

# **Affirmative Supportive Safe and Empowering Talk (ASSET): Leveraging the Strengths and Resiliencies of Sexual Minority Youth in School-Based Groups**

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*School settings are often fraught with risks for sexual minority youth, yet the presence of targeted and supportive services within educational contexts is surprisingly rare. This article (a) describes the development of Affirmative Supportive Safe and Empowering Talk (ASSET), a gay-affirmative, school-based group counseling intervention created specifically to promote the resiliency of multiethnic sexual minority youth; (b) suggests group themes and approaches; and (c) discusses critical considerations for implementation. ASSET may be considered a promising intervention that provides opportunities to bridge the unique gaps in service for this vulnerable population.*

**KEYWORDS** *adolescents, gay-affirmative, gay men, gay youth, group counseling, intervention, lesbians, resiliency, schools, strengths*

## INTRODUCTION

*Sexual minority youth* (SMY), a term increasingly used to describe young people who identify as lesbian, gay, bisexual, or queer (LGBQ) (Center for Disease Control and Prevention, 2011), face many challenges in schools. Increasing violence such as murder or suicide associated with these settings (Haas et al., 2011; McKinley, 2010) has contributed to a public focus on the plight of these vulnerable youth in educational institutions (Cloud, 2008). It is critical to note that although transgender and gender-variant youth also

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experience problems in school, this article does not wish to conflate the needs of gender and SMY so will focus primarily on sexual orientation. Despite the fact that schools are critical to youth development, these are frequently environments where SMY experience significant stress (Davis, Saltzburg, & Locke, 2009). SMY experience school-based victimization at higher rates than heterosexual youth (Birkett, Espelage, & Koenig, 2009). A study of 7,000 youth found that higher numbers of gay (44%), lesbian (40%), bisexual males (35%), and females (25%) reported being bullied compared to heterosexual males (26%) and females (15%) (Berlan et al., 2010). Within school settings, SMY have been found to experience social exclusion and isolation and interpersonal issues with peers with troubling consequences (Ueno, 2005). Compared to heterosexual youth, SMY report substantially higher rates of depression (Hatzenbuehler, McLaughlin, & Xuan, 2012) and substance use (Marshall et al., 2008). Such experiences have been found to negatively affect overall school performance of SMY, including attendance, discipline, and academic achievement (Craig & Smith, 2011; Kosciw, Greytak, & Diaz, 2009), particularly for African American and Latino SMY (Rivers & Noret, 2008).

### MINORITY STRESS THEORY

Minority stress theory provides a framework for understanding this increased risk, namely that SMY encounter discrimination (Almeida et al., 2009), that subsequently increase the likelihood of poor outcomes (Kosciw et al., 2012; Martin-Storey & Crosnoe, 2012). This type of stress is perpetuated by a conflict between an adolescent's perceptions of self and the expectations of society (Meyer, 2003) or their families (Gibson, 1994). Adolescents of multiple minorities who do not learn how to cope with stressors from supportive families may be more vulnerable to threats that lead to struggles with mental health (Kelleher, 2009). Further, ethnic and racial minority SMY encounter racism and ethnocentrism within the LGBTQ community and homophobia within their racial and ethnic communities, thus experiencing dual sources of minority stress (Crawford, Allison, Zamboni, & Soto, 2002; Meyer, 2003). This is particularly troubling in light of mounting research that links minority stress to negative outcomes such as depression (Martin-Storey & Crosnoe, 2012).

The higher prevalence of health and mental health risks suggests that targeted strategies should be developed for SMY because general programs do not address some of their primary stressors (Meyer, Dietrich, & Schwartz, 2007) or strive to enhance their well-being (Galliher, Rostosky, & Hughes, 2004). Unfortunately, there remains a lack of empirically supported interventions for SMY (Horn, Kosciw, & Russell, 2009), and a recent landmark report identified that the development of promising interventions for youth

is critically absent (National Research Council, 2011). Although school-based programs may provide practitioners with the tools to combat such risks in the same settings where SMY begin to feel the effects of bias—and discussion groups with SMY in schools are widely used—research addressing specific practice approaches for SMY with multiple minority identities remains scarce. This article addresses this gap through the examination of Affirmative Supportive Safe and Empowering Talk (ASSET), an affirmative group intervention delivered in schools designed to enhance the resiliency of multiethnic sexual minority youth (MSMY). Specifically, this article describes the (a) relevance of group counseling for SMY, (b) integration of an affirmative and strengths-based approach into groups, (c) importance of school-based service delivery, (d) components of the ASSET program, and (e) critical considerations for implementation.

## GROUP COUNSELING FOR SEXUAL MINORITY YOUTH

Group counseling is a widely used approach for sexual minority adults as well as SMY (Goodenow, Szalacha, & Westheimer, 2006). Although Diaz, Kosciw, and Greytak (2010) have found that SMY lack a sense of belonging in their homes, schools, and communities, which contributes to minority stress, it has been established that positive experiences with similar others increases social connectedness (Tajfel & Turner, 1986), which has been found to positively influence their well-being and decrease depression for SMY (Detrie & Lease, 2008). Group counseling targeting the unique needs of SMY may enhance their feelings of social connectedness (Goodenow et al., 2006), particularly because they live with minority stressors that they may not be able to comfortably discuss with heterosexual peers. An important therapeutic factor of group interventions is universality, or realizing that others are having similar experiences (Yalom & Leszcz, 2005), which may be critical for SMY navigating socially stigmatizing identities. For example, Potoczniak, Crosbie-Burnett, and Saltzburg (2009) reported that coming out to parents is a common theme in support groups for SMY. Sharing these experiences in group can have a powerful impact on decreasing SMY's sense of isolation during such potentially stressful periods. Stress due to their minority identity status has been found to contribute to poor inter-group functioning for SMY (Plöerl, Faistauer, & Fartacek, 2010), thus groups created specifically to provide support for those identities may reduce this social stress and improve their abilities to relate to their peers.

### School-Based Groups for SMY

Schools represent ideal settings for group counseling with SMY for a number of reasons. First, educational environments are critical to positive youth

development, and as established earlier, schools are frequently the settings in which SMY experience significant discrimination and stress as a result of their minority sexual and/or gender identities (Davis et al., 2009). Moreover, the literature suggests that intervening with youth in the context of their natural ecology (schools) allows unique opportunities to assess and directly influence proximal determinants (e.g., harassment, bullying, homophobia) and consequences (e.g., school failure, isolation) of mental and behavioral health challenges (Wagner & Macgowan, 2006). Further, because adolescents are as much as 21 times more likely to attend school-based mental health treatment than community-based care (Juszczak, Melinkovich, & Kaplan, 2003), school-based groups represent a much needed approach for subgroups of youth such as SMY, who have historically had challenges accessing and/or being engaged in traditional service delivery settings. Finally, in schools where support groups and antibullying policies exist, lower rates of victimization and suicide attempts are reported (Goodenow et al., 2006).

### Groups and Resiliency

Group counseling has been recognized as an effective means of developing resiliency or “positive adaptation” to adversity (Luthar, Cicchetti, & Becker, 2000, p. 543) among vulnerable youth (Thompson, 2005). Resilience is understudied with SMY populations (Mustanski, Newcomb, & Garofalo, 2011), and approaches designed to increase resiliency are requested from professional leadership. For example, the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) issued *Competencies for Counseling Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Questioning, and Ally Individuals* (ALGBTIC LGBTQIA Competencies Taskforce, 2013) that state counselors have a critical responsibility to “believe in the resiliency and strength of the community” and “affirm and honor their lived experiences” (p. 3). Specific to group work competences, the ALGBTIC notes that it is critical for competent counselors to

understand that Lesbian, Gay, Bisexual, Queer and Questioning (LGBQQ) group members have the resiliency to live fully functioning healthy lives despite experiences with prejudice, discrimination and oppression and recognize the power the group process has for LGBQQ members in affirming identity, community development, and connection. (p. 14)

To do so, it is suggested that counselors utilize strengths-focused approaches such as groups that enhance social justice and facilitate empowerment (Singh & Salazar, 2010). Group interventions can provide opportunities for youth to uncover their strengths and learn skills to foster personal and collective growth (Boyden & Mann, 2005). Group counseling has been found to

foster self-esteem and proactive coping skills (Craig, Austin, & McInroy, 2013; Swann & Spivey, 2004), which in turn defend against negative mental health outcomes in the face of discrimination and minority stress (Greenglass, 2002; Selvidge, Matthews, & Bridges, 2008). As SMY must navigate many stressful circumstances during an already developmentally challenging period of life (adolescence), the development of resiliency may be considered critical to their well-being. To enhance SMY resiliency, an affirmative practice approach has been suggested (Crisp & McCave, 2007), which views sexual minority status as a normal type of sexual identity development and supports that expression through group and individual services (Davies, 1996). Using this approach, counselors address youth experiences with stigmatizing messages, as well as validate their self-reported experiences of discrimination. For environmentally based problems, therapists should strive to recognize the influence of homophobia and help clients increase personal strengths and supports to increase their effectiveness in interacting with the social environment (Langdridge, 2007).

#### AFFIRMATIVE SUPPORTIVE SAFE AND EMPOWERING TALK: PROGRAM DESCRIPTION

A school-based group counseling program, ASSET, was developed by the author after a community needs assessment was conducted, which identified the need for school-based supportive services (Craig, 2011). Launched in a major southern city, ASSET aimed to (a) provide a safe place for youth focused discussion of SMY issues and (b) enhance youth coping across multiple domains of functioning (e.g., family, school, health, mental health). Schools were selected as host sites for the groups because of their convenience for youth participants and because the school context has been identified as a promising site for interventions targeting mental health among SMY (Teasdale & Bradley-Engen, 2010). ASSET was offered in 15 urban high schools and consisted of eight to 10 weekly sessions that averaged approximately 45 minutes with six to 12 participants. ASSET groups were facilitated by therapists with experience working with SMY and participants were either self-referred (65%) or were referred by the school counselor or social worker (35%).

Between 2008 and 2010, 263 MSMY participated in the ASSET program. ASSET groups intentionally included a wide range of nonmajority sexual orientations and gender identities for three reasons: (a) structural issues that included feasibility as even one group for SMY was often hard to implement, (b) SMY desired to have a variety of participants based on the peers they invited to group, and (c) perspectives such as the National Advisory Mental Health Council's Workgroup (NAMHC; 2010) report that suggested that

research and practice include “a diverse sample of respondents to increase generalizability and facilitate implementation” (p. 19). Thus, participants identified as female (65%), male (30%), and transgender (5%) as well as primarily Hispanic (59%) and African-American/Black (31%) with ages ranging from 14 to 19 ( $M = 16.66$ ,  $SD = 1.27$ ). Furthermore, 95% of youth qualified for school lunches indicating fairly low socioeconomic status. In keeping with NAMHC recommendations, resilience outcomes were monitored. Although the effectiveness of ASSET is fully explored elsewhere (Craig et al., 2013) results indicated statistically significant increases in self-esteem and proactive coping from baseline to posttest among the full sample of MSMY. Somewhat surprisingly, analyses conducted by race/ethnicity (Hispanic or African American/Black), gender (male or female), and sexual orientation (lesbian, gay, or bisexual) revealed no differences between any of these subgroups. Thus ASSET can be considered an appropriate intervention for a heterogeneous sample of MSMY in school settings.

### ASSET: Group Format and Approach

Groups were discussion based and focused on the exploration of shared experiences among SMY in a safe, supportive environment that promoted collective problem solving and coping. As peer support and a strong perception of one’s own competencies are associated with elevated self-esteem (Grøholt, Ekeberg, Wichstrøm, & Haldorsen, 2005), these were important foci of the groups. Each session consisted of five primary sections: (a) warm up, (b) exploring “hot topics” or time-sensitive issues in the students’ lives, (c) exploring thematic and relevant topics, (d) exploring and practicing healthy decision making, and (e) group reflection and facilitator summary. During the first session, discussion topics were selected by the group to capture the experiences and promote active engagement by all SMY. Topics within the 8 weeks often consisted of identity development, coming out, assertiveness, stereotypes and discrimination, stress management, sexual health, family relationships, and dating.

During the warm-up, SMY were directed to focus on the comfort and safety of the group instead of their stressors, often through the use of ice-breakers. Throughout the sessions, activities were incorporated to assist youth to manage stress, integrate their sexual minority identities, and acknowledge their strengths. Educational elements were included in the groups if the facilitator or youth identified that there was a need. For example, several participants stated that they knew little about “safe sex” as many schools had opted to reduce or eliminate sexual health education and even when discussed did not cover issues related to safer sex for sexual minorities. Finally, to encourage reflection as the end of each session, each participant had to identify one behavior or characteristic that he or she had exemplified during

the group that made them proud as well as their plans to transfer their group learning to their outside activities during the week. Several themes, phrased as questions at participant suggestion, helped guide the implementation of ASSET.

*Theme 1 (Session 1-2): Who am I? What are my strengths?* The first two sessions allowed SMY to discuss the myriad of identities within the LGBTQ community and articulate more about their own identification. Groups were able to debunk harmful myths about sexual minorities and provide collective permission for group members to identify with any, all, or no existing labels. It was often during this section that youth discussed their identities, whether sexual minorities or transgender, or both. These discussions tended to focus more on shared identities of difference from the “outside world” and not on differences between group participants. Further, early sessions allowed SMY to identify their reasons for joining the group and what personal strengths they brought to the counseling session. Many had not really considered their strengths or motivations previously, and this process allowed for the generation of insight and engagement.

*Theme 2 (Sessions 3-4): Where am I going and what's in my way?* The next groups built on the previous sessions and encouraged SMY to share their hopes for the future. For example, SMY expressed desires to be successful LGBT adults but could identify few examples in their own lives. Thus, a group activity during which youth discussed the characteristics of LGBT-positive role models was initiated. To further their learning, participants were encouraged to bring pictures of these influential individuals to group to prompt discussion. Youth brought in examples that mirrored their identities, with transgender participants choosing individuals such as Chaz Bono or Ru Paul or Hispanic gay males explaining the significance of Ricky Martin. Facilitators often invited local examples of out, successful adults such as a popular African American female disc jockey to speak to a group consisting of many young multiracial lesbian and bisexual girls. Such activities allowed the participants to more clearly envision their future as out, successful adults.

*Theme 3 (Sessions 5-6): What causes me stress and what can I do about it?* These sessions explored the causes and impacts of minority stress and potential strategies for healthy coping. For example, coming out to parents was as a frequent concern. Many counselors addressed this fear by soliciting youth perspectives on the costs and benefits of their identity disclosure and even practice in the safety of the group environment. Further, as counselors are directed to help youth take into account multiple forms of oppression in their personal development (Somov, 2007) and SMY experienced primarily negative feedback about their sexual or gender minority status, approaches to highlight their strengths were employed. For example, in an effort to counter negative messages they received from others, SMY rearticulated their personal resilient factors from earlier sessions and shared personal stories of

how they were able to use their strengths to enact positive change in their environments or relationships.

*Theme 4 (Sessions 7-8): How will I remember my brilliance?* During the final few weeks SMY reflected on their own personal growth, new strengths they had uncovered and discussed the ways in which they planned to utilize these new knowledge and skills in the future.

## CRITICAL PRACTICES FOR SCHOOL-BASED GROUP COUNSELING FOR SMY

### Make Groups Accessible

Deliver groups in schools or accessible community agencies to ensure services are convenient for SMY, as marginalized youth populations may not engage in services because of such barriers as travel time (Juszczak et al., 2003). During the implementation of ASSET, many of the youth deemed most at risk resided in the most remote parts of the county and would not have been able to access groups in other locations due to unreliable public transportation or work schedules. To enhance group engagement and attendance in ASSET, communication methods were adapted to include not only cell phone conversations, but text messaging, and even the use of social networking sites, such as Facebook. During the first session, if desired, SMY chose the type and frequency of all methods of communication but flexibility was necessary as youth perceptions of safety and ease of use prompted them to change their preferred method of communication.

### Highlight Strengths During Every Session

The provision of strengths-based services should begin with a comprehensive assessment of unique risks and resiliencies that captures experiences, quantitatively and qualitatively. Previous research found that SMY did not always understand or identify with clinical terms yet described risks in their everyday lives so it was critical to provide opportunities for open-ended questions regarding their risks and resiliencies (Craig & McInroy, 2013). Furthermore, encouraging youth to describe their strengths seemed to facilitate engagement in the group process. Counselors should help “at-risk” youth to determine specific competencies and areas of influence during the course of the therapeutic process (Ungar, 2004). By enabling youth to understand their personal worth, develop problem-solving skills (Ungar, Dumont, & MacDonald, 2005) and reframe poor decisions as a result of unhealthy coping strategies that can be altered in the future (Ungar, 2004) counselors can enhance resiliency. Finally, capturing resiliency-related outcome data

is crucial to understanding the ways in which groups contribute to SMY well-being (Craig et al., 2013).

### Integrate Affirmative Content

Affirmative content that addresses the specific concerns of SMY can contribute to positive changes in self-esteem and proactive coping. This is meaningful, as youth participating in ASSET presented with great diversity in terms of race/ethnicity, nativity, socioeconomic status, stage of coming out, presenting concerns, and goals. The flexibility and responsiveness of this intervention approach is a particularly compelling feature of the ASSET program. Because high rates of rejection can threaten adolescent self-esteem (Grøholt et al., 2005) and proactive coping, involvement in resiliency based programs like ASSET may buffer such risks.

### Attend to Intersecting Identities

Counselors should encourage SMY to explore all of their cultural affiliations during group sessions. ASSET included culturally specific engagement strategies appropriate for working with racially/ethnically diverse youth. Specifically, group facilitators were employed who reflected the target population in terms of race and ethnicity (75% were Latino or African American), and most were fluent in English and Spanish. In addition to being very skilled in working with the experiences of SMY, group facilitators were knowledgeable about cultural expectations (e.g., traditional gender roles, machismo among males) and strengths (e.g., familism). Because the participants were Hispanic and African American and likely to face their own distinctive, even more deeply layered forms of discrimination as their sexual orientation and racial and gender identity intersect (Poteat, Aragon, Espelage, & Koenig, 2009), such an approach may be crucial to their program engagement. To address intersectionality, facilitators would encourage discussion about dual identities and explore within-groups questions related to membership in cultural minority and sexual minority communities. It is likely that these cultural competencies facilitated positive outcomes among SMY with complex needs that may be at risk for underutilizing services (Wu et al., 2002).

### Creatively Engage Families

High levels of rejection by SMY (Ryan, Huebner, Diaz, & Sanchez, 2010) and dependency on families due to age can make service delivery challenging. Parental support may be difficult to obtain because of the LGBTQ nature of the program the youth is accessing, or because parents may disapprove of their child's desire for mental health services due to stigma in the racial

or ethnic minority community. To address these fears, some ASSET groups engaged a supportive parent to address the questions posed by fearful parents. In addition, a wider network of familial support, such as grandmothers, siblings, or cousins, were engaged as much as possible. Due to the reluctance of many parents to support or even acknowledge their child's sexual minority identity, other community helpers, such as school social workers and recreational program staff, were also called upon to support these youth.

### Consider Cognitive-Behavioral Strategies

Group-based cognitive-behavioral therapy (CBT), where psychological distress and maladaptive behaviors are identified, evaluated, and altered (Beck, Steer, & Brown, 1996), may offer particular advantages for adolescents as group contexts offer opportunities for learning, observing, and practicing skills (Rosselló, Bernal, & Rivera-Medina, 2008). Research indicates that such interventions are cost-effective and efficient (Tarrier et al., 2006). Group-based interventions may offer particular advantages for SMY as group contexts offer opportunities for learning, observing, and practicing skills. School-based CBT has demonstrated a positive impact (Pearce, 1999) on depressive symptoms, academic achievement, and self-esteem of adolescents. Additionally, studies have demonstrated the successful use of CBT for the treatment of depression in Hispanic adolescents in individual and group formats (Rosselló et al., 2008; Webb, Auerbach, & DeRubeis, 2012) and with sexual minority adults (Ross et al., 2007), thus representing an opportunity for future implementation.

## CONCLUSION

Given the many risks for poor health and mental health among SMY (Gallagher et al., 2004), and the call for an exploration of ways to enhance resiliency among this population (DiFulvio, 2011), the practice-based approach detailed in this article seems to fit that gap. An affirmative school-based group counseling program holds some promise to address the stressors and enhance the strengths of SMY. Despite such prospects, this approach may not be suitable in all school environments or for all SMY, particularly those with multiple comorbid conditions such as substance abuse and depression. Deeper understanding of the program, garnered through qualitative studies, which can further elucidate the experiences of the youth in the groups, could provide critical insights into the change process occurring within these groups. In addition, although transgender participants were part of these groups and fully participated in discussing their own challenges and strengths, the majority of the participants were sexual minorities, so the youth-driven content was often focused on sexual identity. Groups

that focus solely on gender issues may be preferable, however, as in the case of ASSET, some participants identified as transgender and sexual minorities so such programs may need to think strategically about recruitment, and, in some cases facilitation that meets the needs of all participants. There may be times that school groups will have diverse participants due to the size of the community overall. Within the ASSET model, there seemed to be some benefit to participants' identification of the universality of their struggles with discrimination and articulation of their strengths. Research that identifies that group elements contribute to resilient outcomes and the reasons why this research works across populations is also warranted. Regardless of the various apparent limitations, this article represents an important step toward identifying the critical components of a promising, strengths-based intervention designed specifically to meet the needs of a heterogeneous group of SMY. Introducing effective, supportive interventions such as ASSET into school settings is one way to begin to address needs of these vulnerable, yet resilient youth.

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