



FOCAL POINT®



SERVING LESBIAN & GAY YOUTH

In this issue of *Focal Point* we address the special needs of lesbian and gay youth and their families. The United States Department of Health and Human Services' 1989 *Report of the Secretary's Task Force on Youth Suicide* defines gay and lesbian youth as those who have a primary attraction to members of the same sex for intimate and sexual relationships (4). A variety of explanations have been offered to describe the origins of individual sexual orientation. While homosexuality may involve both elements of nature and nurture, the origins of sexual orientation are generally believed to be established during early childhood (1).

While lesbian and gay youth receive services from multiple systems including mental health, education, child welfare, juvenile justice, and health, historically, these service providers have neither identified nor addressed the special needs of this population. Most schools and other youth-serving agencies do not have policies, programming, or staff training designed to address the needs of sexual minority youth.

Most gay and lesbian youth emerge as healthy adults from the struggles associated with adjusting to a stigmatized minority status; however, their journey is often lonely, uncharted, and unsupported by families, friends, neighbors, service providers and others. The difficulties these youth encounter may expose them to serious depression, suicide, social isolation, family

rejection, violence, school failure, and substance abuse.

DEMOGRAPHICS

Estimates on the prevalence of homosexuality among adolescents vary widely. A key factor contributing to the difficulty in identifying lesbian or gay youth are efforts to equate homosexual *behavior* with a homosexual *sexual orientation* (9). Within gay and lesbian communities it is widely believed that approximately ten percent of the population is homosexual.

"Project 10" described at page 9 is an example of this widely held sentiment. Adoption of the ten percent estimate suggests that approximately 24 million Americans are gay or lesbian. Of that number, approximately 4 million are youth ages fourteen through twenty-four. If approximately ten percent of the population is lesbian or gay, almost one-third of the population is either homosexual or closely related to someone who is homosexual.



COMING OUT

Gay and lesbian youth pass through a number of stages as they "come out of the closet." While the tasks of coming out parallel the developmental tasks of adolescence—establishing a personal identity, and developing self-esteem and the socialization skills needed to maintain friendships and intimate relationships—there is a continuous process of negotiating whether to

The Bulletin of the Research and Training Center
on Family Support and Children's Mental Health

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disclose and risk harassment or other discrimination or whether to remain hidden and subject to the false assumption of heterosexuality (3,10). Coming out is an ever widening process of acknowledging sexual orientation, first, to oneself and then to friends, family, classmates and others (3).

RACIAL AND ETHNIC MINORITY YOUTH

Lesbian and gay youth of color (African-American, Asian-American/Pacific Islander, Hispanic-American, Native American and Alaska Natives) live within at least three communities: (a) their ethnic minority community; (b) the gay and lesbian community; and (c) the majority community.

These youth often experience two types of prejudice—racism and homophobia (an irrational fear or hatred of gay and lesbian people) (13). They may experience discrimination within the dominant culture because of their race and sexual orientation and within lesbian and gay communities because of their race or ethnicity.

Morales (1990) notes that living as a minority within a minority can lead to increased feelings of isolation, depression and anger due to the fear of being separated from their various support systems (7). Moreover, Morales states that attempting to integrate the various aspects of one's life "requires a constant effort to maintain oneself in three different worlds, each of which fails to support significant aspects of a person's life." Racial and ethnic sexual minorities may

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The Research and Training Center was established in 1984 with funding from the National Institute on Disability and Rehabilitation Research (NIDRR) in collaboration with the National Institute of Mental Health (NIMH). The content of this publication does not necessarily reflect the views or policies of the funding agencies.

We invite our audience to submit letters and comments.

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experience particular difficulties in their efforts to "come out" to their families (11).

ISOLATION, DEPRESSION, AND SUICIDE

As James Farrow, M.D., describes in his article on pages 5 and 6, some gay and lesbian youth are at significant risk of serious depression and suicide. Low self-esteem and serious depression are common responses of these young people to: (a) the extreme social isolation they experience; (b) the obsessive concern with maintaining the secret of their sexual orientation; and (c) the fear of violence that lesbian and gay youth experience. Historically, sexual orientation has been ignored by researchers as a risk factor for both adolescent and adult suicide.

ALCOHOL AND DRUG ABUSE

Lesbian and gay youth are particularly vulnerable to alcohol and drug abuse as they seek to cope with the isolation, rejection, and stressors they experience. The *Report of the Secretary's Task Force on Youth Suicide* notes that young gay and lesbian adolescents often begin to use substances to reduce anxiety and pain as they first recognize their sexual orientation. Where the substance abuse continues, however, it may magnify suicidal feelings (4).

CRIMES OF VIOLENCE

As a study commissioned by the United States Department of Justice reported, homosexuals are "probably the most frequent victims" of hate violence (2). In a survey that studied the bias of teenagers toward a number of different minority groups, the New York State Governor's Task Force on Bias-Related Violence found that teenagers reacted more negatively to lesbian and gay people than to any other minority group. One of the most alarming findings in this survey is the openness with which the adolescents expressed their aversion and hostility towards gays and lesbians. While young people are aware that bias based on race and ethnicity can no longer be overtly condoned, there is no such awareness concerning the rights of gays and lesbians (5).

OUT-OF-HOME PLACEMENT

Group homes, emergency shelters, residential facilities, and juvenile detention facilities can be dangerous places for gay and lesbian youth. Lesbian and gay youth in institutions may be blamed by administrators when sexual or other assaults take place. They may be accused of "flaunting" their sexual orientation. In fact, simply acknowledging one's sexual orientation may be viewed by some as "flaunting." Many residential programs screen out lesbian and gay youth prior to admission (12). Where, however, gay youth do receive services and conflict occurs, a frequent institutional solution is to expel the homosexual youth from the facility or isolate him or

her from others rather than to confront the issues. The Gay and Lesbian Adolescent Social Services (GLASS) group home facilities and foster family programs described at pages 7 and 8 demonstrate one community's response to the out-of-home placement needs of lesbian and gay youth.

FOSTER CARE/ADOPTIONS

One frequently overlooked area in examining adolescents who experience multiple foster care placements or in reviewing disrupted adoptions among older youth, is the role played by sexual orientation issues (8). Regardless of the sexual orientation of the foster parents, they require training to learn to provide appropriate support and acceptance to their gay and lesbian foster children. Homosexual foster parents may, however, provide positive adult role models that gay youth might not otherwise experience. "Agencies *should* consider a parent's sexual and emotional adjustment, along with all other factors, in determining the suitability of a particular home for a particular child. When *every* placement in *every* lesbian or gay family is judged to be traumatizing for *every* child, however, prejudice has eclipsed concern for children's best interests" (8).

ADOLESCENT SEXUAL ACTIVITY

Pregnancy among teenage lesbians is not uncommon. For some youth, pregnancy is a method of concealing their sexual orientation. Others may feel pressured to date members of the opposite sex and experience accidental pregnancies. Young lesbians living on the street may also engage in prostitution to support themselves and become pregnant. Gay and lesbian youth—like their heterosexual peers—are at risk of acquiring sexually transmitted diseases. Of greatest concern is their risk of acquiring the human immunodeficiency virus (HIV), which causes acquired immunodeficiency syndrome (AIDS). Nineteen percent of all males and 24% of all females with AIDS are between the ages of 20-29 (Reference Specialist, Centers for Disease Control, National AIDS Clearinghouse, personal communication, August 1, 1991). This suggests that significant numbers of adolescents are engaging in unsafe sexual activities.

RURAL LIFE

Sexual minority youth living in a rural environment experience the same pressures urban gay and lesbian youth face. These stresses are, however, exacerbated for rural youth. These youth are geographically isolated and are even less likely to find supportive role models than their urban peers. Rural youth have a more difficult time identifying peers struggling with sexual orientation issues, lack access to support networks, and are less likely than urban youth to find gay-positive materials in their libraries or schools.

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SCHOOL

As Virginia Uribe, Ph.D. describes in her article on pages 8 and 9, gay and lesbian youth are at high risk for dropping out of school and for truancy. Youth in school experience tremendous stresses to maintain their secret and conform to the expectations of their peers (6). Lesbian and gay youth are often discriminated against in their efforts to participate in student dances or receive recognition of their student organizations (13). The articles that follow offer a detailed look at issues facing lesbian and gay youth and their families, as well as strategies for addressing service needs.

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Youth photography
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FIRST NATIONAL MEETING ON LESBIAN & GAY YOUTH ISSUES HELD

In January 1991 the Child Welfare League of America (CWLA) Institute for the Advancement of Child Welfare Practice and the Hetrick-Martin Institute convened a colloquium entitled *Serving Gay and Lesbian Youth: The Role of Child Welfare Agencies* in Arlington, Virginia. This historic event marked the first meeting of professionals from across the country to develop recommendations for the provision of more effective and responsive services by the 625 Child Welfare League member agencies.

A group of thirty academicians, agency-based practitioners and managers, representatives from national advocacy organizations and others were invited to discuss the issues, as well as to recommend those products and activities that can best help advance child welfare practice for this high-risk group.

Dr. Damien Martin, co-founder and former executive director of the Hetrick-Martin Institute, gave the keynote address. He emphasized the importance of education and advocacy efforts as key steps towards improving services to gay and lesbian youth. Other topics discussed included methods for addressing dis-

crimination and homophobia; strategies for assisting young people struggling with sexual orientation issues; and the need to train direct service providers, administrators, and board of directors' and advisory board members on lesbian and gay youth issues.

CWLA's Robert Aptekar said, "It's the League's role to ensure that all youth receive quality services. We hope that the results of this meeting will be that child welfare providers will be able to offer greater attention to the special needs of this segment of the population."

The conference proceedings are currently being prepared and will include recommendations developed by participants. These proceedings will be distributed to all of CWLA's member agencies in the United States and Canada. For additional information contact: Child Welfare League of America, Inc., 440 First Street, NW, Suite 310, Washington, D.C. 20001-2085; (202) 638-2952.

GAY & LESBIAN YOUTH SUICIDE

I cannot possibly convey to you in a letter the overwhelming feelings of depression and isolation that colored the coming-out phase for me. I was living with my parents, who had rejected me for my sexual orientation. —College Student.

We cannot know how many youth kill themselves because they are gay. Often I hear that a suicide victim had everything going for him. Was it, I wonder, some big scary secret which caused him to pull the trigger? —Adult.

There is that never-ending pain, that hurt that is ever-present in our daily lives. We feel isolation from ourselves, our family, our friends and other people like us. —High School Student.

I had to struggle through a very difficult time without support. Many a time I felt suicidal because of my feelings of being abnormal and alone. —Teenager.

It is not surprising that gay and lesbian youth, isolated, lonely and feeling they have no one to talk to, also would experience serious feelings of depression. For too many of these youth, suicide is seen as a way to escape the anguish they feel. One young person described attempting suicide after telling a trusted adult that he thought he was gay, only to be told it was "just a phase." Another attempted suicide after being rejected by her family. Others talked about seeing counselors many times without being asked about or ever feeling comfortable enough to divulge their homosexual feelings (5).

Most of the suicide attempts by gay and lesbian persons occur during their youth, and gay youth are two to three times as likely to attempt suicide than are others (2). They may comprise up to 30% of youth suicides annually. Figures such as these are consistent with the results of other research on youth suicide. There is, however, a dearth of good research on the risk factors for suicide in gay and lesbian youth. The impact of sexual identity on suicide risk is also a relatively uncharted area of research. One thing is clear from the research—there is an unusual prevalence of suicide attempts and ideation among homosexual persons.

In a recent study by Remafedi, Farrow and Deisher (*Pediatrics*, June 1991), 137 adolescent males from Minnesota and Washington state who identified themselves as gay or bisexual were studied (4). Thirty percent of these subjects reported at least one suicide attempt, and almost half of the attempters reported more than one attempt. The mean age in this sample at the time of the suicide attempts was 15 1/2 years. Ingestion of prescription and/or nonprescription drugs and self-laceration accounted for 80% of the attempts. Twenty-one percent of the suicide attempts resulted in medical or psychiatric hospitalization, but almost three out of four attempts did not receive any medical attention.

Some important factors were found to contribute or predict self-destructive acts in this group. A significant number of suicide attempts in this population were attributed to personal or interpersonal turmoil about homosexuality. One-third of first attempts occurred in the same year that subjects identified their bisexuality or homosexuality, and most other attempts

happened soon thereafter. Based on further analysis, the attempters in this study resemble other actual suicide victims in regard to high levels of family dysfunction, personal substance abuse, and other antisocial behaviors. Family problems were the most frequently cited reason for attempts. In addition, 85% of the attempters reported illicit drug use and 22% had undergone chemical dependency treatment.

Being gay or lesbian in American society is a stigmatizing experience. For young people growing up gay or lesbian, the direct and indirect impact of homophobia can be devastating. It may be aimed directly against them if they are self-identified or perceived as being lesbian or gay, or it might be the experience of seeing and hearing others being victimized. Just having to listen to the ridiculing jokes or the negative stereotypes portrayed by the media takes an incredible toll on adolescent self-esteem (1). A certain portion of the homosexual youth population will leave home and become part of the gay street youth subculture. It is estimated that nearly half of young male prostitutes, for example, are gay-identified (3). Like other street youths, these young people have multiple problems, including substance abuse, depression and histories of abuse and neglect, and have attempted suicide. In one recent Los Angeles study, 53% of gay street youth had attempted suicide at least once, and 47% more than once (6).

Gay- and lesbian-identified adolescents have a great need for support. The internalization of homophobia and the negative stereotypes about gays are powerful forces for gay youth to overcome. The psychological distress and damage that young people can experience growing up gay in this society should not be underestimated. At the very time youth are struggling to find identity and acceptance, they are forced to deal with being perceived as bad, sick, wrong or even evil—regardless of what the DSM-III might say.

There is a degree of isolation that gay youth experiences that is largely unique. A person of color, a woman, or an adherent of a particular religion may encounter many kinds of prejudice and discrimination. The fundamental difference is that in these situations the person can at least get support from family or like-minded peers. The gay youth is usually totally

alone with his or her gay or lesbian feelings, whether it is a secret or not, and is unable to get support from anyone.

Finding help and support. Services for gay and lesbian youth have been limited, in part because of the reluctance of social service agencies to identify themselves with the concerns of homosexual people. In addition, the reluctance of individuals to identify themselves as gay or lesbian has perpetuated their invisibility to the service community. Social service agencies may be concerned about generating controversy and may fear a loss of community support as a result of serving gay and lesbian youth. Agencies offering programs for gay and lesbian adults seldom offer services for youth. These agencies may fear accusations that they are "recruiting" youth, lawsuits by parents, or loss of licenses, liability insurance, or funding.

There is some indication, both locally and nationally, that this situation may be changing. Evidence of such a change includes the development of training programs for staff, attempts to incorporate gay and lesbian youth into programs, and to provide information for gay and lesbian youth in the development of specialized services for gay and lesbian teenagers.

Services for sexual minority youth that can reduce their risk for suicide include organized peer-led discussion groups, rap sessions, and development of specialized services for the treatment of chemical dependency, sexual abuse, and the development of programs culturally appropriate for gay and lesbian minority youth and their families. Parents also need help in their adjustment and organizations such as Parents and Friends of Lesbians and Gays (PFLAG) have developed in many communities. Lastly, mental health facilities that treat youth have, with appropriate training, begun to be a resource for these young people in times of acute emotional crisis.

In a Seattle Commission for Children and Youth report, a number of recommendations were made to improve the social and health service response to the problems these young people face (5). Some of those recommendations included provision of support for discussion groups, enabling gay and lesbian youth or young people with questions about sexual orientation to obtain accurate information, peer support, and help in their own communities before serious problems arise. Other recommendations included: (a) assisting social and health service agencies to hire qualified gay and lesbian staff and use lesbian and gay volunteers in youth programs; (b) developing and promoting crisis intervention, counseling and support programs to assist parents and other family members to deal with the discovery of a young family member's homosexuality; and (c) training social service and health care agency staff about the problems and special needs of gay and lesbian youth and their families.

Most lesbian and gay youth survive adolescence without

developing overt psychological or social problems that might bring them to the community's attention. It is important to recognize, however, that there are still a significant number of these youth who are at risk for self-destructive behavior or attempted suicide.

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PARENT ORGANIZATION LAUNCHES SUICIDE PREVENTION PROJECT

The Respect All Youth Project is a new national effort initiated by the Federation of Parents and Friends of Lesbians and Gays, Inc. (PFLAG) organization. It is designed to educate the public to the risks of lesbian and gay youth suicide. The project has received funding from the Episcopal Church, the Colin Higgins Foundation, and the Pride Foundation.

Current products include three new issue papers that address the role of sexual identity in youth suicide, the special needs of gay and lesbian youth in crisis, and sexual orientation in the larger context of sexuality. Recommendations are offered for fundamental changes in the way institutions care for, educate, and serve youth in order to prevent serious physical and mental health consequences. The materials were developed by sexuality educator Ann Thompson Cook, in cooperation with experts in the fields of suicidology, education, counseling, and religion. The set of three issue papers is available for \$5.00.

For more information on the project or to order materials, contact: Respect All Youth, Federation of Parents and Friends of Lesbians and Gays, Inc., 1012 14th Street, NW, Suite 700, Washington, D.C. 20005; (202) 638-4200.

GROUP HOMES, FOSTER CARE, AND STREET OUTREACH FOR GAY YOUTH

Gay and lesbian adolescents face a particularly difficult transition to adulthood that is more challenging and stressful than that of their heterosexual peers. Due to persistent societal disapproval, these young people suffer from a diffuse sense of identity, feelings of sadness and anger, considerable anxiety in social settings, fears of discovery, low self-esteem, poor family and peer relationships, gender role confusion, and pervasive physical and emotional distress. Additionally, gay and lesbian teens are at very high risk for substance abuse, running away from home, prostitution, and suicide. Gay and Lesbian Adolescent Social Services (GLASS) in Los Angeles, California was founded in 1985 to provide a variety of services to troubled lesbian and gay youth.

GLASS operates four licensed six-bed group homes, a licensed foster family agency, a street outreach program, a volunteer "big brother-big sister" program, and a Training and Technical Assistance Division that provides staff training and program consultation to other youth-serving agencies.

Referrals to GLASS come from all over the United States, and several program residents are from other states. The residency of out-of-state youth has been made possible through interstate compact agreements. GLASS has been described as a model residential program by the Centers for Disease Control.

The **group homes** are licensed for "self-identified gay, lesbian, bisexual, transsexual, transvestite, those confused about their sexual orientation, HIV infected or at high risk for infection, AIDS and ARC." These homes serve both sexes and provide long-term, milieu-based services to residents. Since few teens actually progress to full-blown AIDS, those teens in the GLASS homes who have HIV disease are physically relatively healthy. Additionally, since HIV disease is not a "gay disease," many of the residents who are HIV infected, in fact, self-identify as heterosexual. This mixture of gay/lesbian, bisexual, and heterosexual teens offers a wonderful opportunity and challenge to staff to facilitate greater understanding and tolerance for differences in lifestyle among residents.

Services provided in the group homes include individual, family and group psychotherapy; HIV education and prevention groups; psychosocial and case management services; educational, vocational and emancipation training. Medical services are provided by Children's Hospital of Los Angeles.



Psychological, dental, and psychiatric services are privately contracted.

The licensed **Foster Family Agency** recruits, screens, trains, certifies, hires, and supervises foster families. Foster families are recruited primarily from the gay and lesbian community; however gay-positive heterosexual foster parents are also sought. Foster parents are trained to act as role models for the adolescents in every aspect of living—from bill-paying to comparison shopping. These teens are usually preparing to emancipate into the adult world. Youth may come into the Foster Family program either directly, or as a result of doing well in the group home program. Younger children and toddlers are provided with a stable home environment for as short or long a term as is needed. In-home social work services are provided at least once weekly, and more often if needed.

The **Street Outreach Program** has operated in the contingent areas of Hollywood and West Hollywood, a popular destination of runaway, "throwaway," and "pushout" youth. "Survival kits" are provided to youngsters on the streets, along with non-judgmental counseling. These kits include toothpaste and brush, comb, tissues, safer sex instructions, a referral card with telephone numbers to access medical and psychological care, and shelter telephone numbers. These kits are very popular with street youth and make multiple contacts with them possible—thus increasing the likelihood that some youngsters may choose to come off the streets.

Volunteers have participated in all aspects of the residential program. Their activities have ranged from providing respite care services for beleaguered foster parents, to accompanying GLASS residents on beach and museum outings, trips to Disneyland, serving as role models, attending Alcoholics Anonymous and Narcotics Anonymous meetings with youngsters, attending church and synagogue services with residents, and simply being present as a gay-affirming friend or older "brother" or "sister." All adults participating as volunteers are screened and given eight hours of initial training plus two hours of training monthly.

For additional information on the services GLASS provides contact: Gay and Lesbian Adolescent Social Services, 8901 Melrose Avenue, Suite 202, West Hollywood, California 90069; (213) 288-1757.

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JUST ONE OF THE KIDS

Hi! My name is Mitchell and I am going to be 19 years old shortly. In fact, very shortly, considering I'm only 5'3". I have lived here at Arlington Group Home for almost 2 years, and boy what an important 2 years it has been. Not only have I seen residents and members of staff come and go, but I have seen myself grow to become a responsible adult, no longer the "problem child." When I first arrived at Arlington, I had major emotional problems, so they say, and had dropped out of high school. Since then, I have attended Los Angeles City College and have gotten very good grades. I also got a good job with an insurance company and



have saved enough money to move out on my own. With the help of the counselors here, I have resolved inner conflicts concerning my homosexuality and am learning how to deal with my bouts of depression. Also, the atmosphere here has taught me how to be independent. I now have some self-confidence where none existed, so I have something to build the future off of. Now it's time to move out and I AM READY! Thanks Arlington! Mitchell.

Reprinted with permission from the Summer 1987 issue of *Off the Streets*, the newsletter of the Gay and Lesbian Adolescent Social Services, Inc., Los Angeles, California.

RESPONDING TO THE NEEDS OF LESBIAN & GAY YOUTH IN THE SCHOOLS

One of the most pressing challenges facing educators today is the acknowledgment of lesbian and gay youth as a significant part of the total school population. Because their existence is less visible than those minorities based on skin color, national heritage, gender or disability, youthful homosexuals are often ignored. Crossing every boundary of race, religion and class, they have sat through years of public school education where their identities have been overlooked, denied or abused. They have sat quietly due to their own fear and sense of isolation as well as the failure of their parents and of adult gay men and women to take up their cause. The result has been the creation of a group of people within our schools who are at significantly high risk of dropping out.

For many young gays and lesbians, school is a lonely and frightening place to be. Ridicule from teachers, harassment from fellow students, and other discriminatory practices interfere with their ability to learn and frequently cause them to leave school altogether. For too long, these youngsters' options have been crippling self-hate, substance abuse and suicide.

In 1989 the United States Department of Health and Human Services issued a report on teen suicide which noted the startling fact that as many as 30 percent of all teenage suicides may be linked to conflict over homosexuality (1). This information alone should prompt educators to examine existing attitudes toward homosexuality, the effect of these attitudes on both the gay and non-gay population, and how

such attitudes are contrary to the public school mission of teaching all children respect for individual diversity.

Negative biases have often been espoused by critical persons within the homosexual child's educational milieu such as school principals, teachers, coaches, counselors and peers (2,3). To varying degrees, these prevalent negative attitudes are by-products of the conscious and unconscious fears and reactions that have come to be known as homophobia, the irrational fear of homosexuals or the subject of homosexuality.

The issues of childhood and adolescent homosexuality bring the child into direct conflict with two fundamental societal beliefs. One holds that heterosexuality is the only possibility for its young, and the other decries homosexuality as destructive and deviant. These two views are difficult to reconcile with the young person's view of him or herself. This problem is often exacerbated by adults through their denial of the existence of childhood or adolescent homosexuality, or by treating it as a deviant condition (5). The latter belief has become more difficult due to the removal of homosexuality from the official registers of psychopathology by the American Psychiatric Association in 1973 (6). The former belief is accomplished only at a high price to the individual and to society. Data suggest that adolescents struggling with issues of homosexuality who do not receive appropriate health care services and support from family, school and community are in jeopardy of serious emotional, social

and physical difficulties (5).

It is my belief that negative attitudes can and must change. It is the responsibility of educators to make schools safe for all children, including those who are homosexual themselves, have homosexual relatives or homosexual friends. Additionally, our responsibility extends to the non-gay population, and to them we owe a belief system that respects the dignity and worth of all people.

How can we make this happen? For purposes of discussion, I have constructed a ladder of behavior that encompasses three levels of non-biased behavior. **Level One** is the base of the ladder, a point where sensitivity to individual differences is both fundamental and professional. It includes not making biased jokes about gay and lesbian people, not tolerating gay or AIDS jokes by students and other teachers, not tolerating pejorative name-calling of any type in our classrooms, not generalizing into stereotypes about homosexual people, and not giving out judgmental or biased information about gays and lesbians.

Level Two consists of responding accurately and non-judgmentally to questions about homosexuality from students, not avoiding the subject of homosexuality, bringing homophobic remarks to the attention of students and teachers, and including gays and lesbians when talking about racial, ethnic and other multicultural groups.

Level Three is the top of the ladder and involves bringing up the subject of homosexuality when appropriate, making an effort to supplement accurate material on homosexuality in subject areas where it is relevant, having newspaper articles, pamphlets from local organizations or other visible symbols around that indicate that homosexuality is a "safe" subject to discuss, and challenging name-calling outside one's own classroom.

The importance of counteracting negative feelings on the part of gay and lesbian young people cannot be overstressed. Educators should first learn about homosexuality and make a serious effort to examine their own homophobia and belief system. Often, adults will rid themselves of overt manifestations of homophobia, only to find that unconscious negative attitudes will emerge when least expected. Part of overcoming homophobia is developing the ability to talk matter-of-factly about gay and lesbian issues. If this can be done, a surprising and refreshing frankness can occur. In this respect a teacher, counselor or other staff member can provide an invaluable service. Projecting a non-judgmental attitude and validating their dignity and worth can often mean the difference between life and death for a gay or lesbian youngster.

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PROJECT 10

The drop-out rate for lesbian and gay teenagers is disproportionately high in comparison to their statistical incidence in the general population. PROJECT 10 is an on-campus counseling and drop-out prevention program launched by Virginia Uribe, Ph.D., in 1984 in response to the unmet needs of adolescent lesbians and gays in the educational system. Begun at Fairfax High School, Los Angeles Unified School District, PROJECT 10 has become a model for other schools in California and throughout the nation. The focus of the model is education, reduction of verbal and physical abuse, suicide prevention, integration with other drop-out prevention programs, and dissemination of accurate AIDS information.

Services of PROJECT 10 include workshops and training sessions for administrators and staff personnel, informal drop-in counseling for students, outreach to parents and significant others, liaison with peer counseling, substance abuse and suicide prevention programs, and coordination with health education programs that encourage sexual responsibility, and risk-reduction behavior among lesbian, gay and bisexual youth.

For further information on PROJECT 10 contact: Virginia Uribe, Ph.D., Fairfax High School, 7850 Melrose Avenue, Los Angeles, California 90046; (213) 651-5200.

Adapted from *PROJECT 10 Handbook. Addressing Lesbian and Gay Issues in Our Schools*. Los Angeles: Friends of PROJECT 10.

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Virginia Uribe, Ph.D. is the founder of PROJECT 10, a Los Angeles Unified School District support program for lesbian and gay youth.



THE HETRICK-MARTIN INSTITUTE: SERVICES FOR YOUTH

The Hetrick-Martin Institute, Inc. (HMI) was founded in 1979 as the Institute for the Protection of Lesbian and Gay Youth to advocate for the needs of young gays and lesbians—most of whom were invisible among the adolescent population. Hetrick-Martin began as a volunteer organization with the goal of ensuring that lesbian and gay youth are treated with the quality care that all adolescents need and deserve. Those initially involved in Institute activities (including professionals, parents, and activists) met with members of youth-serving agencies to plead the cause of adolescent gays and lesbians. Once convinced that they served gay youth, these agencies returned to HMI volunteers and asked that education be provided for staff and clients about the issues facing gay and lesbian youth.

Educational activities began in New York City and soon expanded to other parts of the country. In New York, as word of the Institute's activities spread, service providers began requesting that HMI provide a program where gay and lesbian youth could meet each other for socialization in a safe environment. In 1983, HMI hired its first social worker to run groups and provide counseling to young people referred from other youth agencies. Today, Hetrick-Martin employs over 30 paid staff and a cadre of professional volunteers. The programs at the Institute are supported by city and state funds as well as private donations and foundations.

Counseling and Referral. Each year hundreds of lesbian, gay and bisexual teenagers use HMI's counseling program. Staff offer individual, group, and family counseling, advocacy for concrete services and crisis intervention. An early study of HMI's clients showed nearly three out of every ten had contemplated or attempted suicide prior to seeking our services. HMI's counseling staff consists of social workers and other professionals who provide an extensive evaluation of clients. Young people are often referred to other HMI programs and community services for medical treatment, legal assistance, and shelter. Counseling staff also respond to calls from young people around the country looking for assistance.

The Harvey Milk School. The Harvey Milk School opened in 1985 to provide a complete high school education to young lesbian, gay and bisexual youngsters who had become chronic truants or drop-outs as a result of verbal and physical harassment, lack of family support or isolation and low self-esteem. Operated in conjunction with New York City's Board of Education, the school's first goal is to stabilize and engage youth in educational activities. Youngsters are mainstreamed back into public schools whenever possible. The Harvey Milk School also serves as a point of entry into the regular school system for homeless teenagers.

The Drop-In Center. Early in the Institute's development, staff recognized that isolation was a major factor in the self-hatred, fear and shame experienced by gay and lesbian youth. The Drop-In Center, an after school recreation and socialization program, provides a safe place for gay youth to meet others like themselves. Drop-In Center activities range from rap groups to arts programs to field trips. Socialization is an important part of helping lesbian and gay youth complete the developmental tasks of adolescence. They are able to make friends without hiding, celebrate holidays and establish a surrogate family where they can be open about their sexual and affectional orientation.

Training and Education. In an effort to educate all youth on homosexuality, HMI staff teach junior and senior high school students in public and private schools, youth groups, recreation programs and other youth-serving agencies about the issues facing lesbian and gay youth. In addition, HMI staff and volunteers hold workshops on homosexuality for teachers, guidance counselors, police officers, health workers, and other professionals. HMI staff also teach youth and youth-serving professionals on issues related to HIV/AIDS prevention and treatment related to adolescents. Currently, HMI clients are being trained as peer educators to speak directly to other adolescents about being gay and about HIV/AIDS prevention.

Street Outreach Program. There are an estimated ten thousand homeless teenagers on the streets of New York City—runaways, throwaways, and "failures" of the foster care system. Gay and bisexual youth are disproportionately represented in this population—they constitute an estimated 40-60% of those living on the streets. Other youth, especially young heterosexual men, engage in same gender sexual activity for money or drugs. There is also a growing population of young people dealing with issues of gender identity including transvestism, transsexualism and crossdressing. HMI's Project First Step reaches out to these youngsters by sending staff to areas where street youth congregate. They talk with the youth and provide information on safer sex. Staff also help street youth find shelter and obtain medical services. As staff engage youth, they recommend young people stop by the project's storefront where basic services such as showers, clothing, food, and hygiene materials are offered. Storefront counselors provide individual assistance and offer group activities for youth as the first step in helping youngsters leave street life.

Advocacy. The Hetrick-Martin Institute's mission includes advocacy for lesbian, gay and bisexual youth on a local, state and national level. Staff participate in various

committees, task forces and groups representing the interests of these forgotten youth. HMI strongly advocates that gay, lesbian and bisexual youth should be included whenever issues facing adolescents are considered whether in child welfare, health, education, mental health, families or other institutions.

For further information on the work of the Institute contact: Val Kanuha, Deputy Director for Programs, The Hetrick-Martin Institute, 401 West Street, New York City, New York 10014; (212) 633-8920.

Frances Kunreuther, M.S., is Executive Director, Hetrick-Martin Institute.

A DIFFERENT CHILD, A DIFFERENT FAMILY

When we adopted our son we had dreams of what he would be like. We wondered if he would have blue eyes, and blond or dark hair. We never thought about disabilities. We adopted our son at three days of age. I was ecstatic and had a rainbow of dreams for him. As time went by, it became obvious that our son was a different child. His speech, language, and motor skills were seriously delayed. My husband was unable to cope with his faded dreams and we were subsequently divorced.

Alone, I dared to dream. Somehow my dreams remained even when the neurologist told me that my son was "driven and possessed and should be placed in an institution." I remember as if it were yesterday: looking at my son who was almost four, not walking and seldom talking and thinking "I've made a terrible mistake. I don't think I can do this."

With the support of my friends, my son never had to enter an institution but instead learned to walk on top of my own feet and to talk in what I call a telegraphic pattern. I kept hope. I felt that my son could overcome just about everything if I could provide the means. I struggled to open doors in my community that 20 years ago were closed. My son attended a "normal" preschool. Although he had to be harnessed and was into everything at age six, we maintained. I exposed my son to many social events in an attempt to remain as normal as possible. I held myself responsible to find a way for my child to become successful. As he entered public school, I obtained special education help for him. Though learning was difficult and frustrating, he began to learn and his self-esteem grew. As I dreamed for my son he began to dream and with a lot of support he graduated from high school in June 1990.

The last 20 years have not been easy. Finding out about my son's disability also led me to discover myself and to find that I preferred a same sex relationship. This could have been very difficult for my child; but we were fortunate to be blessed by acceptance from everyone around us except my mother. My mother has refused to accept my life choices and has also chosen not to be close to my son. If I could change the relationship with my mom I would. All of us have suffered by this loss of love and acceptance. My sexual orientation was never kept secret from my son. He grew to understand and accept me as I am as I accepted him.

My friends supported me in caring for my child, giving me needed breaks. The educational team I worked with throughout the years did not judge me or my son. My son was able to talk freely with my friends and also at school about any of his concerns. Due to this overall acceptance and freedom to be, my son felt secure in his world and dared to try. He failed as we all do; but in failing, he felt support and tried again. He developed many survival strengths and did not give up.

Looking back there were many times I was not aware of my own strengths. I was so busy dealing with the hassles of daily living and watching my son grow to manhood. I often referred in times of struggle to the following poem by William Arthur Ward:

"It's Difficult But Rewarding"

*to believe when others are doubting
to work when others are dreaming
to give when others are condemning
to smile when others are complaining
to praise when others are destroying
to risk when others are hesitating
to save when others are demanding
to persist when others are quitting.*

I see my son and others like him, not as problems, but as miracles. These miracles have shown me how to work and how to dare to dream.

I encourage parents to dream. Special education, special purpose schools, and speech classes are not dead-end streets, but stepping-stones to success if we choose to use them that way. Regardless of issues in life, I have found that if you are willing to accept the truth, and have courage to try, we receive rewards. On the other hand, if you choose to ignore problems (which I sometimes still do) they do not go away, but become larger and harder to solve. Persistence and dreaming pay off. Remember—dare to dream.

Mary Gentry is on the staff of Keys for Networking, Inc., Topeka, Kansas.

SUGGESTIONS FOR ORGANIZATIONS

- Enact personnel policies that prohibit discrimination on the basis of sexual orientation.
- Place lesbian and gay youth and adults on agencies' boards of directors, advisory groups and other decision-making bodies.
- Include sexual minorities as a targeted population within training to promote culturally competent practice.
- Display gay-positive books, magazines, brochures and posters in public service areas and in professionals' offices and bookcases.
- Establish linkages with local lesbian and gay service organizations.
- Identify gay and lesbian professionals within the local community who are available to consult on specific cases involving sexual minority youth.
- In written materials published by the agency, identify sexual minority youth among the population served.
- Provide social opportunities such as dances, rap groups or video clubs for gay youth.
- Celebrate Gay Pride Week each June.
- Select qualified lesbian and gay families to serve as foster parents.
- Develop independent living programs for sexual minority youth.

Reprinted with permission from: McManus, M.C., et al. (1991). *Oregon's sexual minority youth: An at-risk population. Lesbian, gay and bisexual youth*. Portland, OR: Task Force on Sexual Minority Youth.

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HELP FOR FAMILIES OF GAY YOUTH

Families of lesbian and gay youth often may react with fear that they are to blame and are somehow responsible for their child's sexual orientation. They may respond with denial and argue that their child is simply "going through a phase" or deny the significance of their child's orientation. The families of gay and lesbian youth have special needs. These families go through their own "coming out" process as they recognize their child's sexual orientation. Family members must cope with the stigma of homosexuality that attaches to the family.

Families need supportive services such as accurate information and education, support groups, telephone "warm line" contacts with other families of sexual minority youth, counseling, and (where appropriate) out-of-home youth placements coupled with family reunification efforts.

The Federation of Parents and Friends of Lesbians and Gays (P-FLAG) is a key national organization providing services to families seeking to understand and accept their homosexual sons and daughters. They have over 200 local chapters and information hotlines throughout the United States, Canada, and six other countries. They offer support groups for family members and public education services, as well as training and handbooks for professionals concerning the needs of lesbian and gay youth. For additional information contact: Federation of Parents and Friends of Lesbians and Gays, 1012 14th Street, NW., Suite 700, Washington, D.C. 20005; (202) 638-4200.

NEXT ISSUE: FAMILY PARTICIPATION IN POLICY AND DECISION-MAKING

The next issue of *Focal Point* will address family involvement in decision-making and policy development at agency, local and statewide levels. We will report upon the organizing role parents played in the development of family support legislation in Wisconsin and will describe the recently created family support councils within the Maine Department of Mental Health and Retardation. Additionally, we will describe some of the work of the Research and Training Center's Families in Action Project in collecting the life histories of parents actively involved in policy development and descriptions of focus group meetings with family members which sought to identify barriers to family involvement and strategies to promote their participation.

HAVING OUR SAY

This column features responses to questions posed to readers. In this issue we feature responses from Child and Adolescent Service System Program (CASSP) project directors to the question: "In what ways have family members helped you implement your CASSP planning agenda?"

■ Family members have been, and continue to be, critical to the CASSP planning agenda. During the planning phases, family members are the conscience and litmus test for discussions of service needs and priorities. As implementation progresses, they continue to be the advocates for change and the touchstone for the appropriateness and efficacy of services. *Alabama.*

■ CASSP planning agenda is done at several levels—state, local, within our own departments, and when working on projects with other departments or agencies. The California CASSP Family Network has sensitized me to advocate for family impact at all levels of planning. I've become more acutely aware of how much planning is taking place across agencies without family input. Now I'm trying to change that. *California.*

■ The Illinois CASSP initiated a state level planning process for children's mental health services in the spring of 1988. At that time, we brought together parents who represented six or seven support groups from around the state to provide input for the plan. The local input process was subsequently formalized by conducting Service Area Meetings in ten designated services areas of Illinois and parents have been invited to participate in all of these meetings. In Illinois, in spite of a variety of organizational efforts including contracting with self-help groups and the Alliance for the Mentally Ill, as well as continued direct contact, we have not achieved the

level of parent participation which could be considered as fully representative. This is a difficult task and we will keep trying "until we get it right." *Illinois.*

■ Parents have helped me more fully understand the real meaning of equality. They have helped our CASSP project by making it their own. The question might better be asked about how have we helped family members implement their CASSP initiative. *Maryland.*

■ Family members have infused a combination of realism, energy and honesty into the Oregon CASSP planning process. When we become bogged down in barriers, they consistently bring us back to the real purpose of our efforts—children and families. *Oregon.*

PARENTS' PERSPECTIVE

WHERE DOES THIS CHILD BELONG?

There was a little boy
Who couldn't sit still
To write his name
Or just to play a game.

But the teacher made him
So he screamed and kicked
Till he was out of control
And the teacher was licked.
She needed help quick.

So she called his mom
To come right away
Get your kid
And go away.

Then they had a meeting
So the teachers could decide
Where this boy belongs

So back to AMH he went
And he was happy and content.
They knew how to handle him
And they understood
The things he couldn't do
And they helped him if they could.

You see this child wasn't dumb
Not by far
Just misunderstood
Like many are.

Valerie Snodgrass, Garden City, Kansas.

Editor's Note: Parents are invited to submit contributions, not to exceed 250 words, for the *Parents' Perspective* column.

FAMILIES AS ALLIES: BUILDING A FAMILY-CENTERED SYSTEM OF CARE

Parents and professionals from twelve western states gathered in Portland, Oregon May 18-20, 1991 to attend the second regional Families as Allies Conference. The purpose of the conference was to bring together parents of children with emotional disabilities and professionals working with these families to share experiences and plan for future collaboration. A key theme throughout the conference was how to develop "partnership practices" in rural settings.

Dr. Richard Lippincott, director of the Oregon Mental Health and Developmental Disability Services Division, gave the keynote address which was a moving account of the power of the family to support its members in troubled times. Dr. Lippincott spoke on behalf of Oregon Governor Barbara Roberts. The governor is the parent of a child with a disability.

Perspectives on partnership were given by Judith Katz-Leavy, National Institute of Mental Health; Barbara Friesen, director of the Research and Training Center; and Carmella Sanders, a parent and child advocate. The theme of parent-professional collaboration in rural settings was addressed in presentations by Bill Scott and Debbie Wahlers from the Finger Lakes Family Support Project in upstate New York, and Jody Lubrecht and David Yeats from the North Idaho Child and Adolescent Services System Program.

A large component of the conference was the opportunity for delegates to meet in small groups to learn about devel-

opments in other states, to take stock of developments in their own states, and to consider future plans for parent-professional collaboration. Each state delegation asked itself: Where do we want to go?

What steps do we need to take to get there? How will we know when we have gotten there? and What might get in the way? Each delegation developed newspaper headlines and lead stories, complete with by-lines, cartoons and other artwork, as an entertaining method of feeding back each of the twelve states' work to the full conference.

The conference was sponsored by the Research and Training Center on Family Support and Children's Mental Health in conjunction with the Oregon Child and Adolescent Service System Program (CASSP), the Family Advocacy Council, and the Oregon Family Support Network. Conference proceedings will be published in Fall 1991 and may be obtained through the Center's Resource Service.



WHY NOT?

The CASSP family has undertaken a serious commitment to develop and provide culturally appropriate services for ethnic and racial minority children with serious mental, emotional, and behavioral disorders and their families. We are attentive to the discrimination they have experienced and the limited services they have received. Just as we recognize that families and youth in need of services are not all Caucasian and middle class, *why not* recognize that not all children, youth and families are heterosexual?

Whynot address issues of sexual orientation by supporting gay-identified adult role models, by refusing to tolerate harassment and name-calling, and by creating a safe atmosphere within which young people can learn to accept themselves?

We recognize that childhood depression is a serious mental health problem. The incidence of suicide among youth has increased markedly in the last 20 years. *Why not* recognize that sexual orientation issues play a role in the depression and suicidal ideation some youth experience? M.M.

Editor's Note: Readers are invited to submit contributions, not to exceed 250 words, for the *Why Not?* column.

Fifth Annual Research Conference Scheduled

The Research and Training Center for Children's Mental Health at the Florida Mental Health Institute, University of South Florida, has scheduled its fifth annual research conference entitled "A System of Care for Children's Mental Health: Expanding the Research Base." The conference will be held March 2-4, 1992 at the Hyatt Regency Hotel in Tampa, Florida.

This conference will focus on the overall picture for children and adolescents with emotional disorders. The first plenary session will examine risk factors and potential problems that are associated with serious emotional disorders for children and adolescents. The second will present research on longitudinal outcomes, and the third plenary session will address the development of system of care research over the past five years.

For more information on the upcoming conference contact: Alissa Algarin, Research and Training Center for Children's Mental Health, Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd., Tampa, Florida 33612-3899; (813) 974-4500.

NOTES & COMMENTS

National Children's Mental Health Case Management Conference Scheduled

A national conference on case management services for children with emotional disorders and their families will be held March 28, 29 and 30, 1992 at the Lloyd Center Red Lion Inn in Portland, Oregon. The conference program is organized around a series of working papers prepared by service providers, researchers, and family members. Topics include an examination of various models of case management and program examples currently operating in various states and communities, issues related to the organization, structure, and financing of case management, as well as program examples of organizational and fiscal choices. Perspectives on implementing and monitoring case management services will be provided by family members and professionals; other topics include supervision, case management research, and training principles and program examples.

The conference is being organized by the Research and Training Center on Family Support and Children's Mental Health and the National Institute of Mental Health. For more information contact: Katie Yoakum, Children's Case Management Project, Research and Training Center on Family Support and Children's Mental Health, Portland State University, P.O. Box 751, Portland, OR 97207-0751, (503) 725-4040.

Family Support Theme of Federation's Annual Meeting

Obtaining necessary support for families whose children have emotional, behavioral or mental disorders will be the theme of the third annual meeting of the Federation of Families for Children's Mental Health. The conference, scheduled for November 9 and 10, 1991 at the Sheraton National Hotel in Arlington, Virginia, will follow a special workshop for state contact persons on November 8, 1991. The meeting will feature Jane Knitzer, Creasa Reed, and Valerie Bradley among its speakers. Workshop topics will include examples of model family support programs, facilitating support groups, supporting brothers and sisters, accessing Supplemental Security Disability Income (SSDI), developing family support policy, and developing and maintaining respite care programs. A pre-registration fee of \$60 is in effect until October 18, 1991; it will increase to \$65 after that date.

For more information, contact: Federation of Families for

Children's Mental Health, 1021 Prince Street, Alexandria, Virginia 22314-2971; (703) 684-7710. Registration forms are available from Federation State Contacts, and may be mailed directly to: Glenda Fine, PIN, 311 S. Juniper Street, Room 902, Philadelphia, PA 19107.

Research and Training Center Receives Program Excellence Award

The Research and Training Center on Family Support and Children's Mental Health was chosen as a recipient of an Oregon Mental Health and Developmental Disability Services Division 1991 Program Excellence Award. This is one of two annual awards presented by the Division during May, which is Mental Health Month.



Barbara J. Friesen

In announcing the award, Division Administrator Richard C. Lippincott, M.D., noted, "The Center has been selected especially for its work in facilitating parent/professional collaboration, family involvement in treatment, national advocacy work for children's mental health, and the development of the multi-cultural competency model. The Division also wants to recognize the Center's assistance to the Oregon CASSP project and the Office of Children's Mental Health Services."

Derald Walker, Ph.D., director of the Office of Child and Adolescent Mental Health, Oregon Mental Health and Developmental Disability Services Division, presented the award to Research and Training Center Director Barbara J. Friesen, Ph.D., at a May 9, 1991 ceremony in the Oregon State Capitol.

Clearinghouse Accessible to Individuals with Hearing or Speech Impairments

The National Clearinghouse on Family Support and Children's Mental Health has acquired a TDD (telecommunication device for the deaf). TDD callers may reach the Clearinghouse by dialing (503) 725-4165.

NOTES & COMMENTS

Two New Publications Available Through Research and Training Center's Resource Service

The conference proceedings of an October 1989 meeting on respite care are reported in *Respite Care: A Key Ingredient of Family Support*. The conference was sponsored by the Research and Training Center on Family Support and Children's Mental Health in collaboration with Child and Adolescent Service System Program (CASSP) projects in Indiana, Illinois, Kansas, Kentucky, Ohio, Oklahoma, West Virginia, and Wisconsin. The conference hosts were the CASSP programs in Kentucky and Ohio. The conference proceedings include transcriptions of speeches and panel presentations on such topics as how to start a respite program, financing respite services, building advocacy for respite care, and rural respite care.

The results of a study of organizations of and for parents of children and adolescents with serious emotional disabilities are reported in *Organizations for Parents of Children Who Have Serious Emotional Disorders: Report of a National Study*. The study was jointly conducted by the Technical Assistance for Parent Programs (TAPP) and the Research and Training Center on Family Support and Children's Mental Health from July 1985 to February 1986. Information was gathered about the history of 207 parent organizations' activities and services, program operation issues, development of training programs and materials, and plans for the future. Ordering information is provided on page 19.

Northeast Families as Allies Conference Scheduled

The second Northeast regional Families as Allies conference is scheduled for November 22-23, 1991 at the Mercy Center in Madison, Connecticut. The conference, entitled *Northeast Parents and Professionals Collaborate: Partners for a Change!*, is sponsored by the states of Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont. Frank Fimiano, president of Action Insights, will kick-off the conference with techniques of spontaneous theater and clinical psychodrama in his presentation "Parent-Professional Collaboration: The Inner Struggle."

Additional presenters include Barbara Friesen, director of the Research and Training Center on Family Support and Children's Mental Health; Bill Scott, director of the Finger

Lakes Family Support Project (New York); Robert Durgan, director of the Maine Bureau of Children with Special Needs; Judy Sturtevant (Vermont); Jane Keane (Rhode Island); and Joyce Spencer (New Hampshire). The topics to be addressed include developing parent support groups, current legislation designed to promote family involvement in policymaking, providing services to families whose children have serious emotional disorders in rural settings, and the development of a family friendly system of care.

For further conference information contact: Dawn Anderson, Department of Children and Youth Services, 170 Sigourney Street, Hartford, Connecticut 06105; (203) 566-3793.

Preparations for Third Edition of National Parent Organizations Directory Underway

The 1988 second edition of the Research and Training Center's *National Directory of Organizations Serving Parents of Children and Youth With Emotional and Behavioral Disorders* contained 344 entries. This figure marked an increase of 127 entries from the 1986 first edition. Efforts are currently underway to revise current directory listings, add new entries, and publish a third edition.

Newsletter readers are invited to send information on parent organizations that provide one or more of the following services to parents of children and youth with serious mental, emotional, and behavioral disorders: (1) education and information; (2) parent training; (3) advocacy, either at the case or systems level; (4) support groups; or (5) direct assistance such as respite care, transportation, or child care.

The order form and mailing list printed on page 20 of *Focal Point* may be used for this purpose and should be returned to the Research and Training Center on or before December 1, 1991. Each nominated family organization will be contacted directly to complete an inventory of its services.

**National Clearinghouse on Family Support and
Children's Mental Health**
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(800) 628-1696
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NOTES & COMMENTS

Oregon Statewide Family Network Launched

The Oregon Family Support Network (OFSN) is a newly formed statewide network for families of children with emotional disorders in Oregon. Funded by a three year, \$180,000 grant from the Meyer Memorial Trust, the OFSN operates under the auspices of the Mental Health Association of Oregon. Some of the networks' goals include: (a) providing emotional support to families; (b) sharing information and providing educational opportunities about the nature of mental illness and emotional disorders; (c) facilitating family-to-family links, networking between support groups and coalitions; and (d) fostering parent-professional partnerships to benefit children and families.

Additional information on the goals and activities of the network can be obtained by contacting Project Director Judy Rinkin, Oregon Family Support Network, 364 12th Street, N.E., Salem, Oregon 97301; (503) 323-8521. Families in Oregon may dial toll free (800) 323-8521.

Runaway and Homeless Youth Report Available

On Their Own: Runaway and Homeless Youth and Programs That Serve Them is a newly published monograph that reports on services for homeless youth in seven medium and large-size cities throughout the United States. The report focuses on the characteristics and service needs of these youth and the demands they pose for service providers. The authors examine how the population and service environment have changed since passage of the Runaway and Homeless Youth Act in 1974 and whether public policies and practices have kept pace with these changes.

The programs selected for inclusion in the report are: Bridge Over Troubled Waters (Boston), Iowa Homeless Youth Center (Des Moines), Neon Street Center for Youth (Chicago), San Diego Youth and Community Services (San Diego), United Action for Youth (Iowa City), Youth Development, Inc., (Albuquerque), and YouthCare (Seattle). Each of the programs described serves lesbian and gay youth. Additionally, each program has a commitment to developing and providing services that are adolescent-centered, community-based, comprehensive and collaborative.

The monograph represents a collaboration among National Institute on Drug Abuse, National Institute of Mental Health,

and Maternal and Child Health Bureau staff. These agencies initiated the report out of concern for the high degree of risk for substance abuse, serious emotional disorders and HIV infection among the homeless and runaway youth population. For information on ordering the monograph contact: CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Road, NW, CG-52 Bles Building, Washington, DC 20007, Attention: Mary Deacon; (202) 687-8273.

Statewide Family Demonstration Project Site Visits

As reported in the last issue of *Focal Point*, the National Institute of Mental Health awarded contracts to fifteen statewide family organizations. These contracts support the development of model statewide organizations that have the capacity to provide information, support, technical assistance, and networking structures to family members and family organizations within states. The Research and Training Center is funded to provide evaluation and technical support to each of the fifteen family organizations. As a part of this effort, site visits to each state are underway and will be completed in October 1991. These visits provide an opportunity for a staff person from the Research and Training Center to meet with the parent coordinator and others from each state to collect data on how each project is implementing the objectives of the contract and to provide support and technical assistance to project staff.

Each statewide family organization is unique and a variety of innovative approaches have been identified. Many of the successful strategies organizations use may be useful in other states. Foreexample: (1) the Nebraska Family Support Network uses college students to provide respite care for families involved in a local support group; (2) Parents and Children Coping Together in Virginia uses Child and Adolescent Service System Program (CASSP) funding to hire a part-time person to help with support group development; and (3) Parents for Behaviorally Different Children in New Mexico uses a computer program that allows them to link families together across the state. These are only a few of the many examples of creative and supportive activities the fifteen statewide organizations have been involved in during their first year of funding. Future *Focal Point* articles will feature additional information and examples from the fifteen states as data from the site visits is compiled.

NOTES & COMMENTS

First National Conference on Conduct Disorders Held

The Research and Training Center for Children's Mental Health sponsored a conference entitled *Conduct Disorders: How Should Our Service Systems Respond?* More than 100 policymakers, researchers, parents, advocates and service providers attended the May 6-8, 1991 conference held in Arlington, Virginia.

Children and youth who have conduct disorders are very difficult to treat and consume most of the resources available for child mental health services, according to researchers who gave presentations at the conference. The difficulty in treating and solving the problems of anti-social youth and the fact that their behavior is stable over time has lead to a small percentage of families accounting for a large percentage of crime in a community, said Scott Henggeler, Ph.D., Department of Psychology, U.S. International University. Violent crime has risen ten percent in the last year and is exacting a large toll on the mental health of children who live in communities where violence occurs, researchers said.

Researchers identified some of the symptoms of conduct disorders and also discussed some possible risk factors that may make a child more susceptible to developing a conduct disorder. Some of those risk factors include neurological damage, parental substance abuse, genetic factors, pregnancy/delivery complications, social-economic status, neglect and sometimes high turnover of caretakers, said Rolf Loeber, Associate Professor of Psychiatry and Epidemiology at Western Psychiatric Institute.

Treatment approaches should cut across the child's social environment and include an understanding of the identified problem's broader social context, Henggeler said. Reports find that only .7% of children are being served as having an emotional disorder through the schools. "We should be serving about 2 percent of all school-aged children in this category," said Steven Forness, Ed.D., Inpatient School Neuropsychiatric Hospital.

For more information about the conference contact: Alissa Algarin, Information Specialist, Research and Training Center for Children's Mental Health, University of South Florida, 13301 Bruce B. Downs Blvd., Tampa, Florida, 33612-3899; (813) 974-4500.

New Parent Guidebook and Videotape Available

Two new resources for parents who have children with serious mental, emotional, or behavioral disorders are now available. *A Guidebook for Parents of Children With Emotional or Behavioral Disorders* includes descriptions of common diagnoses and therapies, the kinds of programs and services to consider when developing an appropriate treatment plan, and a description of various mental health professionals who might provide services to children and youth. Also included is an overview of a model for developing community-based services, sources of funding, and a comprehensive chapter on educational rights under Public Law 101-476, the Individuals with Disabilities Education Act (IDEA), formerly known as Public Law 94-142 or the Education for Handicapped Children Act. This national guidebook is also available in a Minnesota edition.

The Parent Perspectives: Raising Children with Emotional Disorders videotape includes discussions by parents of the unique challenges of raising children who have severe behavioral or emotional problems. The video provides insight into the frustrations of parents who are often perceived as the "cause" of their child's inappropriate behavior by others who may not understand the origin or nature of emotional or behavioral disorders. Both the guidebook and the videotape were developed by PACER Center, Inc., an information and training center for families of children with disabilities.

Ordering information may be obtained by contacting: PACER Center, Inc., 4826 Chicago Avenue South, Minneapolis, Minnesota 55417; (612) 827-2966 (voice and TDD).

Research and Training Center Resource Materials

- ☐ *Annotated Bibliography. Parents of Emotionally Handicapped Children: Needs, Resources, and Relationships with Professionals.* Covers relationships between professionals and parents, parent self-help, support and advocacy groups, parent participation, parents' problems and guidelines. \$7.50 per copy.
- ☐ *Annotated Bibliography. Youth in Transition: Resources for Program Development and Direct Service Intervention.* Transition needs of adolescents: educational and vocational issues, programs and curriculum, research overviews, interpersonal issues, skills training. \$6.00 per copy.
- ☐ *Brothers and Sisters of Children with Disabilities: An Annotated Bibliography.* Addresses the effects of children with disabilities on their brothers and sisters, relationships between children with disabilities and their siblings, services and education for family members. \$5.00 per copy.
- ☐ *Changing Roles, Changing Relationships: Parent-Professional Collaboration on Behalf of Children With Emotional Disabilities.* The monograph examines barriers to collaboration, the elements of successful collaboration, strategies for parents and professionals to promote collaborative working relationships, checklists for collaboration, and suggested resources for further assistance. \$4.50 per copy.
- ☐ *Child Advocacy Annotated Bibliography.* Includes selected articles, books, anthology entries and conference papers written since 1970, presented in a manner useful to readers who do not have access to the cited sources. \$9.00 per copy.
- ☐ *Choices for Treatment: Methods, Models, and Programs of Intervention for Children With Emotional Disabilities and Their Families. An Annotated Bibliography.* The literature written since 1980 on the range of therapeutic interventions used with children and adolescents with emotional disabilities is described. Examples of innovative strategies and programs are included. \$6.50 per copy.
- ☐ *Developing and Maintaining Mutual Aid Groups for Parents and Other Family Members: An Annotated Bibliography.* Topics addressed include the organization and development of parent support groups and self-help organizations, professionals' roles in self-help groups, parent empowerment in group leadership, and group advocacy. \$7.50 per copy.
- ☐ *Families as Allies Conference Proceedings: Parent-Professional Collaboration Toward Improving Services for Seriously Emotionally Handicapped Children and Their Families.* Held in April 1986 and attended by delegates from thirteen western states. Includes: agenda, presentation transcriptions, biographical sketches, recommendations, worksheets, and evaluations. \$9.50 per copy.
- ☐ *Gathering and Sharing: An Exploratory Study of Service Delivery to Emotionally Handicapped Indian Children.* Findings from Idaho, Oregon, and Washington, covering current services, successes, service delivery barriers, exemplary programs and innovations. \$4.50 per copy.
- ☐ *Glossary of Acronyms, Laws, and Terms for Parents Whose Children Have Emotional Handicaps.* Glossary is excerpted from the *Taking Charge* parents' handbook. Approximately 150 acronyms, laws, and words and phrases commonly encountered are explained. \$3.00 per copy.
- ☐ *Interagency Collaboration: An Annotated Bibliography for Programs Serving Children With Emotional Disabilities and Their Families.* Describes local interagency collaborative efforts and local/state efforts. Theories of interorganizational relationships, evaluations of interagency programs, and practical suggestions for individuals contemplating joint programs are included. \$5.50 per copy.
- ☐ *Issues in Culturally Competent Service Delivery: An Annotated Bibliography.* Perspectives on culturally-appropriate service delivery; multicultural issues; culturally specific African-American, Asian-American/Pacific Islander, Hispanic-Latino American, Native American sections. \$5.00 per copy.
- ☐ *Making the System Work: An Advocacy Workshop for Parents.* A trainers' guide for a one-day workshop to introduce the purpose of advocacy, identify sources of power and the chain of command in agencies and school systems, and practice advocacy techniques. \$8.50 per copy.
- ☐ *The Multnomah County CAPS Project: An Effort to Coordinate Service Delivery for Children and Youth Considered Seriously Emotionally Disturbed.* A process evaluation of an interagency collaborative effort is reported. The planning process is documented and recommendations are offered. \$7.00 per copy.
- ☐ *National Directory of Organizations Serving Parents of Children and Youth with Emotional and Behavioral Disorders.* The 344 U.S. organizations in the second edition provide one or more of the following services: education and information, parent training, case and systems level advocacy, support groups for parents and/or brothers and sisters, direct assistance such as respite care, transportation and child care. \$8.00 per copy.

Next Steps: A National Family Agenda for Children Who Have Emotional Disorders Conference Proceedings. Held in December 1988. Includes: development of parent organizations, building coalitions, family support services, access to educational services, custody relinquishment, case management.
- ☐ Conference Proceedings: \$5.00 per copy.
- ☐ Conference Proceedings and Companion Booklet: \$6.00 per set.

Next Steps: A National Family Agenda for Children Who Have Emotional Disorders (booklet). Briefly summarizes Next Steps Conference and recommendations made by work groups. Designed for use in educating administrators, policymakers and advocates about children's mental health issues.
- ☐ Single copy: \$2.50.
- ☐ Five Copies: \$7.00
- ☐ **NEW!** *Organizations for Parents of Children Who Have Serious Emotional Disorders: Report of a National Study.* Results of study of 207 organizations for parents of children with serious emotional disorders. Organizations' activities, program operation issues, training programs described. \$4.00 per copy.
- ☐ *Parents' Voices: A Few Speak for Many* (videotape). Three parents of children with emotional disabilities discuss their experiences related to seeking help for their children (45 minutes). A trainers' guide is available to assist in presenting the videotape. Free brochure describes the videotape and trainers' guide and provides purchase or rental information.
- ☐ **NEW!** *Respite Care: A Key Ingredient of Family Support.* Conference proceedings. Held in October 1989. Includes speeches and panel presentations on topics such as starting respite programs, financing services, building advocacy, and rural respite care. \$ 5.50 per copy.
- ☐ *Respite Care: An Annotated Bibliography.* Thirty-six articles addressing a range of respite issues are summarized. Issues discussed include: the rationale for respite services, family needs, program development, respite provider training, funding, and program evaluation. \$7.00 per copy.
- ☐ *Respite Care: A Monograph.* More than forty respite care programs around the country are included in the information base on which this monograph was developed. The monograph describes: the types of respite care programs that have been developed, recruitment and training of respite care providers, the benefits of respite services to families, respite care policy and future policy directions, and a summary of funding sources. \$4.50 per copy.
- ☐ *Statewide Parent Organization Demonstration Project Final Report.* Describes and evaluates the development of statewide parent organizations in five states. \$5.00 per copy.

More listings and order form on reverse side ➡

- ☐ *Taking Charge: A Handbook for Parents Whose Children Have Emotional Handicaps.* The handbook addresses issues such as parents' feelings about themselves and their children, labels and diagnoses, and legal issues. The expanded second edition includes post-traumatic stress disorder and mood disorders such as childhood depression and bipolar disorder. \$7.00 per copy.
- ☐ *Therapeutic Case Advocacy Trainers' Guide: A Format for Training Direct Service Staff and Administrators.* Addresses interagency collaboration among professionals in task groups to establish comprehensive systems of care for children and their families. \$5.75 per copy.
- ☐ *Therapeutic Case Advocacy Workers' Handbook.* Companion to the *Therapeutic Case Advocacy Trainers' Guide*. Explains the Therapeutic Case Advocacy model, structure of task groups, group process issues, evaluations. \$4.50 per copy.
- ☐ *Transition Policies Affecting Services to Youth With Serious Emotional Disabilities.* The monograph examines how state level transition policies can facilitate transitions from the child service system to the adult service system. The elements of a comprehensive transition policy are described. Transition policies from seventeen states are included. \$8.50 per copy.
- ☐ *Working Together: The Parent/Professional Partnership.* A trainers' guide for a one-day workshop for a combined parent/professional audience. Designed to identify perceptions parents and professionals have of each other and obstacles to cooperation; as well as discover the match between parent needs and professional roles, and practice effective listening techniques and team decision making. \$8.50 per copy.
- ☐ *Youth in Transition: A Description of Selected Programs Serving Adolescents With Emotional Disabilities.* Detailed descriptions of existing youth transition programs are provided. Residential treatment, hospital and school based, case management, and multi-service agency transition programs are included. Funding, philosophy, staffing, program components, and services information is provided for each entry. \$6.50 per copy.
- ☐ *List of Other Publications Available Through the Research and Training Center.* Free.

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