

# Providing Culturally Relevant Services to Families of LGBTQ+ Youth

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# Providing Culturally Relevant Services to Families of LGBTQ+ Youth

## **Learning Objectives:**

- 1. Learners will gain important insights into key strategies for providing culturally relevant services to families of LGBTQ+ young people
- 2. Learners will learn how to use SAMHSA's new guide on cultural adaptation
- 3. Learners will build understanding through review of case examples from a Youth Acceptance Project clinician

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**Activity Planners:** Marlene Matarese, MSW, PhD; Angela Weeks, MPA; Christopher Bellonci, MD, FAACAP; Shelley Craig, PhD, RSW, LCSW; Ashley Austin, PhD, LCSW

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# Providing Culturally Relevant Services to Families of LGBTQ+ Youth

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This session is brought to you in partnership with  
The Center Of Excellence on LGBTQ+ Behavioral  
Health Equity & The New England Mental Health  
Technology Transfer Center



<https://lgbtqequity.org/>



<https://mhttcnetwork.org/centers/content/new-england-mhttc>

# Importance of Family Support



8 x Higher risk of attempted suicide

6 x Higher levels of depression

3 x Higher risk for HIV & STIs

3x Higher risk of use of illegal substances

# Youth Believe They Can Be A Happy LGBT Adult

*Level of Family Acceptance*

**EXTREMELY accepting**



**92%**

**VERY accepting**



**77%**

**A LITTLE accepting**



**59%**

**NOT AT ALL accepting**

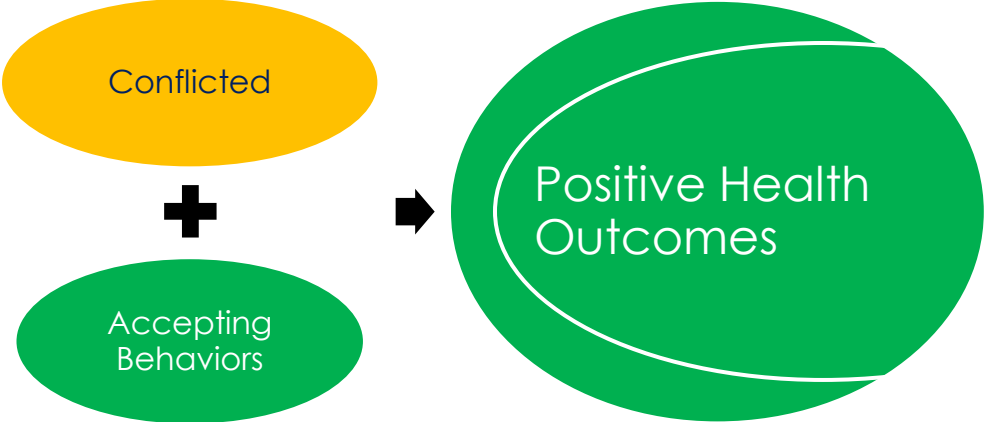


**35%**

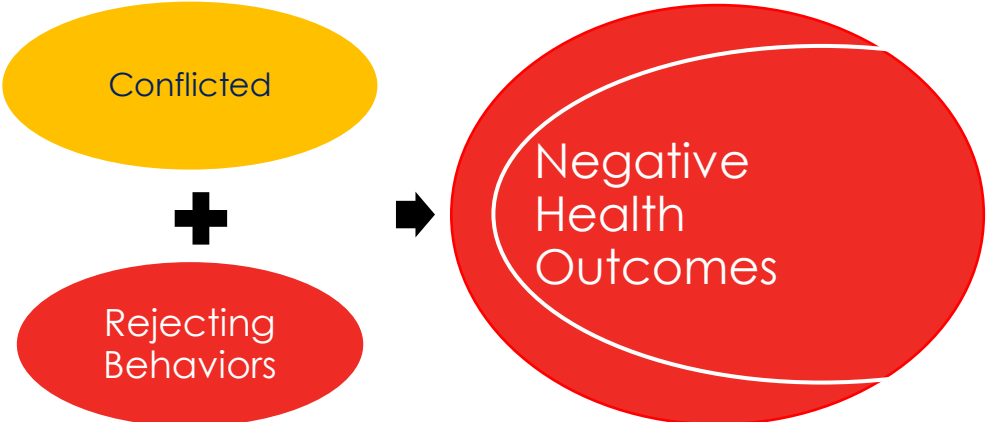
Ryan, Family Acceptance Project, 2009

# Actions Versus Beliefs

Supportive



Harmful



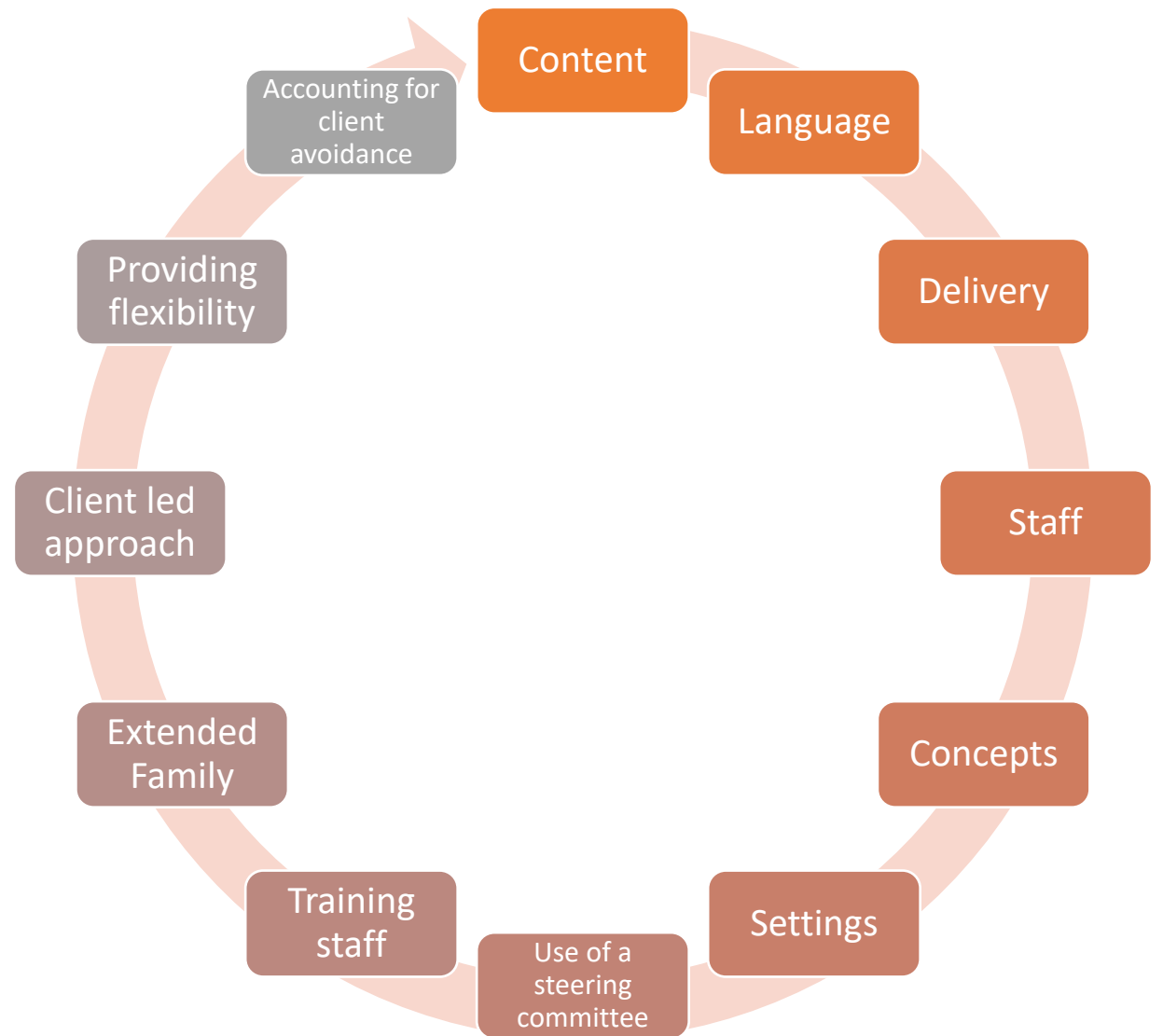
Chat Question: What does “meet them where they are at” look like?



# Case Example



# 11 Types of Adaptations



# Outcomes Improve

Data showed that culturally adapted EBPs and EIPs resulted in better outcomes when compared to control groups.

\*Small excerpt from larger data set

Article	Types of Positive Outcomes Reported					
	High Satisfaction with Culturally Adapted Program	Higher Retention or Completion	Reported Increased Positive Relationships and Communication	Improvements in Parental Involvement or Practices	Improvement of Mental Health or Behavior	Lower Levels of Substance Use
Parra-Cardona et al., 2016	X					
Valdez et al., 2018		X	X	X	X	
Burrow-Sanchez, 2019				X		X
Cyck et al., 2019			X			
Lopez-Zeron et al., 2020				X	X	
Paris et al., 2018		X				X
Finno-Velasquez et al., 2014	X	X				



# Content

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**Definition:** Adapting content to an intervention to include culturally specific information

**Example:** Making sure programs that treat anxiety or depression, also include discussions about the impacts of racism, generational trauma, or immigration for certain populations.



# Language

Definition: Adapting the content to the language/terminology preferred by the clients

Example: Primary language adaptation, but also could be adapting materials to include slang and commonly used terms for the community being served.

# Concepts

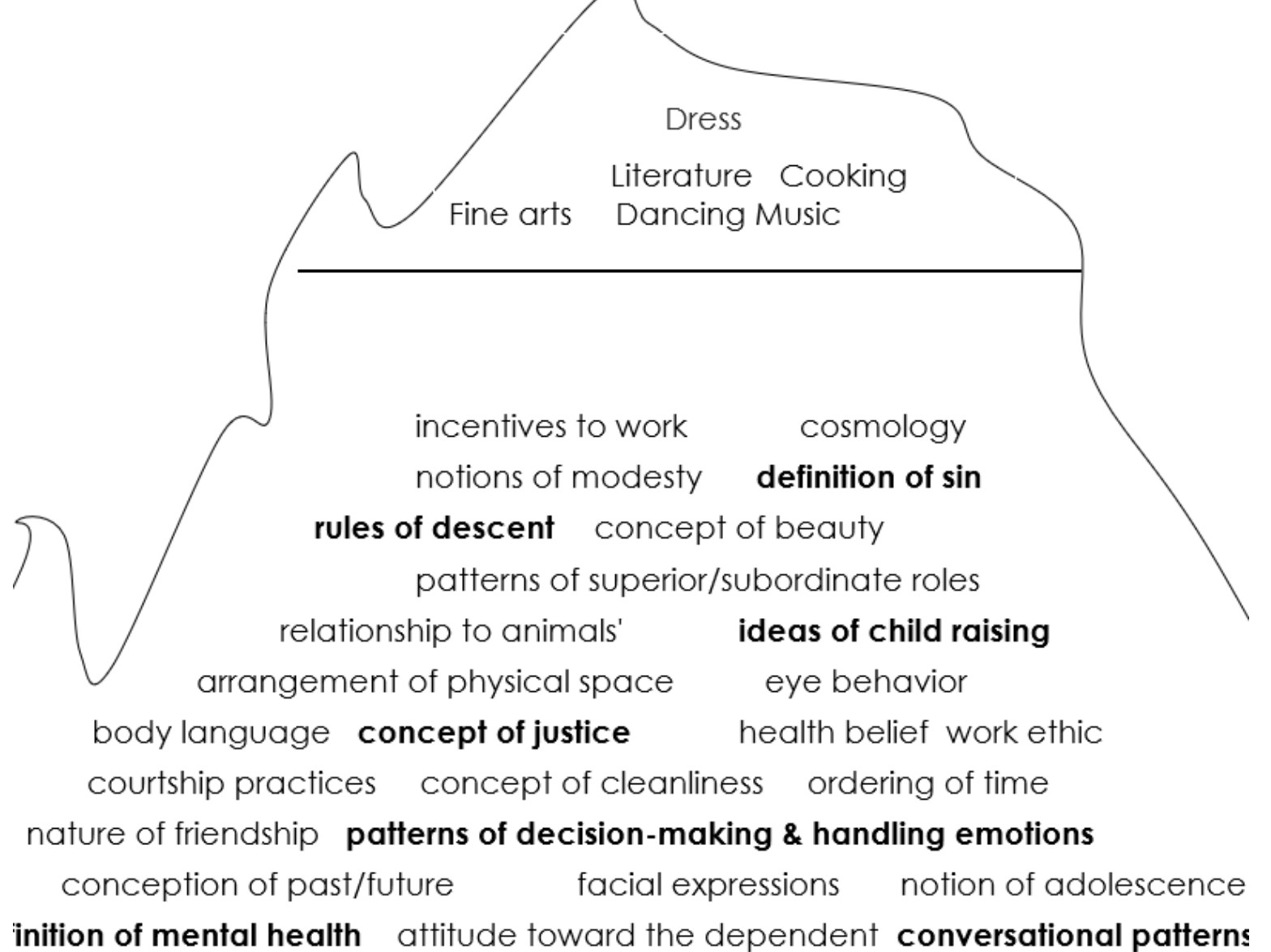
Definition: Changing metaphors, theories, and references so that they are culturally appropriate

Example- Honoring Children, Mending the Circle is an adapted CBT model for AI/AN populations, and it has been adapted to represent three key concepts: 1) all things are connected, 2) all things have a spiritual nature, and 3) existence is dynamic.

(Bigfoot & Schmidt, 2010)



# Cultural Concepts



DEEP CULTURE = OUT OF AWARENESS

# Reflective Team

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Definition: Hiring professionals that speak the language of the clients, share a similar racial or ethnic background, or live in the same community

Example: Making sure that a parenting program for American Indian fathers is led by someone who has lived experience as an American Indian father.







# Extended Family Inclusion

Definition: Adapting the intervention to include family members or caretakers who would not have been otherwise included in the original intervention

Example: If the community relies on grandma as a primary caretaker, then make sure grandma isn't excluded in the parenting programs.



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## Check on Satisfaction with Services

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**Definition:** When factors of the information may need to change because clients, due to how their cultures may be perceived, do not want to be observed as “causing trouble,” “complaining,” or “voicing disagreement”

**Example:** Do not assume your client will tell you when you are doing a poor job. For example, if a White provider is trying to help a Black client manage their anxiety, the provider should not assume that the Black client will tell the White provider that they are not meeting their needs around understanding their lived experience. It is much more likely that the client will stop engaging in services.

# Provide a Non-judgmental Space for Processing

Listen

Listen to How Intersectionality & Lived Experience Impacts their Views

Provide

Provide Space for Caregivers to Discuss the Dreams they Envisioned for their Children

Encourage

Encourage Caregivers Process any Fears for their LGBTQ+ Child or Themselves

Ask

Ask Caregivers their Experiences Learning About LGBTQ Identities



# When to Provide Education

Rapport must be established

Listen for cues that the family is ready for new information

Ask them, “are you open to some new resource or to learning more about this?”

Connect the education to the goals the caregiver has for themselves and for their young person



# Brainstorm with Families on Ways to Show their Love

*Even when a family is struggling, they still can show their love*

1. Continue to show affection to their child
2. Tell their child they love them
3. Include them in family activities and rituals
4. Ask their child for time to learn more about the topic
5. Avoid speaking negatively about the situation in front of their child
6. Find middle ground where possible

# Helpful Resources



# Model for Cultural Adaptation



# The Cultural Adaptation Planning Tool

## Cultural Adaptation Planning Tool

This tool should be used to assess cultural fit of a program prior to selecting the program and also during the cultural adaptation process. These questions should be assessed in partnership with community members and experts with lived experience.

1. Does the EBP or EIP allow for cultural adaptation of the content? This could include adding content on racism, culture, immigration, acculturation, language, spirituality, or other topics important to the cultural group.
2. Is the EBP or EIP material available in multiple languages? If not, does the EBP or EIP allow for translation to another language or changes to specific words to align with specific cultural slang or additives? If yes, how will the program translate the materials?
3. Can the delivery method be adapted (i.e., virtual delivery, group delivery, or in-home services)? If yes, what is the most suitable delivery style for the population being served?
4. Does the implementation team reflect the group being served? If not, are there resources to hire a reflective team to implement the EBP or EIP? What aspects of implementation are most important for this program (i.e., shared community, shared experience, or spoken language)?
5. Can the concepts in the EBP or EIP be adapted? If yes, who on the steering committee will advise on concept adaptation?
6. Does the EBP or EIP allow for implementation in an array of settings? If yes, what type of setting will be most beneficial to the group receiving services (i.e., in a community center, a clinic, a place of worship, in the home, or another client specified location)?
7. To whom is the EBP or EIP originally tailored (i.e., maternal and paternal parents)? Does the EBP or EIP allow for the inclusion in the program of extended family or non-family members that are part of the caretaking network?
8. What type of training do staff need in order to deliver the EBP or EIP well to the racially or ethnically diverse group? How will staff be trained on the cultural adaptations? How will the success of the training be tracked? How will staff performance be monitored? If staff coaching is needed, how will it be provided?
9. Will the EBP or EIP allow for a client led approach? What parts of the program would need to be adapted to be led by the client? How would staff be trained on implementing the client led approach?
10. Does the EBP or EIP allow for flexibility? Can clients miss a session? Are there makeup sessions? Do clients have to attend the entire intervention? Is there flexibility in the time and length of sessions? Can clients make up sessions virtually, or do they always have to be in-person?
11. Does the EBP or EIP account for clients avoiding conflict? Does it provide opportunity for clients to provide feedback or express themselves when they do not understand the content? If not, how will staff be trained on implementing this approach?

**Citation:** Weeks, A. (2022). Culturally adapting evidence-based and informed practices to meet client population needs and ensure appropriate allocation of scarce resources: A systematic review. *Human Service Organizations: Management, Leadership & Governance*. DOI: [10.1080/23303131.2022.2033902](https://doi.org/10.1080/23303131.2022.2033902)





# Educational Video for Providers and Families

Support for LGBTQ Youth  
Starts at Home:  
An [#AsYouAre](#) Project

# Youth Acceptance Project

The Youth Acceptance Project (YAP) is a clinical model that works with families of LGBTQ+ youth to address their fears and worries related to their LGBTQ+ child and help the family learn new and supportive behaviors to improve their youth's well-being.



# Youth Acceptance Project: 3 Phases

**Engagement** is at the outset of services and throughout, and is defined by:

- Honoring parents/caregivers' expertise
- Sensitive assessment
- Rapport building with both caregivers and child separately

**Implementation** entails providing support and giving accurate concrete information, and considers:

- Pacing of information sharing
- SOGIE knowledge
- Reframing

**Transition** includes advocating for, and organizing, support networks via:

- Listening for the parent/caregiver's feeling of hope
- Collaborative case planning (problem solving and decision making)
- Transitioning to help the family find other sustainable support



# Youth Acceptance Project

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*“Out of 26 families, 23 youth never left their families because they were stabilized, and the families became affirming of their child. Of the youth who were showing suicidal behaviors at the start of the program, 100% of them were no longer doing so by the end of the program.”*

*“The Youth Acceptance Project clinicians work with parents’ reconciliation of their values and beliefs (faith, family, community) in such a way that allows them to be affirming of their child.”*

# Family Acceptance Project

**UNG XỬ TRONG GIA ĐÌNH GIÚP CẢI THIỆN SỨC KHỎE VÀ ĐỜI SỐNG CHO CON CÁI LÀ NGƯỜI LGBTQ**

आपके LGBTQ बच्चे के स्वास्थ्य व मानसिक स्वास्थ्य के लिए गंभीर खतरा बढ़ाने वाले पारिवारिक व्यवहार

有助於同志孩子身心健康的家人言行

家人接纳计划 (Family Acceptance Project®) 的研究发现，有50多种家人的接纳言行可帮助您的女同性戀、男同性戀、雙性戀、跨性別和跨性別 (LGBTQ) 孩子，避免憂鬱、自殺和藥物濫用等行為，並有助於增加同志孩子的自尊和身心健康。只要幫助改變家人的言行，就可以減少孩子們的孤獨感，並給予他們家人會一直在身邊支持的希望。

家人的支持可以挽救生命！  
支持性的言行包括：

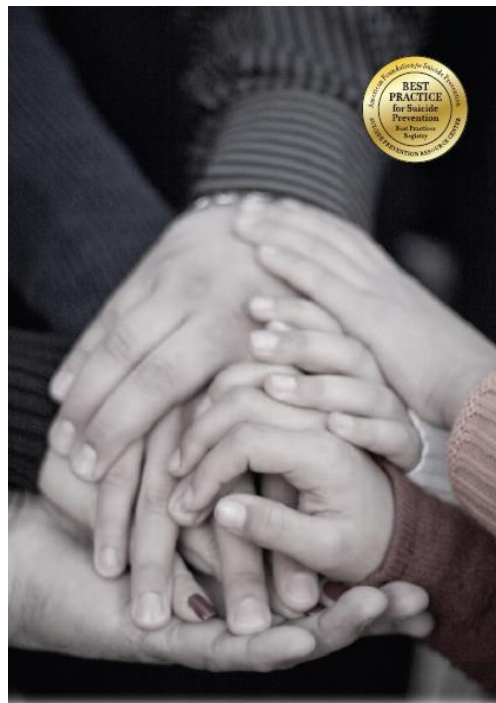
- 1. 告诉您的孩子您爱他们 (或性别多样化的孩子) 您爱他们
- 2. 询问您的孩子您如何可以帮助他们 (以及如何帮助他们) 他们的同志身份
- 3. 寻找一个接纳您的同志 (或性别多样化的) 孩子和家庭的教會或宗教团体
- 4. 告诉您的同志 (或性别多样化的) 孩子，即使您不完全了解，您仍会站在他们身旁
- 5. 鼓励您的孩子成为同志群体的一员
- 6. 告诉您的同志 (或性别多样化的) 孩子，即使您不完全了解，您仍会站在他们身旁
- 7. 鼓励您的同志 (或性别多样化的) 孩子，即使您不完全了解，您仍会站在他们身旁
- 8. 鼓励您的同志 (或性别多样化的) 孩子，即使您不完全了解，您仍会站在他们身旁
- 9. 告诉您的同志 (或性别多样化的) 孩子，即使您不完全了解，您仍会站在他们身旁
- 10. 告诉您的同志 (或性别多样化的) 孩子，即使您不完全了解，您仍会站在他们身旁
- 11. 告诉您的同志 (或性别多样化的) 孩子，即使您不完全了解，您仍会站在他们身旁
- 12. 告诉您的同志 (或性别多样化的) 孩子，即使您不完全了解，您仍会站在他们身旁
- 13. 告诉您的同志 (或性别多样化的) 孩子，即使您不完全了解，您仍会站在他们身旁

家長和其他家庭成員越經常表達這些支持性的言行，同志孩子的身心就越健康。

- 身心更健康
- 自尊感較高
- 社會支持更強大
- 家庭關係品質更好
- 降低罹患憂鬱症的機率
- 自殺企圖發生可能性減為三成
- 自殺意念出現可能性減為三成
- 藥物濫用的問題變少

FAMILY ACCEPTANCE PROJECT®

# Family Acceptance Project



## 家庭接受和支持，培養健康孩子

幫助家裡有同志  
(女同性戀、男同性戀、雙性戀、跨性別) 成員的家庭



家庭接受項目™  
舊金山州立大學



## Supportive Families, Healthy Children

Helping Families with Lesbian, Gay, Bisexual & Transgender Children



SAN FRANCISCO STATE UNIVERSITY



## Niños saludables con el apoyo familiar

Ayuda para familias con hijos e hijas lesbianas, gays, bisexuales y transgénero



SAN FRANCISCO STATE UNIVERSITY



## Learning About Sexual Orientation, Gender Identity & Expression

This video, available in English, Spanish, and Portuguese, reviews basic terminology that is important to know when working with people who have diverse sexual orientations or gender identities. This terminology includes sex assigned at birth, gender identity, gender expression, sexual orientation, and more.

**WATCH NOW:  
ENGLISH**

**WATCH NOW:  
SPANISH**

**WATCH NOW:  
PORTUGUESE**

# Key Recommended References

- A Community-Responsive Adaptation to Reach and Engage Latino Families Affected by Maternal Depression (Carmen et al., 2018)
- Adaptation of an Evidence-Based Intervention for Disability Prevention, Implemented by Community Health Workers Serving Ethnic Minority Elders (Falgas-Bague et al., 2020)
- Cultural Adaptations of Prolonged Exposure Therapy for Treatment and Prevention of Posttraumatic Stress Disorder in African Americans (Williams et al., 2014)
- Honoring Children, Mending the Circle: Cultural Adaptation of Trauma-Focused Cognitive-Behavioral Therapy for American Indian and Alaska Native Children (Bigfoot & Schmidt, 2010)
- Examining the Impact of Differential Cultural Adaptation With Latina/o Immigrants Exposed to Adapted Parent Training Interventions (Parra-Cardona et al., 2017)



# QUESTIONS?



New England (HHS Region 1)

**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration