

Family-focused interventions to support sexual and gender minority adolescent health



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Background

- SGM youth face well-documented health disparities.
- Parents exert a powerful influence on health for all adolescents, regardless of SGM status.
 - Attachment, monitoring, communication, modeling
- Parent behaviors specific to the SGM context are also impactful
 - Rejection and acceptance of SGM status, support for gender affirming treatments, communication about HIV
- Interventions that address these parent influences are currently extremely limited

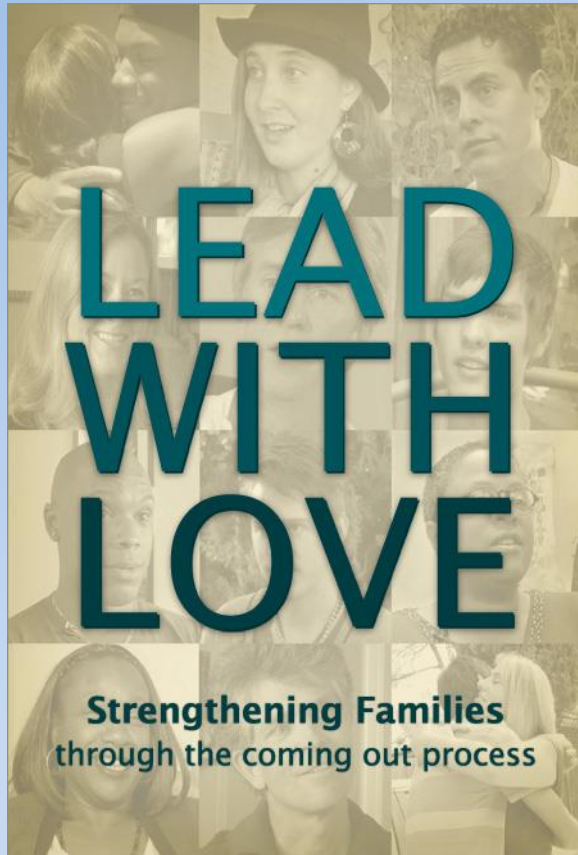
Landscape of parent interventions

1. Peer support (e.g., PFLAG)
2. Adapted intervention models that have been proposed but that lack empirical research (e.g., trauma-focused CBT)
3. Interventions for the general parent population, show to improve outcomes in subsamples of SGM youth (i.e., Familias Unidas; Ocasio et al., 2021)
4. Interventions for parents of SGM youth that have some empirical evaluation
 - Attachment-based family therapy (Diamond et al., 2012)
 - Lead with Love (Huebner et al., 2013)
 - Parent Resource for Increasing Sexual Minority Support (PRISMS) (Goodman & Israel, 2020)
 - Parents and Adolescents Talking about Healthy Sexuality (PATHS) (Huebner et al., under review)

Foundational premises of our intervention work with parents of SGM youth

- Parent behaviors are powerful predictors of SGM youth health
- Parents are fundamentally concerned about their children's health and well-being
 - Parent rejection is typically a misguided expression of parental concern
 - Even parents who are not accepting of their child's SGM status want their children to be healthy and can be motivated to do things to support their health
- ~90% of parents of SGM youth never attend any type of therapy or support group to help manage having an SGM child
- SGM youth (and their parents) live in every inhabited corner of the planet

Intervention to support parents, decrease rejection, and increase positive behaviors



- 35-minute documentary-style intervention film
- “Education entertainment”
- Online, free
- Promoted through multi-media campaign
- Utilizes principles of motivational interviewing, and stage-based theories of change

Intervention goals

1. Make parents feel understood in their distress.
2. Raise awareness about true nature of distress (i.e., it grows from misunderstanding and from concern)
3. Increase parent knowledge of basic facts about sexual orientation
4. Increase motivation to change behavior
5. Provide specific behavioral guidance

LEAD

L – Let your affection show

E – Express your pain away from your child

A – Avoid rejecting behaviors

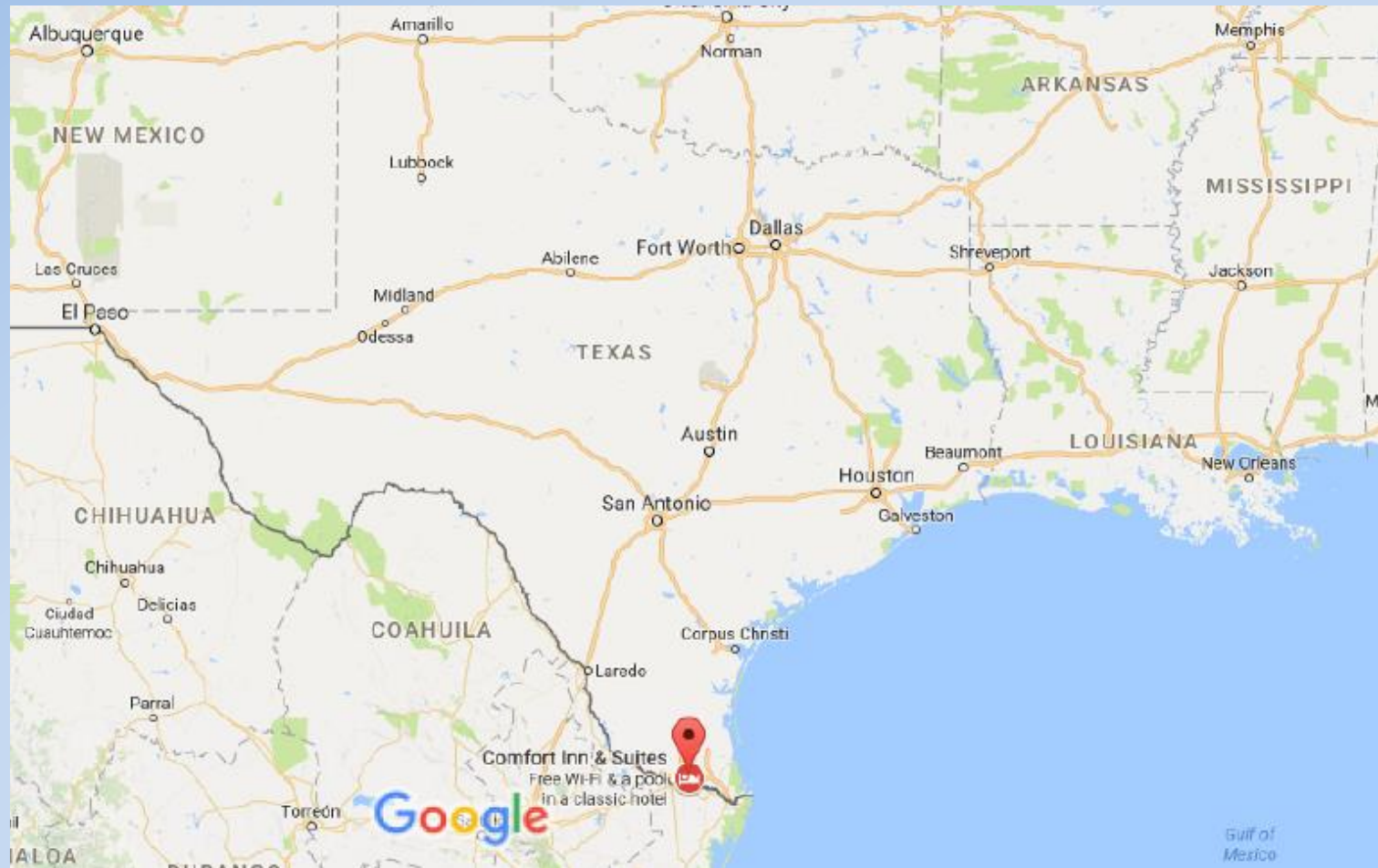
D – Do good before you feel good

Process Data

- In one year, we reached 1,865 parents of LGB youth ages 18-25
- Parents from 48 states (we missed DE and AK)
- 21% had known for less than a month
- 36% indicated that having an LGB child was “extremely” or “very” hard for them
- 86% had never accessed any other intervention/support
- 89% found the film to be “moderately” to “extremely” helpful

- Significant pre-to-post film increases in self-efficacy for parenting an LGB child

DVD Order from Donna, TX



DVD Order from Donna, TX



Parents and Adolescents Talking About Healthy Sexuality (PATHS)

- Distal goal: Reduce HIV-related risk behaviors among gay and bisexual adolescents
- Proximal intervention targets: Increase parent behaviors supportive of adolescent sexual health
 - Communication about HIV
 - Instructing sons on mechanics of condom use
 - Facilitating sons' access to condoms
 - Assisting sons in getting an HIV test
- mHealth (Web-App)
- Content
 - Integrated Behavioral Model (self-efficacy, attitudes, barriers, behavioral expectations)
 - Videos with parents and adolescent health experts, animated clips, narrated slides, goal-setting activities



PATHS RCT Results

(n=61 parent-child dyads)

Parent Behavior	Parent Report			Child Report		
	OR	95% CI		OR	95%CI	
HIV information sharing	9.50*	1.02	39.99	3.89*	1.03	11.06
Condom use instruction	5.04*	1.56	12.46	6.16*	2.26	20.64
Facilitating condom access	3.07 [†]	0.90	7.52	1.91	0.61	4.95

Note. *p < 0.05; [†]p < 0.10

Son HIV Testing

Parent Report			Child Report		
PATHS	Control		PATHS	Control	
22%	7%	Z=1.65	14%	0%	Z=2.08
n=6	n=2	p = 0.10	n=4	n=0	p=0.04

Challenges for the field

Developing intervention models that:

1. Can reach people at scale
2. Are appropriate for diverse families (e.g., ethnicity, family composition, socioeconomic backgrounds, religious affiliation)
3. Are described or manualized thoroughly enough to enable dissemination; or that can be delivered directly to families
4. Address the needs of gender diverse youth (though not necessarily at the same time as sexual minority youth)
5. Target the specific health risks that SGM youth disproportionately face
6. Are evaluated using the most rigorous designs possible to ensure efficacy

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