

*SERVING SEXUAL MINORITY  
YOUTH IN EVIDENCE-  
INFORMED STRENGTHS-  
BASED GROUPS: A NEW  
MODEL FOR A NEW  
GENERATION*

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# SEXUAL MINORITY YOUTH (SMY)

Compared to their heterosexual peers, SMY report:

- ◉ higher rates of depression, self-harm, suicidality, homelessness, and involvement in crime
- ◉ greater rates of substance use
- ◉ disproportionate risk for school and academic problems

(Almeida et al., 2009; D'Augelli, 2003; King et al., 2008; Ray, 2007; Marshal et al., 2008; Ziyadeh et al., 2007; Berlan, et al., 2010; Birkett, Espelage & Koenig, 2009)

# MINORITY STRESS THEORY

- ◉ The unique stressors experienced by stigmatized populations that may exacerbate a conflict between society's expectations and individual identity (Marshal et al, 2011; Meyer, 2003b).
- ◉ Unique for SMY because their families generally do not share same sexual minority status, which has implications for development of coping skills.

(Balsam & Szymanski, 2005; Kelleher, 2009; DiPlacido, 1998)

# MINORITY STRESS THEORY

- High self-esteem, enhanced coping and problem solving skills, may also protect against the negative impacts of minority stress.
- Identification with, and support from, members of the minority group to which one belongs (e.g., a sense of social connectedness) may mitigate the negative impact of minority stress.

(Selvidge, Matthews & Bridges, 2008; DiPlacido, 1998)



## STUDY AIMS

To explore the influence of an affirmative school-based group counseling program for ethnically/racially diverse SMY

- Self-esteem
- Proactive Coping
- Social Connectedness

# AFFIRMATIVE INTERVENTION: *AFFIRMATIVE SUPPORT GROUPS*

- ◉ Focuses on affirming youths' identities
- ◉ Supports youth in identifying homophobic forces in their lives
- ◉ Considers problems in context of the homophobia & discrimination that youth experience
- ◉ Access to role models that are GLBTQ or allies
- ◉ Promote social engagement, collective action, mutual aid, social learning, enhance self-esteem, and prevent high-risk behaviors (Walls, Kane, & Wisneski, 2008)

# KEY CONSTRUCT: PROACTIVE COPING

- The process where one anticipates and prepares to act in advance to either prevent stressors from occurring, or lessen their impact (Aspinwall & Taylor, 1997).
- Development of effective coping skills may be considered critical to the well-being of SMY.
  - Stressful circumstances resulting from minority status may necessitate this skill development.
- Proactive coping has been *negatively* associated with depression) and *positively* associated with life satisfaction.

# KEY CONSTRUCT: SELF-ESTEEM

- Low self-esteem and internalized homophobia have been found to be related to increased anxiety, depression, and psychological distress among SMY
- High self-esteem fostered proactive coping skills, which in turn defend against negative mental health and well-being outcomes in the face of discrimination and victimization.

(Bauermeister et al., 2010; Vanden Berghe, Dewaele, Cox & Vincke, 2010)

(Homma & Saewyc, 2007; Phinney, 1992; Swann & Spivey, 2004; Kulkin, 2006)



# KEY CONSTRUCT: SOCIAL CONNECTEDNESS

- ⊙ Positive experiences with “similar” others have been defined as social connectedness, or a feeling of belonging (Berkman, 1995; Tajfel & Turner, 1986).
- ⊙ Social connectedness has been identified as a significant predictor of well-being for SMY.
- ⊙ Has also been found to positively influence self-esteem and decrease anxiety and depression.

(Detrie & Lease, 2008; Kohut, 1984; Lee & Robbins, 1998)

# PROGRAM DESCRIPTION

- ◉ **Affirmative, Supportive, Safe and Empowering Talk [ASSET]** is a school-based group counseling program.
- ◉ ASSET was launched in 2008 in a major Southern city in the United States.
- ◉ ASSET was offered in 15 urban high schools.
- ◉ Eight to ten weekly sessions
- ◉ Approximately 45 minutes per session
- ◉ Sessions were facilitated by therapists experienced with SMY.

# ASSET GROUPS

## Typical Session

Warm Up

“Hot Topics”

Relationship  
Exploration

Decision  
Making &  
Coping  
(Exploration/Pr  
actice)

# ASSET: GROUP THEMES

- ◉ **Theme 1 (Session 1-2): Who am I? What are my strengths?**
- ◉ **Theme 2 (Session 3-4) Where am I going and what's in my way?**
- ◉ **Theme 3 (Sessions 5-6): What causes me stress and what can I do about it?**
- ◉ **Theme 4 (Sessions 7-8). How will I remember my brilliance?**



## PROCEDURES

Pilot uncontrolled trial with one group pretest (T1) posttest (T2) design

N = 263

June 2008 - September 2010

- Self-referral (65%),
- school counselor or social worker referral (35%)

Study requirements:

- T1 & T2 measures
- Participation in minimum six of eight sessions

# MEASURES

## Demographics:

- Age, race, ethnicity, gender identity and sexual orientation

## Self-esteem:

- The Rosenberg Self-Esteem Scale [SES] (Rosenberg, 1965)

## Proactive Coping:

- Proactive Coping Inventory [PCI]: (Greenglass, Schwarzer & Taubert, 1999)

## Social Connectedness:

- The Social Connectedness Scale [SCS] (Lee & Robbins, 1995)

## Program Acceptability and Satisfaction:

- Items were adapted from the helpfulness questionnaire, used in previous adolescent intervention research (Beardslee, 1990)



# FINDINGS:

## ASSET GROUP OUTCOMES

- Participants identified as female (54%), Latino (66%) or African-American/Haitian (32%) and bisexual (39%) or lesbian (37%) with a mean age of 16.
- Both self-esteem and pro-active coping were significantly improved after group experiences.
- Social connectedness was not (youth may already have high levels of social connectedness)

# PROGRAM ACCEPTABILITY AND SATISFACTION

- MSMY perceived the treatment as *helpful and were satisfied*.
- On the 1-4 rating scale with 4 indicating highest possible responses, the mean scores of the items ranged from
- 3.8 (SD =0.40) for *I would recommend this program to other LGBTQ youth*”
- 3.6 (SD =0.41) for *“I have learned things from this program that will help me”*
- 3.4 (SD =0.42) *“I am satisfied with this program”*
  - *“This program has helped me improve the way that I deal with my problems”*.



# WHY AFFIRMATIVE GROUPS?

**Can enhance self-esteem and proactive coping across multiple domains of functioning (e.g., family, school, health, mental health).**

- ⦿ Are effective
- ⦿ Can reduce health disparities (Bauermeister et al., 2010; Galliher et al., 2004).
- ⦿ Addresses the call for research exploring ways to enhance resiliency among SMY (DiFulvio, 2011).

This study's encouraging findings (although preliminary) indicate the potential of ASSET as a viable affirmative group counseling approach for SMY.

## CRITICAL COMPONENTS OF ASSET:



- the school/field-based delivery structure
- the specific LGBTQ affirmative content
- the flexible nature of the program

# CLINICAL STRATEGIES

- Use strengths-based groups to:
- Educate:
  - *debunk harmful myths re: sexual and gender minority identities*
  - *counter negative stereotypes*
- Enhance coping skills
- Manage stress
- Maintain safety & promote health
- Practice self-disclosure (if they so desire)
- Help youth take into account multiple forms of oppression & categories of difference
  - ***Groups found to be particularly significant for gay & gender non-conforming Black male youth in urban schools (Talburt, 2004)***

# STUDY LIMITATIONS

- One group pretest posttest design with no control group.
  - with a particularly vulnerable population in a politically charged environment, it was not feasible to place participants on wait lists, or create another type of control group.
- Limited generalizability (sampling bias, group ethnic/racial homogeneity, and focus on urban area)
- High level of self-referral (65%)
  - may not be representative of all SMY

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# THANK YOU!

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  - Special gratitude to the amazing youth and group facilitators from the Alliance for GLBTQ Youth in Miami, Florida.
  - Funding: FIFSW SSHRC SIG

