

**A Psychoeducational Group for Parents of Lesbian,  
Gay, and Bisexual Adolescents**

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### **Abstract**

While literature abounds on the experience of the adolescent in the 'coming out' process and the impact that the event has on the family system, few interventions that are designed specifically to assist parents have been proposed. Parents of lesbian, gay, and bisexual adolescents face challenges that they may never have anticipated and, therefore, require special kinds of support resources as well as factual, nonbiased information. A parent-specific psychoeducational group intervention to be facilitated by school counselors is presented with a focus on adult development in the context of a changing family.

*Keywords:* sexual minorities, lesbian, gay, bisexual, lgbt, parents, school counseling, group counseling

## **A Psychoeducational Group for Parents of Lesbian, Gay, and Bisexual Adolescents**

In an age of uncertainty, accelerated child development, and the highly visible nature of some alternative segments of life in American culture, parents are presented with obstacles to child rearing that their own parents never had to face. For example, parents are left with questions and confusion about how to adapt to a way of life for themselves and their children with HIV infections, attention deficit disorder, and autism spectrum disorders. The greater visibility of lesbian, gay, bisexual or transgender (LGBT) characters in popular media as well as the gay rights movement also result in new challenges for parents of children who identify as such (Gomillion & Giuliano, 2011).

Although it is has been generally agreed upon that 'coming out' is beneficial for individuals who identify as LGBT, little research on therapeutic interventions geared towards parents has been offered. Instead, focus has been placed upon the feelings of the individuals who actually disclose their LGBT identity and the resulting negative consequences common to the experience (Martin, Hutson, Kazyak, & Sherrer, 2010; Potoczniak, Crosbie-Burnett, & Saltzburg, 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Saltzburg, 2009). The initial reactions of the parents of children who seek to disclose their sexuality also should be given attention. In fact, parents are often cited as part of the problem when they reject or distance themselves from their children (D'Augelli, 2005; Saltzburg, 2004). The literature on LGBT adolescents points out the importance of parental support during the coming-out process and beyond (D'Augelli, 2005; LaSala, 2000; Muzzonigro & Newman, 1993). As such, parents need information

to correct any negative perceptions and to preempt any estrangement that could result from the coming-out process (LaSala, 2000).

Developmental certainties that parents assume are occurring with their children take divergent directions (Newman & Muzzonigro, 1993). In far too many cases, parents are shocked to find that their adolescent children, whom they assumed were simply progressing through the investigative development of their sexuality, are actually developing sexual identities in opposition to what the parents expected (Saltzburg, 2004).

### **Sexual Identity Development in Context**

Once considered a quiet and unspoken part of sexuality, individuals are developing an alternative sexual orientation earlier and with more frequency than in the past (Savin & Diamond, 2000). Parents are thus faced with a significant challenge as their adolescent children begin to identify as and exhibit behaviors of being LGBT (Ryan, Huebner, Diaz, & Sanchez, 2009). This identification, "coming out," by their children is a tumultuous time for all family members involved (LaSala, 2000; Saltzburg, 2009). According to her research, Saltzburg (2004) contends that some parents experience panic, deep loss, a sense of existential aloneness, and feelings of shame. In addition, they are typically unaware of any other parents facing the same ordeal. Today, resources for individuals coping with an emerging sexuality are more available; however, there exists a paucity of resources for parents whose children are traveling this path (Needham & Austin 2010). Phillips and Ancis (2008) found that parents with lesbian or gay children needed appropriate interventions beyond those of LGBT

advocacy groups such as Parents, Families, and Friends of Lesbians and Gays (PFLAG).

Because the coming-out process can be so traumatic for the individual going through the experience, the mental health profession has tended to focus almost exclusively on the needs of the individual, only including the parents in the process to enhance the development of the LGBT client. The effects of a child's coming out on the parents' lives are lost in the process (Doty, Willoughby, Lindahl, Malik, & Neena, 2010). Interestingly, the parents of LGBT adolescents tend to present many of the same issues co-morbid with the identification as LGBT including social isolation, heterosexism, and incongruent religious beliefs (Lease & Shulman, 2003).

The images and dreams that parents had about their children are challenged once they are made aware of this new information (Newman & Muzzingro, 1993). They are left with a perception of their children, which is inconsistent with the futures they envisioned, or of the individuals they thought their children would become. Parents who are unfamiliar with what it means to identify as or be a part of the LGBT community are left with questions, catastrophic cognitive scripts, basic denial of the presenting issues, as well as a significant lack of information (LaSala, 2000; Saltzburg, 2004). Often parents feel alone and isolated from other parents out of fear of judgment and social retribution (Lease & Shulman, 2003, Saltzburg, 2004). Much like their children, they are left to deal with this issue alone and often engage in self-blame or intense negative emotional reactions. It should also be noted that while parents struggle with their child's new identity, a parallel process of need acceptance exists. More specifically, children who are unable to gain acceptance from their parents seek acceptance outside of the

home, which typically leads to alcohol and drug use as well as risky sexual behaviors (Coker, Austin, & Schuster, 2010; Padilla, Crisp, & Rew, 2010; Ryan et al., 2009).

### **Assisting Parents in the Journey**

Granted that the field of counseling has made progress in addressing the needs of LGBT individuals, there exists a historical gap in the research literature, which addresses interventions for families. In the absence of interventions specifically aimed at treating the family system, an inherent knowledge as well as a treatment gap exists for practitioners who encounter families who present with this issue. The revelation that a child identifies as LGBT triggers a sense of loss that has been widely cited in the literature, to coincide with the Kubler-Ross (2005) stages of loss: denial, anger, bargaining, depression, and acceptance. Besides the work, that Saltzburg (2009) published using narrative family therapy for lesbian, gay and bisexual (LGB) adolescents and their families, few specific therapeutic interventions have been developed for this population (Ben-Ari, 1995; LaSala, 2000; Robinson & Walters, 1989; Saltzburg, 2004; Strommen, 1989). To help fill the void, a psychoeducational group for parents with children who identify as LGB is suggested for school counselors. Parents of children who identify as transgendered is intentionally omitted as these parents face a set of challenges which are unique and not appropriately attended to in a group for LGB adolescents.

Parents are often fearful or embarrassed to search for services or groups that may help them to gain acceptance and develop positive views of their children given their sexuality (LaSala, 2000; Lease & Shulman, 2003; Saltzburg, 2009). Parents may look to the schools, especially the school counselor, to provide education and coping

strategies. School counselors can help foster a supportive environment that is welcoming to LGBT adolescents and their families. According to the American School Counselor Association's (ASCA, 2005) position statement, professional school counselors "understand issues related to 'coming out,' including issues that families may face when a student goes through this process" (p. 31). ASCA's position statement continues by stating that professional school counselors will offer programs that "provide support to LGBTQ students to promote student achievement and personal well-being" (p. 30). It is with this in mind that school counselors could provide the means by which parents can learn to develop the supportive environment their LGB children need. By doing so, school counselors also would be able to challenge the tendency for schools to enable the status quo, which discourages students from coming out (Danielsen, Samdal, Hetland, & Wold, 2009; Marinoble, 1998).

In a review of interventions already being employed by school counselors, the literature overwhelming indicates that a gay-straight alliance (GSA) is the primary mode of intervention (Fetner & Kush, 2008; Heck, Flentje, & Cochran, 2011; Valentini & Campbell, 2009). While other interventions have been noted, such as the Out for Equity project (Harowitz & Hanson, 2008), there are also calls to go beyond these interventions (Griffin & Ouellett, 2002). In considering interventions being employed, it should be noted that these interventions are not based on a therapeutic model. In addition, there is little evidence that school counselors are including students' parents in their work on LGB issues.

## **Background for the Parental Intervention Group**

There are several theoretical models that would work for a parent group; the model chosen for this group is a cognitive-behavioral approach. A cognitive-behavioral parental group would not only bring parents of LGB adolescents together in a mutually supportive environment, it would also educate parents about the developmental process of their children and dispel commonly held beliefs about lesbians, gay, and bisexuals. Also, techniques rooted in this approach are appropriate for the types of short-term groups held in the school setting (Corey, 2004). By providing this environment, parents would feel less isolated and the issues they are confronted with could be normalized in the context of group by interacting with other parents coping with the same issues. By providing relevant, unbiased information, parents could begin to reframe their assumptions about their children as well as the LGB community as a whole.

A group-based intervention is also recommended to help parents feel less isolated and alone while they cope with the acceptance of their child as a sexual minority. Groups are designed to offer support, provide individuals a sense of belonging, encourage learning from other members of the group, as well as represent societal expectations and standards (Neukrug, 2012). Psychoeducational groups are “premised on the idea that education is treatment not only because of the knowledge acquired in the process but also because of the perceptions that may be changed as a result” (Gladding, 2012, p. 11). Providing resources will undoubtedly serve an already underserved population of parents who not only seek to cope with their children’s alternative sexual orientation but also to integrate their children into their perceived constructs of what it means to be a family.



A cognitive-behavioral theoretical approach was chosen because it is easily taught and can provide parents with tools they can use to cope with future problems that may arise with LGB offspring. Collaboratively changing cognitions and behaviors is a central method to the cognitive therapeutic approach to change (Corey, 2004; Petrocelli, 2002; Scharf, 2000). It is with this method that the group and the leader actively participates in identifying and working to change the faulty scripts and schemas that prevent the members of the group from learning, accepting, and moving forward. In addition, the group members actively experiment with new beliefs about alternative sexual orientations both within and outside the group. Furthermore, the leader takes on the responsibility of informing the group members of new ways to think about the concept of their child having an LGB identity and the implications that this identity can have for them as parents as well as for their children. With guided discovery, the group leader can identify maladaptive beliefs and help the members develop insights into their beliefs.

Counselors should include group members who are involved in a direct parenting role of adolescents (ages 13-18) who identify as LGB. The target population would be parents who are uninformed or ill informed as to what it means to be LGB and have few recognizable resources to cope with the presenting parenting issues surrounding their child's identification. Parents would be identified as a result of conversations the adolescent students would have had with school counselors during the pre-screening process of forming the group or as a result of parents who are actively searching for support. The parents of these adolescents will typically feel isolated and stigmatized by a negative societal view of members of the LGB community (Ben-Ari, 1995; Savin-

Williams, 1998; Willoughby, Doty & Malik, 2008). Highly desirable members will be those who express a sense of personal failure in the raising of their child. Additionally during the pre-group phase, an initial assessment of attitudes toward homosexuality is recommended followed by a post-group assessment to measure progress. Greenwald, McGhee, and Schwartz (1998) state that the Implicit Association Test (IAT) is both an appropriate and valid measurement of associative structures. Banse, Seise, and Zerbbe (2001) took this notion a step further in developing and testing an IAT specifically related to homosexuality. Based on their findings, the Homosexuality-IAT was indicated to be a reliable and valid measure and is therefore provided as an example of an appropriate measure for this group.

As a condition of membership, if there are two parents (or two adults, e.g. parent and grandparent) involved in the upbringing of the adolescent, both parents should be encouraged to attend all sessions and be open to change. The group should not exceed eight members and ideally represent diversity in terms of ethnicity and socio-economic status (Corey, 2004). The recommended length of the group is six sessions occurring once every other week for 90 minutes each. The term of the group is informed by recommendations from Corey (2004) as well as the understanding that parents have limited time to engage in such an endeavor given other time commitments. Extension of the term should be based on need and is encouraged based on the school counselor's evaluation of the presenting needs of the participants. A detailed description of the proposed sessions is listed in the Appendix. Given that this group will need to provide a safe environment for parents who more than likely feel very isolated, sufficient time should be given to hear the stories of all the members involved in a relaxed and casual

manner. Because each member will probably have different perceptions on LGB individuals, ample time needs to be given to learn and cognitively restructure their faulty cognitions, not only regarding social stigma, but also the perception of failed parenting, religious and moral issues, as well as the immediate co-morbid perception of increased risk for HIV infection.

The sessions that accompany this theory of change and development will involve homework, the examination of current beliefs, and the dissemination of accurate and factual knowledge about children who identify as LGB. Along with behavioral and affective approaches, the group leader should make use of techniques central to this method of change such as de-catastrophizing, labeling distortions, and reattribution (Corey, 2005).

Due to the possible social consequences for parents who participate in this group, school counselors would be relied upon to recommend this intervention to parents of adolescents who self-identify as LGB, with the adolescent's consent. Pre-printed material would be made available to the parents of the children upon the disclosure of the students that their parents are having a difficult time with their "coming out." Secondly, information about the forming group could be made available at physicians' offices, community centers, community mental health agencies and in the offices of other mental health practitioners. Direct referrals from these offices could pre-qualify many potential participants and place them in touch with a resource that they otherwise would be unaware of. Thirdly, as adolescents begin to self-identify as sexual minorities, they will more likely begin to seek out others who are similar to them (Bond, Hefner, & Drogos, 2009; Hamer, 2003). In this respect, they will begin engaging in

social activities and actively seek out more information about what their sexuality means. In a majority of urban cities, community centers have been established for the LGBT community and they therefore would be able to disseminate this information for youth to provide for a more holistic integration.

Understanding that the coming out process is challenging to parents, the safest approach would be to hold the group in the school or in a local community center. However, it might be beneficial to consider having the group hosted in the positive environment of an LGBT community center as this location would provide an optimal location for the group to meet. While the school environment presents an endemically safe place for parents, the local LGBT community center would provide an environment that would challenge parents to go even further in their change process as they would be surrounded by positive messages and resources available to both them as parents as well as their children. This immersion, albeit potentially overwhelming, would be mitigated by the sense of not facing this environment alone. Given that all the parents participating in this group will probably be new to such an environment, it provides a sense of mutuality and the beginning of a journey that they all can work from. The inevitability of one or both parents to encounter a member of the community also gives them the opportunity to learn outside of the group and to bring their interaction into the group for discussion as they are exposed to a normative example of an LGB identity.

The homework assigned over the course of the group will be used as a measurement of the participants' movement toward acceptance. As the homework is processed in group, the direction of the intervention could be modified in an effort to address the relative lack of change or issues, which emerge as a result. It could also be

used to extend the term of the group if necessary. As the leaders process homework, it is important to communicate that there are no wrong answers and that group members will more than likely be in very different places as they analyze and challenge their assumptions.

### **Leader Role**

As in many groups of this nature, the leader's role is paramount for the facilitation and guidance of change (Corey, 2004). The functions of the leader in this group will be to: a) facilitate interaction, b) educate, provide information pertaining to sexual minorities, c) monitor the impact on parents in a factual and balanced manner, d) take the lead in cognitive restructuring, and e) connect parents to organizations that will further normalize their role in their adolescent's lives. Leaders will need to be very comfortable with their own sexuality and must be able to handle what could become painfully negative viewpoints on the subject of being a member of the LGB community.

Leaders will need extensive knowledge of the local LGB community as well as the availability of other resources. Further, knowledge of and experience with cognitive restructuring will be vital to the leader's effectiveness as well as being able to lead the group in a collaborative manner. Advanced training in counseling skills and specialized training in groups would be desired; however, if properly supervised, the leader could also grow with the group. The leader should not seek to press any social agenda nor should they convey a sense that any member is less of an emotionally mature individual for not being able to cope with homosexuality as the group proceeds.

Group leaders who are involved in directing this type of group will more than likely have a gay-positive point of view on the issue of homosexuality and the need for

parents to come to terms with their adolescent's sexuality. Social change and the development of a better environment for LGB adolescents will undoubtedly be primary to the intervention that the leader directs. In this respect, leaders may come to believe so fervently in social change that they may become confrontational in their interaction with some members. In addition to this, leaders may feel as if they are providing such a sorely needed social service that these biases may skew the end results of the group to indicate a high success rate among its members. Depending upon the amount of time that the leader has been conducting groups, supervision would probably control for these biases and ensure ethical behavior as well as truthful disclosure of the results. By doing so, the leader can learn from their experience and grow as a competent professional.

### **Modification**

As stated earlier, this group model intentionally omits adolescents who identify as transgender. The rationale for this is rooted in the acknowledgement that parents of these children require a different set of coping skills. While LGB adolescents share a common set of social/developmental tasks, those who identify as transgender face a set of challenges which are beyond the scope of this group as presented. It is possible, however, to modify the content of the group to attend to the specialized needs of transgender adolescents. Further modification could also attend to the differing needs of ethnic minorities, which are at odds with the dominant body of research regarding the coming-out process (Potoczniak, Crosbie-Burnett, & Saltzburg, 2009).

## Discussion

It is widely acknowledged that it is the role of school counselors to attend to a wide range of challenges facing their students. With regard to the current subject matter, it is further acknowledged that attending to issues related to sexual orientation can be a highly sensitive, controversial, and often politicized endeavor much to the detriment of students who identify as LGB (Rienzo, Button, Sheu, & Li, 2006). Given that research indicates students perceive more social support from peers and non-family adults, school counselors nonetheless are challenged to create an environment in which LGB students feel safe and able to process their emerging sexual identity (Mufioz-Plaza, Quinn, & Rounds, 2002). This same research indicates that students perceived their families as less accepting and only able to offer limited emotional support. Despite school counselors' legal and ethical obligations to protect LGB students, many barriers exist in the implementation of policies to do so (DePaul, Walsh, & Dam, 2009; Mayberry, 2006).

Overall, it is not without recognition that school counselors face a challenging dynamic of social context and district policies in the implementation of this intervention. However, as a result of school counselors facilitating this intervention, parents will be better positioned to continue their role as primary caregivers given their child's sexual minority identification. Not only will they have been given the skills to continue de-catastrophizing negative cognitive scripts, but they also will be better prepared to offer guidance in a capacity as a lifelong learner along with their child who is going through the same process. Moreover, the relative social isolation experienced by many of these parents will be mitigated by connecting them with other parents who are going through

similar experiences, thus providing a support network, which extends beyond the intervention. School counselors can operationalize their role as social justice advocates for the students they serve.



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## **Appendix**

### Session Outline

#### **Pre-Group**

Purpose: Tasks to be completed include: informed consent, reviewing the scope and limits of confidentiality, reviewing group goals, and detailing the overall structure and methodology of the group.

Activity: Pre-group measure of attitudes & assumptions.

Homework: Participants are asked to develop their own story (their unique take on what brought them here) to bring to the initial session of group.

Cognitive Skills: self-observation; internal dialogue

#### **Session 1**

Purpose: This session is for members to meet one another and share their stories in a space with others who are going through the same event. It is also the time where the goals, ground rules, and structure of the group are reinforced. Work on challenging cognitions and basic assumptions begin immediately in this session.

Activities: Of initial importance is developing a vocabulary that most parents will need to learn or definitions of words that they will need to unlearn. As such an activity related to learning terms specific to the LGB community is suggested. Drawing out current schemas related to the LGB community and what it means to identify as LGB is also important.

Homework: Members will be given the titles of several LGB-positive publications to review prior to the next session in an effort to begin to challenge the schemas which are currently operating.

Cognitive Skill: labeling distortions

#### **Session 2**

Purpose: This session, as well as the next session, is intended to continue building on the common experience of the members in an effort to create a safe and secure place to interact. The process of challenging schemas as well as some popular misconceptions is also continued.

Activities: Members are asked to share their impressions of the literature they were to read. Specific questions can be asked to facilitate discussion such as: What surprised you about what you read? What did you learn? What did you read that was contrary to what you've been told about the LGB community?

An activity related to the structure and history of the family is also recommended. In this activity the leader is trying to engage the family in a discussion of religiosity, tolerance, reaction to change, and coping strategies. The placement of the family within their community is also an important aspect.

Homework: Prior to the next session, members will be asked to attend to messages about the LGB community that are communicated in popular media (news, sitcoms, etc.) and their social environment (friends, neighbors, church).

Cognitive Skill: A new internal dialogue

### **Session 3**

**Purpose:** This session continues to build on the progress of the previous session. Negative and catastrophic cognitive scripts will begin to be challenged in this session as the positive literature that members have read begins to collide with popular culture and religious dogma. The overarching goal of this session should be the dissemination of facts.

**Activities:** Members are asked to share what they've observed around them since the last session. A fair amount of dissonance can be expected during this activity as what they've known begins to conflict with what they've read and observed. Processing of the dissonance is key to this stage as the leader begins to restructure cognitions with the provision of fact-based evidence.

**Homework:** The next session will begin to focus on how to engage their LGB adolescent in a conversation about their new identity. As such, members will be asked to begin the search for information about their local LGBT community as well as the resources available. In addition parents will also be asked to bring in one topic to the next session that they would like to discuss with their child

**Cognitive Skills:** de-catastrophizing; cognitive restructuring

### **Session 4**

**Purpose:** This session begins to focus on the essentials of communicating with their adolescent who identifies as a sexual minority.

**Activities:** The information search process should be discussed. Parents will communicate and process the challenges and successes they experienced.

Pairing members in a role play activity will lend itself to practicing the communication skills necessary to interacting with their adolescent. Parents will use the topic identified in their homework to facilitate this role play.

**Homework:** Parents will be asked to actually engage in the conversation that was role played during this session

### **Session 5**

**Purpose:** This session begins to focus on identifying the most salient portions of the group to date and firmly transitioning members to become allies.

**Activities:** Members will process the conversations they had with their children after the previous sessions. Opportunities to enhance their communication skills and how to further their understanding will be explored.

**Homework:** Members will be asked to visit their local LGBT community center in an effort to locate sources for support beyond the scope and time of the group.

**Cognitive Skill:** re-attribution

### **Session 6**

**Purpose:** The final session will be focused on reflecting on the experience of the group and identifying strategies/resources which sustain change.

**Activities:** An activity which displays the movement of members from where they started to where they've arrived would be most useful. In addition, giving the parents an opportunity to



display what they've learned either through the creation of a new story or a creative display would also be useful.

Cognitive Skill: re-storying

### **Post-Group**

Purpose: This session can be held approximately six-weeks after the conclusion of the group. The main purpose of this session to gauge whether further intervention is needed and how sustaining efforts have been useful.

Activity: Post-group measure of attitudes & assumptions.