Supporting Young People's Healthy Relationships

Module 7 Script

Slide 1: Introduction to Module 7

Welcome to the seventh module of the Promoting Positive Pathways to Adulthood Training Series, which is being brought to you by the Research and Training Center on Pathways to Positive Futures at Portland State University.

The goal of the training program is to prepare service providers working with young people aged 14-29 with mental health difficulties to more effectively promote their positive transition to adulthood.

We have created ten hour-long modules based on a set of core competencies developed by the Pathways Transition Training Collaborative, which is an advisory committee of young adults, family members, practitioners and researchers. The seventh module focuses on strategies to develop and maintain healthy relationships, including romantic relationships and friendships. The module addresses issues of stigmatization and its effects on relationships, and considers the specific needs of young people who identify as Lesbian, gay, bisexual, transgender or non-binary, queer or questioning, intersex or 2-spirit. At the conclusion of each slide, the marker labeled "onward" will be flashing. Please click on the marker "onward" to advance to the next slide.

Slide 2: Training series modules

This series of training modules is based on core competences. At the conclusion of the modules, participants will be better prepared to engage in activities designed to assist young adults with mental health difficulties to meet their personal goals as they become adults.

Although the modules are designed to be completed in this sequence, each can stand alone as an in-service training experience.

After you work through a module, you will be given a short quiz, and if you complete it successfully, you will receive a certificate of completion that you can use as a record of this continuing education experience.

The series focuses on:
1. Partnering with youth and young adults
2. Promoting recovery
3. Increasing cultural awareness and building community support
4. Fostering resilience and family supports
5. Promoting cross-cultural and intergenerational relationships
6. Providing individualized and developmentally appropriate services
7. Supporting young people's healthy relationships
8. Planning partnerships with providers of other services and collaborating to bridge service gaps

9. Promoting support from family, peers, and mentors
10. Using evidence-supported practices and individualizing interventions.

We have designed these modules to be interactive, so please work through the questions and exercises that you will encounter throughout each module.

Slide 3: Module 7: Supporting young people's healthy relationships
This module, **Supporting Young People's Healthy Relationships,** features research-based approaches to working with young people as they develop personal relationships, friendships, and intimate relationships and move toward their adult lives. It also considers issues of stigmatization and its effects on relationships, including the need to ensure their personal safety. Finally, it examines the specific needs of young people who identify as Lesbian, gay, bisexual, transgender or non-binary, queer or questioning, intersex or two-spirit. The seventh module is based on the fifth and ninth core competencies for service providers.

Slide 4: Competencies for module 7
Service providers with the fifth competency address the **transition domain-specific needs of young people.** They:
- Know about supports affecting key domains for emerging adults, obstacles to success in these domains, and strategies that facilitate their achieving their goals.
- Are committed to working with young people from a strengths perspective, and emphasize future planning and hope.
- Facilitate transitions to adult social relationships and roles by offering young people opportunities to engage in appealing domain-specific activities, teach them related skills, and help them to maximize chances to experience success.

In supporting healthy relationships, they also work on meeting the needs of diverse young people, including those from a variety of cultural groups, and those who identify as having diverse experiences of gender or sexual orientation.

Slide 5: Supporting young peoples' healthy relationships: 4 sections
In this module on **Supporting young peoples' healthy relationships**, you will learn to:
- Support emerging adults as they develop and maintain healthy personal relationships in different life domains;
- Work with young people engaged in romantic relationships;
- Address issues of stigmatization and its effects on relationships, including the need to ensure their personal safety; and,
- Meet the specific needs of young people who identify as Lesbian, gay, bisexual, transgender or non-binary, queer or questioning, intersex or two-spirit.

Slide 6: 7.1. Support healthy personal relationships in different life domains
In this section of the module, we will discuss ways to support emerging adults so that they develop key healthy relationships. Those social relationships help them to meet their needs for education, employment, friendships, intimate relationships and peer support, parenting support, safe and stable housing, income, and full participation in community life.

Slide 7: Relationships are key to social recovery

Having a serious mental health condition can be seen as intrinsically a **social** issue.

- The mental health symptoms may produce withdrawal or exclusion from social life.
- Recovery results from engagement and social participation, for example in the domains of education, employment, and other aspects of community life. (Secker, Membrey, Grove, & Seebohm, 2010).
- Social connections become easier for young people as their recovery progresses.

Although there are different definitions of what recovery means, there is an emerging emphasis on the ability of persons in recovery to reclaim their own lost potential and become hopeful. Recovering young people move from social withdrawal to active participation in life (Berry & Greenwood, 2018; Ramon, Healy & Renouf, 2007).

- This means that recovery is not simply the *absence* of symptoms, but instead involves engagement in community life.
- Recovery therefore requires a young person to participate in a social environment that provides opportunities to make social connections, and resources for engaging in relationships. With such connections, the young people are able to form healthy relationships with other people such as peers, teachers, coaches, employers, co-workers, family, and service providers.

Slide 8: Recovery processes

Five interlinking Recovery Processes have been identified by Jerry Tew and his collaborators as factors that are important for work with people in recovery. They include:

- Regaining connectedness (including both personal and family relationships, and wider aspects of social inclusion);
- Building positive personal and social identities (including dealing with the impact of stigma and discrimination);
- Increasing empowerment and reclaiming control over one's life;
- Maintaining hope and optimism about the future; and
- Finding meaning and purpose in life (Tew et al., 2012, p. 3).

The first three of these processes are clearly connected to social factors that promote recovery: **connectedness**, **personal and social identity**, and **empowerment**.

In the following video clip, peer advocate Chrissy Piersol talks about her experiences as a young person establishing connections with roommates, friends, and boyfriends.

Slide 9: Chrissy's perspective [Video Clip]

When I started living on my own, I was still really working through my past. I was still really working through my past trauma at a self-reliant point. I lived with a group of roommates. I love shared living (I just can't do it on my own, that's just not the way that makes me healthy) and I can understand and recognize that in myself.

I was noticing that as my emotional intelligence and my coping skills were growing and evolving, I was really processing through a lot of my past childhood and I was looking at it through more grown-up and adult lenses. I thought, "That happened to me? What does that mean? That must be why I feel this way and why it led to this trigger."

I think that's what is so cool about being an adult. You get to look at things from a newfound level of understanding about what it meant to you as a child and what it looked like. I noticed that it was really affecting the people around me. Sometimes I would be going through some stuff and I would talk a bit about it and it was so dark and heavy that it would affect them.

I've had that happen to me in roommate situations, friend situations, and boyfriend situations; I was totally nonchalant about some of the things I would say that would shock them. [I would say,] "I'm trying to work on this right now; I'm sorry about that." That's been really hard because it's affecting really important relationships in my life. Just as I have left my parents, I have found new and important relationships with my friends and my roommates. I really count on them for accountability and a form of stability as well in my life and then when I started tainting them with my past trauma, it was hard.

Slide 10: Personal connectedness
When young people such as Chrissy successfully form new relationships, they help decrease the social isolation that stands in their way to full recovery, and these relationships can provide new opportunities for growth as they move forward in building relationships in community living, education, employment, and desired domains of social involvement.
- Established relationships such as those with family members can be supportive. They stand with the young person who is struggling with mental health symptoms. However, in recovery these relationships need to shift to more **equality,** with the young person having autonomy and being able to reciprocate assistance (Topor et al., 2011).
- Relationships with other people can contribute to the well-being and recovery of young people. Supportive personal relationships can result in improved personal identities and access to resources (Tew et al., 2012;Windell & Norman, 2012;).

In the following video clip, educator and researcher Dr. Kris Gowen talks about the decisions that young people make about trusting others, and even about disclosing their mental health conditions to them.

Slide 11: Kris Gowen on trust and disclosure [Video Clip]
There are all sorts of relationships of course, and so different types of relationships have different levels of closeness to them, different types of trust. For example, some people you trust with your emotions, some people you trust with your possessions, or your career development, or your academic achievement. So it's up to the young person to think about, and find someone they trust to decide someone whom they might want to disclose their mental health status to, or talk about their mental health condition with, based on who that person is and how close they think they're going be with that person. It's also possible that people they might not be that close with on an emotional level may have a very good understanding and a very healthy nonjudgmental attitude towards people with mental health conditions. Those might also be people that might be good mentors or role models or people that a young person can turn to for advice about other relationships.

Slide 12: Social connectedness
Kris Gowen has pointed out that building personal relationships with trusted others can lead to opportunities in a variety of domains. These opportunities can assist young people to achieve community integration. Community integration means living in the community, engaging in normal social interactions, and feeling part of the community, which improves the young people's feelings of well-being (Jivanjee, Kruzich, & Gordon, 2008; Prince & Gerber, 2005).

As Kris indicated, their social connectedness helps young people to build social networks that can lead to meaningful personal relationships and opportunities for education and employment. When they find employers, teachers, roommates, or friends worthy of trust, they can disclose more about themselves and be accepted as a valued associate by their mentors and peers (Tew et al., 2012).

For those who work with emerging adults, providing support and promoting positive social connections for young people in recovery is crucial (Kaplan, Salzer & Brusilovskiy, 2012). These connections can be promoted by service providers who learn about the interests of young people, perhaps in music, art, sports, or business, and then work with them to connect with others who share their interests.

Slide 13: 7.1 Question
What do you think are the two or three most important advantages of supportive social relationships for emerging adults with mental health difficulties? Please check your choices.

Slide 14: 7.2 Addressing stigmatization and its effects on relationships
One of the key issues that young people in recovery must face is the attitude of others who stigmatize them because of their mental health difficulties. This segment addresses the meaning and effects of stigma in these young people's lives, and provides ideas about combatting stigma and bolstering hope.

Slide 15: Social integration is difficult
As Chrissy pointed out in her video segment, mental health difficulties can have negative effects on personal relationships. She said that as she was working through the effects of trauma, and talking to friends and roommates, she felt that the relationships were tainted. Due to a lack of understanding of mental health conditions, friends and family may withdraw their support, valued social roles may be lost, and social networks may exclude the young person.

Persons with serious mental health conditions can experience discrimination and stigmatization which can lead to their exclusion from full integration into their social environments, and even bullying or harassment in their schools or workplaces (Corrigan et al., 2003; Webber et al., 2014).

The cultural beliefs of important people in the young person's life may affect their reactions to the emerging adults' mental health symptoms and engagement in mental health services. For example, there is resistance to mainstream mental health services in the African American community. As a service provider it is very important to consider the cultural background of the young persons and those in their social systems, as you work to help them rebuild their social connections. For more information on the impact of culture in the lives of emerging adults with mental health difficulties, please access Modules 3 through 5 of this series.

Slide 16: Stigma and stigmatization
One of the challenges that affect young people's recovery and willingness to seek support and help to address their mental health difficulties is stigmatization. In adolescence and emerging adulthood, peer relationships are especially important and young people commonly want to fit in with their peers. When peers demonstrate stigmatizing attitudes and behaviors, young people are more likely to hide their mental health struggles and their difficulties may be made worse by social isolation, lack of support from peers, family or teachers, and avoidance of relationships and typical fun activities that young people engage in.

Self-stigmatization means that youth internalize these stigmatizing attitudes, and feel shame and that they are diminished, and want to distance themselves from the disorder and from needing treatment (Moses, 2010).

Next, we will hear from Dr. Tally Moses, associate professor at the University of Wisconsin, School of Social Work. Dr. Moses has done research with youth to understand the effects of stigmatization on young people and their strategies to overcome stigma (Moses, 2014). She speaks both from the perspective of a researcher and the experiences of service providers.

Slide 17: Tally Moses on stigmatization [Video Clip]
The literature is not vast in this area. We know a lot less about mental illness stigma among young people relative to what we know about adults. There is a lot yet that we need to find out. What I'm going to be talking about refers to what we have from limited literature, as well as anecdotal and clinical information.

Some of the impacts of stigma, both public and self-stigma on youth, entail the different ways in which youth cope with the stigma [that] can be very negative. These can be withdrawal, social isolation; taking risks which convey a sense that they don't value their life as much as others; using substances in order to dull the effects of stigma and feel more accepted; choosing to stay silent about their disorder and about their treatment, which is not always a bad idea, but for some youth makes them very vigilant and worried about the extent to which they will be found out, and that can be very stressful. It also may create a sense of inauthenticity in the sense that you are hiding a big part of yourself. Youth often struggle with whom to disclose to, how to disclose, when to disclose. School avoidance is part of the withdrawal, that I was talking about; how sometimes youth will not want to go to school which is an arena that they view as kind of threatening.

Some of the effects are more psychological, such as a lower sense of self-esteem and that sense of mastery, control of one's life, and depression. I'm talking about low self-esteem and depression not necessarily due to the illness, but more directly due to the societal effects of the stigma.

Another way that stigma affects youth is that they may engage in and sustain relationships that are less than desirable, especially intimate relationships, because they feel like they don't have very many choices. They may stay with people or befriend people or partner with people that they don't value as much just to avoid the feeling of rejection and being alone (and the fear of being alone). For example, we have some research that suggests that youth with mental disorders may be less likely to be assertive regarding safe sex so they may engage in relationships in different ways that harm them.

Finally, another way in which youth may react to stigma is that they will try to distance themselves from the label, the diagnosis, by denying it or avoiding any contact with treatment, dropping out of treatment or not going to treatment in the first place, which ultimately will have negative ramifications for their lives.

Slide 18: Hope buffers stigmatization
Hope means having belief in one's ability to attain valued goals that provide meaning in life, despite mental health challenges.

Hope can be bolstered by relationships with peers who have experienced mental health conditions, and are living fulfilling lives. Young people can also find support from adult allies who have mental health service experience, and from mentors who can help them explore valued aspects of their identities (Yanos et al., 2015).

Hope is also promoted though developing feelings of competence and through belonging to social and work groups that are important to the young person (Perry, Taylor & Shaw, 2007).

Service providers who emphasize hope for a meaningful, connected life help overcome the stigma that young people may encounter and may have internalized (Windell & Norman, 2013).

In the next segment, Tally Moses speaks about some key ways in which stigma can be overcome.

Slide 19: Tally Moses on strategies to overcome stigma [Video Clip]
Another thing we can do to help family members as well as school staff minimize stigmatizing behavior and increase the level of acceptance and inclusivity for youth with mental disorders is to help them be aware of the ways in which stigma can manifest both in the family and as well as school. Youth have reported how teachers will look down on them, exclude them, and expect less of them in terms of their academic performance. These are some of the things we hear about in the school arena, [e.g.,] not call on them in the classroom.

In terms of families, there are lots of different ways in which stigma manifests and it largely relates to how parents often feel about themselves; in addition, the shame that parents feel about having a child with a mental disorder, their sense of how they contributed to that will make a difference. Families also will sometimes communicate in various ways to the child or the youth that they expect less of them; that they view them as very different from their siblings; and that they are troubled. They will do that, for example, by not talking about the mental illness in the family, not telling extended family members. Things like that will impact the extent to which youth or young adults will feel self-stigma and have the sense that the world is less accepting of them.

One of the things that really is important to counteracting stigma is to help youth come into contact with other youth who have a mental disorder such as themselves, or something not like themselves but another condition, especially if these people they come into contact with are leading a fulfilling life or doing lots of good things and they feel good about themselves. Coming into contact with such individuals will be an incredible experience for youth who are worried about stigma and who feel that they may not have as many life choices as these others. So, these kinds of individuals who have a mental health condition but cope with it well and lead a good life in various different ways will be excellent role models for youth. Another related possibility is to help youth with a mental health condition find other youth with a mental health condition and form a support group where they can be themselves. This can be a real support group in "real" life or it can be online.

Slide 20: 7.2 Question
What do you think are the one or two most effective strategies for combating self-stigmatization in young people? Please place your answer in the text box.

Slide 21: 7.3 Working with young people engaged in romantic relationships
Next, we will discuss some of the key issues in working with young people who seek, establish, and maintain intimate relationships. We will consider the importance of these relationships, the challenges involved, and ways in which young people can best be supported.

Slide 22: Establishing intimate relationships
Establishing an intimate relationship with a desired partner is one of the foremost goals of many emerging adults (Herbenick, et al., 2010). Over 90% of young people in the US have experienced sexual relations by the age of 30. Healthy relationships provide opportunities for mutual growth, sharing, and caring. These relationships may involve trust and increased self-disclosure. When relationships go well, they are fulfilling in terms of heightened acceptance and increased self-esteem. Kris Gowen next discusses the ways in which mental health difficulties may cause barriers to developing healthy intimate relationships.

Slide 23: Kris Gowen on barriers to relationships [Video Clip]
While I think some of the barriers include the fact if they have had mental health issues since they were children they might have had certain circumstances in their lives that have caused them to delay the potentially normal romantic trajectory. They might have been away from school for a while, or they might have been less likely to be in social groups, so it's been hard for them to integrate and make friends in some cases. And usually it's in friendship circles that we end up finding romantic partners so that's one of the things that might be difficult.

Another one is the general sense of the stigma associated with mental health, not just among others but self-stigma; so young people may be hesitant to become emotionally, if not sexually, intimate with somebody, because they don't want to disclose their mental health challenge and have people judge them because of it. It becomes really difficult to get close to somebody when you aren't completely honest about who you are and a part of you that might play a large role in your identity.

Stigma, both the stigma that another person may have about mental health and the self- stigma people may feel about themselves, will just act as a barrier towards intimacy, towards honesty and trust. A lot of it sometimes, especially from the other person, comes from a lack of understanding. They might be afraid to ask questions or they might be just in general afraid or confused and surprised to find out that somebody they care about has a mental health challenge and that may affect the potential romantic partner or friend because they aren't really aware of what having that mental condition means.

Sometimes people are comfortable enough to ask questions, which is a great thing, but sometimes a person might be too afraid of insulting the person or doing something wrong, as it were; therefore, not really taking the next step for getting closer to somebody because they're afraid of asking those questions to better understand the mental health condition. Conversely, the person with a mental health challenge may feel that they don't want to bring it up because they don't want to be judged or seen as flawed, or in some other way reveal something about themselves that might decrease the chances of the relationship developing.

Slide 24: Mental illness as a barrier
In a study of young people who had experienced psychosis, Cara Redmond and her collaborators (2010) found that although the emerging adults stated that romantic relationships were an important part of life, and an outward sign of recovery, they also were aware of significant barriers to forming them successfully.

In interviews, the young people said they felt that their identities had been affected by their mental illness, and that trusting themselves and other people was difficult. They also saw the relationships as high risk, possibly resulting in traumatic experiences, dependency on another person, loss of self, and becoming overly influenced, or even used by another. They also felt that they lacked experience and self-confidence—and found meeting potential partners difficult.

Finally, some of the medications used to treat depression or psychosis are associated with sexual side effects, and affect the young adults' level of sexual desire or ability to fully engage in sexual relationships (Montejo, A. L., Montejo, L., & Navarro-Cremades, 2015).

Slide 25: Stigma and increased risks
Because of mental illness, the emerging adults may develop self-stigma, and see themselves as less desirable as an intimate partner, and not able to choose relationships. So they might form relationships with people whom they see as available, instead of those with whom they genuinely feel a connection (Wright et al., 2007).

Self-stigma also may lead to relationships with unequal power dynamics. Fearing rejection or abandonment, they respond with less assertion to their partner's demands, and as Tally Moses pointed out in the last segment, they may engage in unsafe sexual behavior in order to maintain relationships. This can lead to the higher rates of HIV and other sexually transmitted diseases found by researchers in studies of young people with mental illness (Elkington et al., 2012).

In a recent study of youth who were involved in sex trafficking, Deborah Gibbs and her co-workers (2015) found that the young people often needed mental health services. The young people reported that they were often recruited for the sex trade by someone they "considered to be a sexual or romantic partner." (Gibbs, Hardison Walters, Lutnick, Miller, & Kluckman, 2015, p. 3).

Slide 26: Reducing risk
In interviews conducted by Cara Redmond and her associates (2010), young people who were in recovery from psychosis talked about ways that they reduced the riskiness they believed accompanied intimate relationships. Their strategies to reduce the risks associated with romantic relationships included:
- Beginning with acquaintanceship then friendship. They got to know people at school or work or in the community, and then formed friendships and got to know the people they were attracted to as individuals.
- Developing trust in others who are trustworthy. For those people they are getting to know, the young adults find out who is trustworthy and build trusting relationships with them.
- Establishing close relationships slowly and gradually, so that they get to know people well before getting intimately involved with them. And finally, they worked to:
- Preserve the stability and predictability that are central to improving mental health and being in recovery.

These strategies of young people may be helpful in your work with them, and in your support of their healthy relationships.

Slide 27: Supporting healthy relationships
Margo Mullinax and her research team (2016) recently interviewed sexually active women between the ages of 18 and 24. The young women emphasized that the establishment of a trusting relationship was crucial, and was contrasted with their past experiences of feeling unsafe or undervalued. The researchers concluded that healthy relationships can be promoted by service providers who emphasize that "trust is healthy and a natural part of relationship building." (p. 900).

It is important for supportive adults and peers to be open to hearing about the special people and special relationships in the young person's life and to actively listen without labeling those relationships as unhealthy or abusive. This openness will lead to your being able to help them as they work through the difficulties they may be experiencing, including developing a safety plan. In the following video clip, Kris Gowen talks about having a positive approach to romantic relationships while being willing to deal with difficulties.

Slide 28: Kris Gowen on healthy relationships [Video Clip]
Having a relationship is a very normative part of being a young adult. And so being afraid, sometimes, for that young person—because we know that they might be vulnerable—is a feeling that we're going to have that can be very real, and does come from a place of care. But at the same time, we need to have faith that that young person may make a relationship mistake or they may find a very good person with whom to have a relationship with. So we just have to sort of trust that process and listen, and basically accept and support where we can. Because when it comes right down to it, yes, there are extra challenges a person with a mental health condition may have in forming a relationship, but most stories about romance and love, and falling in love, and finding that person are pretty much the same no matter who you are. And so it's really important to remember that, and not judge what that young person's going through. I think the one exception would be, is if you hear things that the young person might be saying that might make you feel that the relationship they're in is *unhealthy*; that if the partner is judging them for their mental health condition, if the partner is potentially holding that mental health disclosure against them and using it as a threat or anything like that, or belittling them or calling them names because of that mental health challenge, in which case I think that's when maybe an intervention—and a very kind, gentle one, not a judgmental one where you say, "Oh that relationship is really bad, you should be out of it now"—but talk to that young person and ask them how the relationship makes them feel and ask them both what the good pieces and the bad pieces are, because they wouldn't be in that relationship if there [weren't] some good things. But hopefully over time and with trust, you'll help them see that sometimes maybe that relationship is not so good, (and bad) and maybe it would be best to leave at some point.

Slide 29: Skills for supporting healthy relationships
As you work with young people who have experienced mental health difficulties, it is important to:
- Work with the emerging adult to reach out to individuals and groups with shared interests and openness to connecting with new people.
- Support young persons making relationship decisions, and respect their ability to think through the positives and negatives of being in a relationship with those with whom they have strong connections.
- Be aware of mandatory reporting requirements for abuse. When a youth under 18 discloses abuse, it is the service provider's responsibility to report it to the appropriate authorities. It is also good practice to discuss your reporting with the youth. If a young person discloses intent to abuse a youth under 18, again it is the service provider's responsibility to report it. Laws requiring reporting of abuse of minors vary from state to state. As a service provider, you should be aware of these laws and work to ensure that the young people you serve are not experiencing abusive relationships (Children's Bureau, 2015).
- Finally, know how to find resources in your local area that promote sexual health and safety. Looking up resources with young persons also helps to empower them to find the help that they may need.

Slide 30: Question
Think of your current work with young people who have experience with mental illness. What is one way in which you might begin a discussion with them of their romantic relationships? Please enter your response in the text box.

Slide 31: 7.4 Meeting the specific needs of young people who identify as LGBTQI or 2-S
We next turn to the specific needs of young people who identify as Lesbian, gay, bisexual, transgender or non-binary, queer or questioning, intersex or 2-spirit. We also have specific suggestions for skills that service providers can develop to support these young people and their families.

Slide 32: Identity development
It is important to examine ways to support emerging adults during their process of understanding, accepting, and sharing their sexual orientation and sexual identity, particularly if they identify as not being heterosexual or experience themselves as non-binary, that is not identifying their gender as exclusively female or male (Richards et al., 2016).

Forming a personal identity during youth and young adulthood is an unfolding process. This process of identity integration can be complicated and difficult for young people when parts of their identity place them within groups that have experienced oppression, and they don't feel accepted. In a study of LGB youth living in New York, Rosario and her research team found that a more integrated identity was linked to less anxiety and depression and fewer conduct problems (Rosario, Schrimshaw, & Hunter, 2011).

Further challenging young people who identify as LGBTQI 2-S, is their connection with other groups that have experienced oppression due to their race, ethnicity, mental health system experiences, or other personal characteristics.

We next hear from Andre Pruitt, a mental health service provider and former youth social worker who has worked on LGBT issues within communities of color. Andre discusses the complexities of identity formation, and the intersection between aspects of identities.

Slide 33: Andre Pruitt on identity formation [Video Clip]
I think one of the challenges is around identity—**healthy identity**. We're in an environment that has not been very supportive of people of color, an environment that is not very supportive of lesbian, gay, transgender, two-spirited, questioning, and intersex. And so because of that, society has created a system of oppression. And so every youth that is dealing with these issues is dealing—is coming from… disempowerment through systematic oppression. And so, when we begin to work with this population, I think it's very important to really understand this historical impact of oppression and understand the privilege. And when we look at historical impact—I'm going far back as, look at the impact of the Civil War, looking at the impact of the internment camps, we look back at the genocide of Native American First Nations. Those are the things that youth are dealing with today, and how the system is set up to continue this oppression—and sometimes we're unaware of it.

The thing is, you can't separate that. There's a term called "**intersectionality**," and the intersectionality is talking about the different social constructs of whether you're gay, lesbian, transgender, African-American, Hispanic; looking at your class, your economics; you're looking at your knowledge base, education—all those things are very important and we go over this philosophy that we can separate them and that each oppression is individualized and it's *not*. It's what I call a "system," you know, it's how they overlap, intersect—and because of those things, when we talk about gay and lesbian—and you can't talk about people of color who are gay or lesbian without talking about the racial issues. But they're not separate, and what will happen is, one of the things is a social construct of race [will be noticed] and where your gender and your sexuality may not be as obvious. And what happens is, right now the system is set up where it is okay to punish LGBTQI (and those names keep changing, which depends on the population), but the system is set up that it's okay to punish. You know, we have this religious system, we have this educational system, and we have the judicial system, which is saying, "anything that's outside the gender, the social construct of gender, is deemed as possible to punish."

Slide 34: Supporting positive identity development
Service providers can help support young people form a positive identity by:
- Recognizing that they may be feeling the effects of systems that may reject or stigmatize them. Andre Pruitt has just indicated that there may be a complex set of identities that they are learning to incorporate in their lives.
- Examining your own attitudes/biases that may be holding you back from being an ally for these young people. It is important for you to become more comfortable in discussing issues of sexual identity.
- Using inclusive language and providing a welcoming environment. Kris Gowen has suggested that service providers should not presume that the special person in the emerging adult's life will be of the opposite sex. So if you are talking with a young woman, ask her whether she has a special person in her life, and don't presume that would be a boyfriend. Also take care to display materials such as posters and books that indicate your openness to discussing sexual identity differences.
- And, letting the young people take the lead in discussing important aspects of their identity (Solomon et al., 2017).

Next, special educator and researcher Dr. Laurie Kahn discusses the importance of being respectful of young people's central role in defining their own identity.

Slide 35: Laurie Kahn on respecting youth self-identity [Video Clip]
Well, I'd like to restress the importance of allowing students to *claim identities*, and allowing the young adults to be able to claim the identities that represent them. So not necessarily putting specific LGBTQ labels on them, but allowing them to describe their experiences and their desires in ways in which they feel *empowered*, especially when it comes to things like disability and mental health issues, because that is something that is usually given to them by a professional— someone who's considered an expert. And by sort of flipping that and allowing *them* to claim or reject those labels, then you're in turn allowing them to claim that expert status. And it really, then, validates their experience and allows them to be the one who is an *expert in their own experience*, and I think that that is one of the most powerful tools that you can really use with youth.

Slide 36: Discovery and disclosure

The process of identifying, acknowledging, and disclosing one's sexual orientation and or gender identity, sometimes called "coming out," can be complex. This is a process that can begin as early as childhood and continues throughout people's lives as they encounter new settings and new people. Disclosure can help the youth and young adults to gain belonging and support from members of the LGBT community, and other allies in their life.

- As Laurie Kahn indicated, it is important for service providers to let the young person take the lead in what can be a confusing and lengthy process of disclosure. Once the emerging adult has disclosed this information, it is crucial for the service provider to maintain this information as confidential, since there can be serious consequences for the health and safety of the young person.
- Disclosure of sexual identity to family members may begin very early or may be delayed. In a national study of young people who identified as gay, lesbian, or bisexual, positive parental support was an important predictor of better health outcomes (Watson et al., 2019). Lack of family support can lead to homelessness, high levels of stress, and worsening mental health (Needham & Austin, 2010).
- Many gay, lesbian, and bisexual young people choose to disclose their sexual identity to their peers in school. In a recent study of emerging adults in California, having disclosed their sexual or gender identities during high school was associated with positive psychosocial adjustment in their early 20s (Russell, Toomey, Ryan & Diaz, 2014). Unfortunately for some young people in this study, disclosure also had the consequence of peers stigmatizing and victimizing the young person.

Next, we'll hear from Laurie Kahn about the importance of dealing with bullying in school settings.

Slide 37: Laurie Kahn on bullying [Video Clip]

Being aware of things like bullying, harassment, and peer victimization can be very important: knowing what that looks like, knowing how to respond, knowing what the policies are. If you're working in a school or community organization, knowing what the policies and procedures are for dealing with issues of bullying and victimization. The difference between bullying and harassment is, when **bullying** occurs based specifically off of an aspect of their identity like sexual orientation or disability, ethnicity, race, gender—when it's specifically targeted, then that becomes **harassment**. And so then how do you then deal with both sides, of both the perpetrator of the bullying and the victim?

I would say, look specifically at the *overlap* between their identity as a sexual or gender minority and the mental health issue or disability. Because a lot of the time if they're being bullied, let's say, specifically because of homophobia or hetero-normativity, then their disability or mental health will have an effect on the way that they cope and the way that they understand what they're [experiencing as a result of] bullying. So, working with them specifically, as far as a specific strategy is coming up with specific goals, whether they're *social goals* or *safety goals*, of how to cope with when you're faced with homophobia in school or homophobia in the workplace. You can do role playing, or brainstorming about what would you do if you faced this sort of bias or hate speech, or even physical violence. Where can you go? What are some resources in your area? What is a room in the building you can go to when you feel physically threatened? Who is a person you can go and talk to when you are feeling like you're facing some discrimination or harassment?

I think as far as specific strategies, one of the things that is crucial is working with the young adult on how to locate and establish an **ally**, because a lot of the time our students, instead of finding an ally—someone they can go to for support, whether it's dealing with issues of disability or their sexual or gender orientation—will maybe just shut down or not show up to work or not go to class or be very distracted. So instead, allowing them to find resources—an ally, possibly somebody who understands both their mental health issues as well as their gender and sexual identity—because I think that that can be a really powerful tool and allow them to actually *cope* with facing those types of barriers.

Slide 38: Finding allies and supports
As Laurie Kahn suggested it is important to encourage young people to find adult and peer allies who can provide belonging for young people as they move between their social worlds. Service providers can help young people find and connect with these allies.

Encourage them to take steps to protect themselves from bullying at school or work by joining with others who can help them deal with bullying or harassment in these key environments (Ahuja et al., 2015).

Urge young people to:
- Consider joining support groups that can provide networking opportunities and the friendships and healthy relationships that are important for recovery. We have provided resources at the end of this training listing groups such as:
- Gay, Lesbian & Straight Education Network (GLSEN).
- Gay Straight Alliance Network, and
- Parents, Families and Friends of Lesbians and Gays (PFLAG)

As a service provider you need to know or be able to discover which local resources and support groups are equipped to deal with the young person's major concerns. It will be important to find groups that may welcome the diversity that the individual emerging adult will bring. Be aware that support groups may be siloed and specialized, and members may not be prepared to deal with LGBT concerns or with mental health experiences.

Next, we consider issues that arise when young people disclose their sexual identity to family members, who may not be prepared to accept their sexual identity, and their connection to the LGBT communities.

Slide 39: Family acceptance is protective
Of course, family members are among emerging adults' most important allies. In a study conducted with Latino and non-Latino LGBT young adults in the Bay Area of California, Caitlin Ryan and her collaborators (2010) found that for LGBT young adults, greater family acceptance of young people's sexual identity during adolescence is associated with:
- Higher self-esteem and social support, Less depression and better general health, and
- A lower risk of:
  - Substance abuse
  - Unhealthy sexual behavior, and
  - Suicidal thoughts and attempts.

Slide 40: Family acceptance – transgender youth

Transgender is a sexual identity that recognizes that an individual's "asserted gender" or self-identification as male, female, both, or neither, does not match their "assigned gender," that is, identification by others as male or female based on sex at birth. (Simons et al, 2013). Transgender young people experience stigma and victimization that put them at risk for poor mental health because of associated physical abuse, incarceration, and exclusion from social and economic opportunities (McCann, Keogh, Doyle, & Coyne, 2017). However, a recent study of 66 young people who identified as transgender revealed that receiving support from one or both parents was associated with lower levels of depressive symptoms, greater life satisfaction, and less perceived burden of being transgender (Simons et al., 2013).

How can service providers help families to find ways to support young people, despite cultural messages that stigmatize them? In the next segment, Andre Pruitt discusses some ways to gather support from families, and Laurie Kahn provides an example of a service provider working with a father and son to bridge the gap between them.

Slide 41: Andre Pruitt and Laurie Kahn on working with families [Video Clip]

Andre: Mental health providers can adapt their services by understanding the reaction of the family who may be struggling with what's going on with their youth. And sometimes we're looking at a negative outcome of what the families are doing and we demonize the family. And I'm encouraging providers not to demonize the family, to understand that the family—have a belief that the families love their children, their youth, so much that they may not be able to handle what is going on and they're doing it out of an act of love. And because of that act of love, you need to understand where the families are coming from to help them work through this process of exclusion of a person who might be outside the binary gender construct, and having them to also allow the place for the parents and the family (adult figures) to agree, whether in foster care or whether the biological family member or extended family—whatever it is—the adult figure that's working with that youth has to agree [that] the *philosophy* of the ideology they have created for this youth—it's not matching up with the *reality* of the youth so they have to *grieve that loss*. And they also have to view and process that the belief that "I'm a failure because here is a youth that is supposedly under my care and my thinking on this has been totally opposite so I have not connected to that youth as a way that is expected by society." So therefore, it is a piece of failure that happens, and so we need to help family members to work through that process.

We also need to work with the family to let them know that that *relationship* with that youth is very important, because that relationship—guaranteed—if it's a healthy *positive* relationship, it guarantees a decrease in risk and [an increase in] healthy living. If it's a *negative* interactive, it increases risk and decreases healthy living. So there's a strong interconnection, even as we talk about foster care, and people getting put in foster care. Fosters are always trying to find the biological parent. That's the way it happens, and even if the child gets adopted. And so if there's a way to work with that biological family of an adoptee to build as best of a bond that can happen, that's safe for the youth, then to be able to do that. And then also, if the bonding is unable to happen [to work with the youth to realize] because of who they are, they're okay. The relationship is not working not because of who they are. It's [not] working because a parent is having a difficult time adjusting with their belief system and there's nothing wrong with the youth. At the same time, we can't stop and say there's something wrong with the parents either, because—no matter what we do—there's a love connection through this family even if it's unhealthy.

And so we can't demonize either one. We have to create a way to live with the disagreement or build a bridge, and I think that's where providers need to focus—more on building this bridge and not this divisiveness.

Laurie: Cognizance of elements of ableism and homophobia—it might not be obvious, and it might not be the entire family. I've spoken with one family—the mother was accepting and supportive of her son dating men and identifying as a gay man—but the father had a really hard, difficult time with that. And so that can create a lot of tension between parents and between families. And so then when it came to things like the IEP meeting or other collaborative events, there was a lot of tension. And it puts the professional—you know, the social worker, the teacher—sort of in the middle of navigating that tension.

A young man who was 20 years old—and he was in an IEP meeting, and they were going over his transition goals—he told the group when they went over what his post-school goals were, he said that he wanted to be a fashion designer. And his father just shot it down right away and said, "No son of mine… is going to be a fashion designer." So the teacher's thinking about how to *navigate this conflict* between what the student wants, and that also was tied into his gender identity and his sexual orientation, and his father's rejection of that aspect of his son. So navigating that was a really difficult process. But sort of being aware of how the different players in this meeting stood and what they wanted out of this at the end was really helpful. So they ended up figuring out a way to include post-school goals that supported what the young man wanted—so in fashion design, in t- shirt design and production, and creative arts and things like that. But also, she worked with the father quite a bit on acceptance of his son and sort of acted as a way to communicate between the two. So that was very challenging and definitely difficult, but these are the types of tensions that can definitely come up between [members when] working with families.

Slide 42: Suggestions for working with families
As Andre and Laurie have suggested, to work with families having children who identify as LGBT, service providers might:
- Involve families in services, if requested by the young person
- Build on their existing love and relationships, despite conflict
- Recognize that family members may have little experience with other family members claiming diverse sexual identities, and be influenced by cultural and social groups to which they belong. Give them space to change their attitudes.
- Inform parents that family support decreases risk for the young person, and may be crucial to help young people cope with their mental health difficulties.
- Work to bridge divisions between young people and their families (McCann, Lubman, & Clark, 2012 , Simons et al., 2013; Shilo & Savaya, 2011).

Andre Pruitt next sums up some helpful practices for service providers working with young people who have mental health difficulties and who identify as LGBTQI or 2-S.

Slide 43: Andre Pruitt on practice [Video Clip]
As service providers, we have a tendency to look at the LGBTQI-2S as a monolithic community, and that's where we make a big mistake, because it is not. Just as we look at the African-American community as a monolithic community, as we look at the Asian community, or the Native American community [as monolithic], that is probably making a huge mistake in working with this population. It is so diverse. I'll give you an example: A friend of mine—who I have not asked to use his name so I'm not going to use his name—a friend of mine identifies as African-American, Hispanic, immigrant, queer, gay youth. And so [that diversity]—which opens the door for all these *social constructs* that identify who that person—is huge. And it's also based on your location. African-Americans in the North may respond to life differently than African-Americans also on the East Coast; (as far as African-Americans from the North compared to African-Americans in the South).

Economically, African-Americans are different. And so in that process when you're working with youth, all those same factors come into play whether African-American or Asian- American, all those factors play on that—lesbian, gay on the East Coast would be different than lesbian, gay on the West Coast—transgender, all that's different based on your location and your *social location,* and influenced based on the environment where you've grown up.

And so keep in mind as you work with this population: it is diverse, and all the information I'm sharing with you is information as a dictionary or resources to back up your skillset working with a client and the actual client that walks in the door has *all the information that you need*. You just check it with your resource to add to what *they're* bringing—not in spite of what they're bringing, not instead of what they're bringing. As long as you work through this environment and work with the client and think—*we* come with the knowledge, we're coming with damage. If we work with a client from the point of view that, *they* come with the knowledge—I'm going to share some things that I have, but *they* come with the knowledge—then we're going to always work in the way that strengthens the client.

Slide 44: Practice skills
Building on the advice of Andre Pruitt and the practice literature, we offer some suggestions for service providers working with young people who identify as lesbian, gay, bisexual, transgender, non-binary, queer, questioning, intersex, or 2-spirit, and who are experiencing mental health difficulties:
- Make sure that mental health services are delivered with cultural sensitivity, which is crucial for treatment effectiveness (Painter et al., 2018; Solomon et al., 2017).
  Be aware of the complexity of the social identities of LGBTQI2-S young people you serve, and work with them toward a positive identity and social connectedness. Their sexual identity may be changing while you work with them, and may remain somewhat fluid over time. It also may be less salient than other aspects of their identities such as race, ethnicity, or immigrant status.
- Know local supports for young people with diverse sexual identities who are coping with mental health difficulties. Work to connect them to allies, peers, and groups that will support them in most salient aspects of who they are.
- Keep learning about ways to support these young people, and finally:
- Work from the viewpoint that clients bring the knowledge; it is for us to learn. Be guided by young people and respect their process (Rosario et al., 2011, Solomon, et al., 2017; Tew et al, 2012).

Slide 45: Resources
We have prepared a reference list of research and practice articles that we have used in developing this module, and a resource list that contains many key publicly available resources regarding developing healthy relationships, key support organizations, combatting stigma, and working with young people identifying as LBGTQI2-S.

Now, we'd like to introduce you to the eighth module.

Slide 46: Next module – Planning partnerships and collaborating to bridge service gaps Module 8 addresses attitudes and skills for interdisciplinary and inter-systems collaboration and highlights strategies to overcome service gaps and support community living and participation.

Youth self-determination is a guiding principle of the eighth module, and steps to assist young people to obtain needed accommodations are also covered.

Slide 47: Credits
We'd like to acknowledge and thank the people who contributed to the development of this module on supporting young people's healthy relationships.

Slide 48: Acknowledgments/funders
The preparation of this module has been supported by funding from the National Institute on Disability, Independent Living, and Rehabilitation Research, and the Center for Mental Health Services.

Slide 49: Module 7 quiz
Please complete each of the 10 questions of the following quiz as part of your training experience for Module 7. Please check the BEST answer for each question. Participants who successfully complete this final part of the training will be able to print out a certificate of completion.