig et al., 2021)

Huebner, D. M., Rullo, J. E., Thoma, B. C., McGarrity, L. A., & Mackenzie, J. (2013). Piloting Lead with Love: A Film-Based Intervention to Improve Parents' Responses to Their Lesbian, Gay, and Bisexual Children. *The Journal of Primary Prevention, 34*(5), 359–369. https://doi.org/10.1007/s10935-013-0319-y
Troutman, O. A., & Evans, K. M. (2014). A Psychoeducational Group for Parents of Lesbian, Gay, and Bisexual Adolescents. *Journal of School Counseling, 12*(18).
Diamond, G. M., Diamond, G. S., Levy, S., Closs, C., Ladipo, T., & Siqueland, L. (2012). Attachment-Based Family Therapy for Suicidal Lesbian, Gay, and Bisexual Adolescents: A Treatment Development Study and Open Trial With Preliminary Findings. *Psychotherapy (Chicago, Ill.), 49*(1), 62–71. https://doi.org/10.1037/a0026247
Matsuno, E., & Israel, T. (2021). The Parent Support Program: Development and Acceptability of an Online Intervention Aimed at Increasing Supportive Behaviors Among Parents of Trans Youth. *Journal of GLBT Family Studies, 17*(5), 413–431. https://doi.org/10.1080/1550428X.2020.1868369

3/16/2024

Techniques for Families

- Develop a community-building plan for both family and GSM youth (Craig et al., 2021; Parker et al., 2018)

- Support parents in advocating for their children by building communication skills, referring to parent groups, and connecting with resources (Parker et al., 2018)

- Lean into relationships that work; identify even one supportive adult (The Trevor Project, 2023)

Parker, C. M., Hirsch, J. S., Philbin, M. M., & Parker, R. G. (2018). The Urgent Need for Research and Interventions to Address Family-Based Stigma and Discrimination Against Lesbian, Gay, Bisexual, Transgender, and Queer Youth. Journal of Adolescent Health, 63(4), 383–393. https://doi.org/10.1016/j.jadohealth.2018.05.018
Craig, S. L. Leung, V. W. Y., Pascoe, R., Pang, N., Iacono, G., Austin, A., & Dillon, F. (2021). AFFIRM Online: Utilising an Affirmative Cognitive-Behavioural Digital Intervention to Improve Mental Health, Access, and Engagement among LGBTQA+ Youth and Young Adults. International Journal of Environmental Research and Public Health, 18(4), 1541-. https://doi.org/10.3390/ijerph18041541
The Trevor Project. (2023). 2023 U.S. National Survey on the Mental Health of LGBTQ Young People. URL: https://www.thetrevorproject.org/survey-2023/

What strategies do you use to address *minority stress* and *support the strengths* of LGBTQ youth and their communities?

DISCUSSION: Case Study

Rhett: 14 year old, White, trans boy
Presenting concern: Depression and self-harm secondary to gender dysphoria and disaffirmation
Family: Mom is sole guardian, a self-described feminist but is not affirming of trans identities, trauma history of factitious disorder by proxy; grandfather is affirming and highly involved
School: Has friends who are queer and trans; not allowed by mom to attend the GSA

Situation: While mom is open to Rhett 'exploring gender' in therapy and will use his name, she refuses to validate his gender identity and use his pronouns; she indicates that her hope is that Rhett can adopt a female identity regardless of gender expression. She is worried that you are putting her child in a 'sick role' by diagnosing him with Gender Dysphoria, and is considering taking him out of treatment with you. She expresses feeling deeply invested in helping her child overcome depression and wants to have a good relationship with him. Rhett indicates that his mom's disaffirmation is a primary focus of his negative thoughts and would like to remain in therapy with you.

Key Takeaways

GSM youth, particularly trans youth and youth of color, face poorer health outcomes.

Minority stress contributes to these health disparities, but social support can buffer these effects.

Family dynamics are influenced by a wide variety of cultural, experiential, and environmental factors; approaching the family with empathy and open communication will give you the greatest opportunity to address the changes facing GSM youth.

Routine assessment for minority stress and resilience processes should be responsive to the developmental and system contexts of youth.

Intervention should consider both the individual young person and their systems of support, and should consider the caregivers' levels of acceptance.

THANK YOU
FOR THE WORK YOU DO
SUPPORTING OUR STATE'S YOUTH!