9

Family and Relationship Dynamics and LGBTQ+ Mental Health

DAVID FORD, MARCUS SMITH, KARLI BIGLER, HARLEY LOCKLEAR, DEMANUEL EDMONDSON, AMBER L. POPE, NARKETTA SPARKMAN-KEY, AND JEFFRY MOE

Learning Objectives

1. To promote understanding of the unique stressors and influences related to LGBTQ+ clients' experiences of family and other relationships.
2. To understand how to apply family dynamics and family systems models to supporting the affirmation of LGBTQ+ clients and their families of choice and origin.

Introduction

Family of origin can be a source of refuge or oppression for members of the LGBTQ+ community. Queer and transgender individuals being forced out of their homes because of their identities still occurs, and counselors must be prepared to provide services for those individuals. The intersection of religion/spirituality and family of origin can also add a layer of refuge or oppression. Queer and transgender individuals may also seek support in chosen families and/or inclusive faith communities. This chapter provides tools to assess family relationships and roles as they relate to members of the LGBTQ+ community, including the roles of religion/spirituality in family dynamics and identity disclosure in families and chosen families. When working with families, some assessment tools include Bronfenbrenner's ecological systems model (Bronfenbrenner, 1977) and Wegscheider-Cruse's family roles model (Wegscheider-Cruse, 1989). The following sections describe each model and how it relates to providing services to LGBTQ+ families or families with members of the LGBTQ+ community.

Critique of Historical Models of Family and Relationship Systems

Within the past decade, the helping professions have aligned to assert a consensus perspective that is affirming of LGBTQ+ identities, relationships, and modes of self-expression (de Brito Silva et al., 2022). While such a helpful social development can foster wellness and development for LGBTQ+ people, it is important to remember that the dominant paradigm in the helping professions (psychology, social work, marriage and family therapy, counseling, etc.) was formerly hostile and pathologizing toward nonheterosexual and noncisgender life experiences (Levitt, 2019). Values seen as inherent to family systems theory, such as asserting the supposed health of heteronormative gender binary role conformity within the family unit, are now considered to be biased, nonempirical, and based more on anti-LGBTQ+ social attitudes than on professional and scientific standards (de Brito Silva et al., 2022). Traditional family systems models

also tacitly or explicitly prioritize relationships between biological or legally married or adoptive family members; this bias disenfranchises the importance of relationships based on choice and affinity, which research shows are crucial for conceptualizing the social well-being of LGBTQ+ people (Pachankis et al., 2023).

As with other models of counseling and psychotherapy, family systems theorists have also historically asserted neutrality related to oppressive hierarchies such as sexism, racism, heterosexism, and cissexism, instead asserting that the functioning of the family based on adherence to theoretical constructs should be the sole focus of the family therapist (de Brito Silva et al., 2022). Rather than ignoring or minimizing the role of oppressive systems in therapy, the LGBTQ+ affirmative family and relationship therapist intentionally integrates experiences of discrimination, oppression, and social isolation into the case conceptualization and treatment planning for LGBTQ+ people hoping to address relationship and family issues (Levitt, 2019). Mutual respect and affirmation, choice and affinity, love, and critical consciousness are all values or beliefs that infuse LGBTQ+ affirmative counseling that focuses on relationships and family needs, including parent–child communication, expressing disagreement, and relationship dissolution. Counselors should not assume that permanent monogamous romantic relationships and child-rearing represent the ideal family and relationship structure and instead be affirming of other structures such as polyamorous relationships and primary relationships based on affinity. Boundaries between friends and romantic or sexual partners can be diffuse, and negotiating changes in degree of commitment, affinity, and attraction while aiming to maintain relationships is seen as an important goal of nonheterosexist and noncissexist family and relationship systems (de Brito Silva et al., 2022).

Bronfenbrenner's Ecological Systems Model

Bronfenbrenner (1977) surmised that an individual's environment can be conceptualized in five structures, each fitting into the other and each organized by its level of influence on the individual. The five structures

are microsystems, mesosystems, exosystems, macrosystems, and chronosystems. The microsystem has the greatest influence on the individual and includes things that have direct contact with the individual in their immediate environment: parents, siblings, significant others, teachers and peers, among other. Relationships in the microsystem are bidirectional, in that people can influence the individual in their environment and the individual can influence other people in their environment (Zhu et al., 2020). If a person affirms their affectional orientation and has grown up in a supportive environment, the microsystem has a positive influence. If that person has grown up in a restrictive environment with rigid notions of gender identity and expression, the microsystem may have a negative influence on the person.

The mesosystem involves interactions between the individual's microsystems. In the mesosystem, the person's microsystems do not function independently but are intertwined and influence one another. If an individual who self-identifies as queer grows up in a strict Christian home where weekly church attendance is mandatory and one of the parents is a member of the clergy, the interaction of the church and the parent will influence how the person develops. If the church perpetuates anti-LGBTQ+ rhetoric and the parent is committed to that rhetoric, the interaction will have a negative impact on the individual. If the parent challenges that rhetoric and communicates messages of love and acceptance, the individual could experience positive effects in their development.

Exosystems are environments in which the individual is not involved and that are external to their experience but still affect them. Examples include the mesosystems of significant others, social media, religious institutions, and local governments. One example of an exosystem influencing a person's development is if one parent receives a promotion and an increase in salary at work but must move several states away. As a result, the individual must move away from friends and school, which could have a negative influence on their development.

The macrosystem focuses on cultural structures that impact development. Those structures include rules/laws, the government, socioeconomic status, geographic location, and the media. What makes the macrosystem

different from the previous structures is that it does not refer to the specific environments of one individual but the already-established sociocultural structures in which the individual develops (Zhu et al., 2020). If someone who self-identifies as queer and lives in a state that has passed legislation allowing medical and mental health professionals to deny services to clients/patients whose identity goes against their deeply held beliefs, that person will have a negative experience in terms of finding a counselor who is inclusive of queer individuals, and their mental needs may not be met.

The chronosystem represents all environmental changes occurring over the lifetime that influence development. These events can include normal life transitions like going to school, non-normative life transitions like a parent dying, and societal events like natural disasters. One example of an individual being impacted by the chronosystem is how racial attitudes have changed over time and racism has impacted Black and Brown people. See Table 9.1 for examples of LGBTQ+ family dynamics across the levels of Bronfenbrenner's social ecology model.

Table 9.1 Examples of LGBTQ+ family dynamics within Bronfenbrenner's ecological systems model

System level	Example of LGBTQ+ family dynamics
Microsystem (family of origin and peer group)	• Disclosing identity to parents, friends, and significant others • Coping with rejection from primary caregivers • Forming families of intention for mutual support
Mesosystem (interactions between microsystems)	• Being bullied at school and unable to rely on family members for support • Expectations by family that the LGBTQ+ person will repress or suppress their identity and self-expression to save face in the community
Exosystem (social institutions, policies, and legislation)	• Members of a state legislature pass a law forbidding adoption by same-sex-oriented and/or transgender parents • Local school district leaders enact policies requiring children who express LGBTQ+ identities to be automatically outed to their biological parents

Table 9.1 (cont.)

System level	Example of LGBTQ+ family dynamics
Macrosystem (social and cultural norms)	• Family members tolerate same-sex attraction and expression if viewed as a phase that individuals grow out of • Family members accept LGBTQ+ people who conform to expectations of binary gender expression
Chronosystem	• As members of generations who are less affirming of LGBTQ+ people become less prominent in society, the views of more affirming generations hold greater importance • LGBTQ+ individuals from different generations negotiate complex differences in expressing and experiencing their sexual orientation and gender identities

Bronfenbrenner's five structures also represent levels of intimacy and advocacy. As people and/or things move inward, they gain in influence on the person in the middle. The feelings that the person in the middle has for the people and/or things also increase as they move closer to the person. Generally, the person allows people and/or things in those structures to become closer to them, thus increasing their level of intimacy and influence. Their faith leader is an example. As the leader of their religious community, a faith leader is a member of the exosystem. As the individual becomes more involved in their religious community and may even participate in services, the faith leader may be seen as a family member and/or parental figure, which moves the faith leader into the microsystem. As the faith leader becomes closer in intimacy, their impact and influence become greater. If the person identifies as queer and the faith leader preaches anti-LGBTQ+ messages, the hurt that the person feels may be greater than if the faith leader were not as close or intimate. Advocacy can also be conceptualized using Bronfenbrenner's model as a foundation. Advocacy at the microsystemic level includes providing the individual with the tools to survive and thrive despite negative experiences within their

environment. Advocacy at the macrosystemic level includes challenging oppressive systems and intervening to improve the lives of the individual's community members and those who share the individual's identity.

Wegscheider-Cruse's Family Roles Model

Wegscheider-Cruse (1989) posited five roles that appear in families in which alcoholism is present, emotional or psychological diagnoses are present, and/or sexual or physical abuse is present, as well as families that are religiously fundamentalist or rigidly dogmatic. The "enabler" is the caretaker and believes that they must keep the family going. The "hero" is the most successful member of the family and tries to make the family seem normal and without problems. The "scapegoat" is sacrificed for the good of the family. They can be viewed as the troublemaker or the problem child. They are often the truth-tellers about the family's problems. The "lost child" is invisible and can feel overlooked. They rarely get into trouble and keep a low profile to avoid conflict. Lastly, the "mascot" breaks the family tension and lightens the mood using humor. They seek to be the center of attention and try to make the family feel better by entertaining them.

Assessing family dynamics using Bronfenbrenner's and Wegscheider-Cruse's models will assist clinicians in providing services to families with members of the LGBTQ+ community by facilitating a thorough assessment of the relationships and dynamics occurring in the family system. The clinician will advocate for family members based on that assessment and intervene in a way that leads the family to healthy functioning. A clinician working with LGBTQ+ families may also find spiritual trauma prevalent in the lived experiences of the clients. Common themes in addressing religious and spiritual trauma with LGBTQ+ clients include: LGBTQ+ identity and religious identity development, consequences of spiritual trauma, the intersection of religion and other identities, and, lastly, religious reconciliation (Ford, 2022). As mentioned in previous chapters, it is important to keep in mind the impacts that intersecting identities can

have on a person's experiences. According to Son and Updegraff (2023), an individual's cumulation of identities may indicate the degree of privileges and disadvantages that they encounter. In the following sections, readers will get a sense of the varying experiences that clients may face in proximity to faith communities.

LGBTQ+ People and Religious Identity Development

If a client indicates that religion is significant, the clinician must explore the onset of and relationship they have with their queer and religious identities. In exploring a queer person's narrative, the clinician may find that there are moments of liberation or possibly constraint based on where they are in relation to religion or their queer identity. The clinician also must consider the racial/ethnic background of their clients and how this intersects with their spirituality/religion and affectional identity. Clinicians should consider the benefit of exploring this impact on their identity and the responses of other family members in the process. For example, for some LGBTQ+ individuals from a Latinae-identifying family, family members' relationships to Catholicism or evangelical Protestantism impact the individual's development and expression of their gender identity and sexual-affectional orientation. Across the lifespan of Black gay men in Chicago, there were themes connected to affirming religious environments and pride in their sexual orientation (Son & Updegraff, 2023). In contrast, those who engaged in faith spaces with discriminatory ideologies presented themes of duality and fragmentation in their queer and even racial identities (Clark et al., 2022). Affirming faith spaces or encouragement from family (the microsystem) would positively impact a client's ability to identify with their queer identity. In some cases, this relationship also applies reciprocally, in that clients may identify less with their religious identity to affirm their queer identity. Based on the client's wishes and goals in treatment, the clinician must explore spaces where this client can exist without identity fragmentation.

Clinicians must consider the five stages of religious and gender identity development (Levy & Lo, 2013). These stages include experiencing gender socialization, conflicts between views of one's self and assigned gender, defying gender norms, exploring gender/religious identities, and the continued resolution of issues as they arise and change. Just like many other developmental models, one should not assume that these stages are linear. Depending on the client's positioning in these stages, the clinician can assess where they are and where they would like to be in their gender and religious identity.

At the microsystemic level, clinicians can advocate by remaining up to date and by honoring current language and preferred identities for trans clients such as nongender-conforming, gender-diverse, nonbinary, and gender-expansive individuals. In doing so, the therapeutic relationship can support clients in being able to experience increased congruence and alignment with coexisting identities. Also at the microsystemic level, being curious about how these systems impact the client's identity as a queer person and their daily function benefits the therapeutic relationship. At the macrosystemic level, advocacy for transgender individuals occurs in medical, behavioral, justice, and educational systems.

Within the family of origin microsystem, helping LGBTQ+ clients cope with negative prejudicial attitudes from significant others is a common goal of counseling. If the main source of negativity is a parent and the LGBTQ+ client is a child or adolescent, counselors must commit to the often-difficult task of supporting youth autonomy and safety while collaborating with parents as much as possible. Parents themselves may not have the same views on LGBTQ+ issues and may need a referral for couple counseling if the counselor is the primary therapist of the LGBTQ+ child. Beyond the family of origin, families of choice can also experience differences in attitudes and relative feelings of inclusiveness and affirmation within the affinity group. Here, within-group differences among intersectional LGBTQ+ populations become more salient, such as tacit or overt biases directed at transgender or nonbinary people, Black, Indigenous, and people of color (BIPOC), and bisexual, pansexual, and gender- or sexual orientation-fluid people. In addition, family members' views can

change over time, often because of changing contexts such as moving, making new friendship groups, or sociopolitical issues like the recent rise in overt anti-LGBTQ+ sentiment.

Spiritual Trauma/Church Hurt

Clients who are queer or transgender may seek counseling due to their spiritual trauma based on their affiliation with a faith community. While they may be very active in a local religious/spiritual community, they may also experience spiritual trauma or church hurt because of discrimination or anti-LGBTQ+ rhetoric rooted in conservative religious ideology. Ford (2022) stated that faith-based communities can be a source of refuge and healing as well as a source of trauma and pain. Many may see members of their church family in the same way as they see members of their family of origin. In providing counseling for families that have a family member who is queer or trans and have a strong spiritual/religious foundation that may have some conservative ideologies, the clinician must attend to the family roles present and to where structures fit in each level of influence in their environment. Helping LGBTQ+ people balance their feelings of close connection to a faith community that may be predominately anti-LGBTQ+ while exploring other communities and belief systems may be an important focus of counseling. For queer people of color, faith communities may be strongly associated with their racial/ethnic identity as well, making the faith community a source of support for one aspect of personal identity while a source of harm for another aspect (Ford, 2022).

Homeless LGBTQ+ Youth

Almost 4.2 million youth and young adults experienced homelessness in the United States in 2022. LGBTQ+ youth are overrepresented among this population, accounting for 20–40% of the youth experiencing homelessness (Shelton et al., 2018; Côté et al., 2024; Robinson, 2021). According

to The Trevor Project (2022a), 28% of LGBTQ+ youth report experiencing homelessness at some point. Racialized LGBTQ+ youth experience homelessness at disproportionate rates than nonracialized youth (Côté et al., 2024). A recent study found that among Native Indigenous LGBTQ+ people, 44% reported experiencing housing instability or homelessness. For LGBTQ+ people of other races and ethnicities who experienced homelessness, 16% identified as Asian, 26% as Black, 36% as multiracial, 27% as Latinae, and 27% as White (The Trevor Project, 2022b). In addition, higher housing instability or homelessness rates were reported among transgender and nonbinary youth. Of the transgender and nonbinary youth experiencing homelessness, 38% identified specifically as transgender girls/women, 39% as transgender boys/men, and 35% as nonbinary compared to 23% cisgender youth (The Trevor Project, 2022b).

Reasons for the experiences of homelessness among LGBTQ+ youth are complex and involve interactions between structural, institutional, and individual factors. Conflicting issues within families of origin, institutions designed to support youth, school environments, drug misuse, and mental illness contribute to housing instability and homelessness (Côté et al., 2021, 2024). Three primary life environments have been identified as pathways to experiencing homelessness for LGBTQ+ youth. These include family, protective services, and school (Côté et al., 2021). Researchers have found that psychological, physical, and sexual violence within families creates toxicity, leading to social isolation and homelessness among LGBTQ+ youth. Some leave their home environments out of fear of rejection before disclosing their identity (Côté et al., 2021). Family rejection is a common issue experienced by LGBTQ+ youth and can contribute to significant problems in their development and well-being.

There are some limitations in the research on protective services and LGBTQ+ youth experiences. However, it has been found that within these environments, LGBTQ+ youth experience discrimination, violence, intimidation, and a lack of recognition due to their identity as LGBTQ+ (Côté et al., 2021). They often experienced multiple placements or forced placements within protective service environments that do not respect their gender identity. A study of foster parents found that cisgendered foster

parents sometimes held adverse beliefs that led to harmful experiences for LGBTQ+ youth (Robinson, 2018). Some believed that having an LGBTQ+ identified youth in the home would encourage the other children to become LGBTQ+ or that these youth would sexually harm the other youth (Robinson, 2018). Some foster parents included in the study held heterosexist beliefs and admitted to having children removed from the home once they were aware that the child identified as LGBTQ+ (Robinson, 2018). School environments present similar challenges for LGBTQ+ youth. Some 63% of LGBTQ+ youth experiencing homelessness have reported bullying in school. Feeling victimized within school, LGBTQ+ youth rarely utilized the resources provided within schools to address homelessness. They often protest against homophobia, biphobia, and transphobia by not participating in these resources (Côté et al., 2021). This further isolates them and prohibits them from developing relationships. LGBTQ+ youth often engaged with friends and chosen families as social supports.

LGBTQ+ youth experiencing homelessness are vulnerable and fragile. They are likely to have high rates of mental health challenges resulting from the violence and discrimination that they have experienced (Robinson, 2021). They are more likely to suffer from suicidal ideation and post-traumatic stress. Those with child protective services encounters are more likely to have high rates of physical abuse, sexual abuse, and substance use (Côté et al., 2024; Robinson, 2021). The psychological impacts of the barriers they encounter as youth can lead to further challenges with mental health, including depression and anxiety.

Sharing Identity and Coming Out

Since the 1960s and 1970s, the phrase "coming out of the closet" began to be used to refer to the act of disclosing one's LGBTQ+ identities. The phrase has been criticized due to its tacit origin in Eurocentric and individualistic beliefs, for being a negative metaphor suggesting that being LGBTQ+ is something to be hidden, and for being a heteronormative phrase suggesting that being heterosexual is the default and that being

LGBTQ+ is something that needs to be explained or justified (Boe et al., 2018). The phrases "living my truth" and "being authentic" represent some alternatives that people use to express their LGBTQ+ status. In addition, the phrase "inviting in" has become more popular, as it centers the identity disclosure experience on the LGBTQ+ person's desire to be closer to trusted individuals. It is important to be respectful of the language that people use to describe their experiences. If someone uses the phrase "coming out of the closet," it is best to accept their choice of words and avoid making assumptions about their reasons for using it. Providers should track with client attitudes about disclosing their identities, especially when working with children and adolescents. Being open about one's personal LGBTQ+ status is related to positive mental health outcomes; however, clinicians should have a nuanced perspective on the role that self-disclosure plays in the treatment goals of any client (Son & Updegraff, 2023). A client who self-discloses when they are ready should be supported throughout the process, and clients who are not ready should not be pressured to self-disclose. Managing intersectional family dynamics, including the desire to honor one's family and avoid bringing shame to them, takes patience and awareness of cultural dynamics, including race, ethnicity, religion, and beliefs about gender. This is especially important for children, adolescents, and youth, who are more reliant on their family of origin for meeting their daily needs, including housing, transportation, food, and access to education and health care (Boe et al., 2018; Son & Updegraff, 2023).

Chosen Families

The creation of a chosen family can be an important aspect of developing a community of support for queer individuals. The traditional use and understanding of the term "family" excludes queer communities and can erase the closeness of the emotional ties that encapsulate chosen family (Kim & Feyissa, 2021). A family of choice is a family created outside of the realms of a biological or legal connection and usually is made up of close relational connections with other LGBTQ+ folk (Jackson-Levin et al., 2020). LGBTQ+ individuals face increased risk of family-of-origin

rejection, as being queer conflicts with many gendered, religious, and societal norms (Kim & Feyissa, 2021). Because queer people do not fit into this predetermined system, they can lose the experiences of safety, support, and protection that many people may receive from family systems. Queering the family is another way of describing the process and existence of chosen family – it involves having a family that moves beyond biological relationships and other traditional characteristics (Kim & Feyissa, 2021).

Ballroom culture was birthed out of the need for chosen families, especially for queer and transgender people of color. Often, they were forced out of their homes because of their queer or transgender identities and forced into being unhoused. Older members of the queer/trans community would take them in, treat them as their children, and provide the love and support they needed to survive and thrive. Those chosen families grouped into "houses," which were named after famous designers. The house had a house mother and a house father. They made sure that their "gay children" had food, shelter, and clothing, attended school, and worked, and they gave them love and support. Patterned after the balls in the Harlem Renaissance, the houses held elaborate balls at which they would compete through "vogueing," a type of expressive dance created by queer and trans people of color. The houses and balls served as places of refuge and support and as ways for queer and trans people to express themselves artistically. As these houses and balls form a part of the microsystem, the client receives the emotional and physical support from them to be healthy despite having a negative experience with their previous microsystem. Clinicians can advocate at the microsystemic level by partnering with those in the ballroom culture and providing such spaces for their clients.

From an attachment theory perspective, our primary intrinsic survival strategy is bonding with others (Johnson, 2019). Authentic connection with others is a primary human need, and hence it is unsurprising that social support is a critical factor in improving LGBTQ+ people's well-being and minimizing the impacts of minority stress on mental health (Pachankis et al., 2023). LGBTQ+ individuals who experience affirming familial support report high self-esteem, better general health outcomes,

and higher levels of subjective happiness and self-compassion as adults. Further, LGBTQ+ youth were less likely to attempt suicide when they felt high levels of support from their family and friends (The Trevor Project, 2022a). Conversely, those who experience familial rejection report higher rates of depression, anxiety, suicidal ideation and attempts, and substance abuse (Dermitas et al., 2018). Despite the importance of familial and social support as a protective factor for LGBTQ+ people's mental health, only 37% of LGBTQ+ adolescents identified their home as an affirming space in The Trevor Project's 2022 National Survey on LGBTQ+ Youth Mental Health (The Trevor Project, 2022a). When familial support – particularly that of parents and caregivers – is lacking, the creation of families of choice can provide safe, affirming, and authentic bonds to bolster the well-being of LGBTQ+ individuals.

Counselors can assist LGBTQ+ clients in developing and strengthening supportive, authentic relationships in their lives (Pachankis et al., 2023). Relational approaches to counseling, such as emotionally focused therapy (Johnson, 2019), can help LGBTQ+ clients establish secure bonds with their parents, caregivers, intimate partners, and other important family members. A caveat to counseling LGBTQ+ youth is parental buy-in – caregivers must take responsibility for change within their family systems as parent–child relationships are reciprocal but not mutual. Particularly when caregivers refuse to take ownership of the impact of their behavior on their child, counselors need to consider how to protect the confidentiality of LGBTQ+ youth, such as not including their sexual-affectional orientation or gender identity on clinical documentation when they have not disclosed this to their parents. Counselors may want to invite LGBTQ+ clients' friends or other social supports into the counseling process, particularly when clients have experienced familial rejection, if strengthening family-of-choice relationships is an area that the LGBTQ+ client wants to improve. In addition to strengthening relationships, enhancing interpersonal effectiveness skills, learning to set boundaries, or ending relationships that are unhealthy and disaffirming may be a focus for counseling. Finally, counselors can assist LGBTQ+ clients with locating affirming communities both online and in person, such as support groups, religious/spiritual organizations, or leisure activities.

LGBTQ+ Parenting

After decades of consistent gains, the rights and status of LGBTQ+ parents and parents of LGBTQ+ youth have become the targets of a sustained hate campaign designed to remarginalize LGBTQ+ people in the United States. Civil rights for LGBTQ+ people related to parenting vary depending on location, and the Internet and social media make it easier for people with anti-LGBTQ+ beliefs to bully and harass LGBTQ+ parents and parents of LGBTQ+ youth. Supporting LGBTQ+ parents and parents of LGBTQ+ youth has lifelong positive impacts on development, health, and educational outcomes. Though this is a challenging time for LGBTQ+ people, their children, and their families, social attitudes regarding LGBTQ+ families consistently grow toward more positivity and acceptance, including expanding civil rights.

Parents and Caregivers of LGBTQ+ Youth

Parents of LGBTQ+ youth need support, psychoeducation, coaching, and advocacy from counselors and other providers. The current research consensus appears to clearly demonstrate that having supportive parents and caregivers is strongly associated with lifelong well-being, positive coping, and lower levels of morbidity and distress in LGBTQ+ adults (Hafford et al., 2019; Leal et al., 2021). The higher rates of LGBTQ+ youth who are unhoused or incarcerated or who experience physical abuse, mental disorder, substance use disorder, and negative educational outcomes are all associated with reactions from parents and caregivers (Clark et al., 2022). Becoming a LGBTQ+ affirming family is an important family development milestone, one that fosters a safe and supportive environment both for caregivers and for LGBTQ+ youth. Parents and caregivers of LGBTQ+ youth may also face isolation, discrimination, and other microaggressions. Often, counselors must join with parents as LGBTQ+ youth navigate their K–12 school experiences, which may include bullying from their peers as well as school staff. Psychoeducation about gender identity and sexual-affectional identity development, interventions supporting family

communication about LGBTQ+ issues, and facilitating self-reflection and personal growth for parents are key parenting-focused strategies for providers. Actively cultivating an ally identity, connecting with new sources of social support, and education about laws and regulations supportive of LGBTQ+ rights are also main goals for counselors working with parents of LGBTQ+ youth.

Supporting LGBTQ+ Parents and Caregivers

Becoming a parent or serving as a caregiver is an inherently stressful experience, and LGBTQ+ parents and caregivers face unique challenges. Like heterosexual adults, LGBTQ+ adults may become parents through adoption, reproductive technology, and by having a child themselves (Clark et al., 2022). Providers should not assume that a LGBTQ+ identifying person has not ever had a heterosexual sexual encounter, relationship, or identity. In addition, the gender confirmation experiences of transgender and nonbinary adults vary considerably, and counselors should avoid making assumptions about the fertility of their transgender and nonbinary clients. Just as counselors work from the perspective of a parenting advocate for parents of LGBTQ+ youth, counselors may also become patient advocates as LGBTQ+ adults explore medical options for becoming parents themselves. Counselors serve as coaches, advocates, and collaborative problem-solvers with and on behalf of the LGBTQ+ client as they negotiate subtle and overt anti-LGBTQ+ biases in local educational and health care systems. If an LGBTQ+ client plans to parent with their romantic partner, the legal status of that partner relative to the client's children may need to be formally clarified, especially for when the romantic partner interacts with social systems like schools and health care agencies. In addition to parenting their own children, many LGBTQ+ people also develop close relationships with the children of their siblings and/or chosen family members. Affirming the relationships of LGBTQ+ people with their friends' and family members' children is also an important goal for counselors supporting their LGBTQ+ clients.

Clinical Interventions

At the microsystemic level, clinicians must establish a strong therapeutic alliance with the client. The clinician must become aware of and address their own biases and lack of knowledge. They must also be attuned to their own cultural identity and identity development. The clinician must be open to a lifelong self-discovery journey in order to be open to the client. Another skill that facilitates a strong therapeutic alliance is cultural broaching (Day-Vines et al., 2020). Cultural broaching brings race and ethnicity to the forefront of the counseling relationship and opens the door to broaching other aspects of identity. The counselor must be comfortable with addressing these topics with the client and take the lead in bringing culture into the relationship. Doing so builds upon the clinician's self-discovery work and invites the whole client into the relationship. Key elements of best practice when broaching include: (1) the clinician acknowledging their own identity and helping clients share their identities; (2) demonstrating cultural humility by admitting to not know all of the answers; (3) openness to clients as they begin exploring and understanding their experiences; and (4) asking how the client feels about working with a clinician who is culturally different. The clinician addresses the cultural similarities and differences, both seen and unseen.

When working with families with members of the LGBTQ+ community, the clinician must create an inclusive environment that allows all family members to have the courage to express themselves and experience healthy conflict. The clinician must be attuned to how the client's microsystem, which includes the family members and the family's church members, is impacting the client. The mesosystem would include how the family members and the church members interact and how that interaction impacts the client, especially when neither is supportive of the client's queer identity and both are oppressive of that identity. To assist the client to fully express their hurt and trauma, narrative therapy would be an effective tool to allow the client to tell their narrative and re-story it in such a way that the client will feel heard and supported and be able to begin the healing process. At the exosystem and macrosystem levels, the clinician

can advocate for more inclusive faith-based spaces for the LGBTQ+ community and make those resources available for clients who want to join those spaces. They can also challenge oppressive systems by challenging laws that allow for conversion therapy or allow helping professionals to deny services to clients whose identity goes against the professional's deeply held beliefs.

Conclusion

LGBTQ+ families are as diverse as LGBTQ+ individuals, and clinicians should align with families to explore their unique dynamics. Supporting LGBTQ+ people as they navigate their important social relationships is one of the primary tasks of the LGBTQ+ affirmative counselor. Understanding shared dynamics like parent–child communication and dynamics specific to LGBTQ+ experiences like being rejected by one's family of origin or forming a supportive family of choice can serve as the foundation for providers hoping to support their LGBTQ+ clients.

Resource Example: Personal Ally Genogram

One tool a clinician can use is the personal ally genogram (Rhodes-Phillips, 2022). When using the personal ally genogram, the clinician should include friends, significant others, and other salient relationships along with the family of origin and not assume which relationships are the most important to the client (Rhodes-Phillips, 2022). See Figure 9.1 for an example of a personal ally genogram in which relationships in the second circle are considered most important to a client, relationships in the third circle are less important, and so on. Diamonds represent affirming relationships and pentagons represent nonaffirming relationships. The circles in Figure 9.1 also represent the systems or levels of Bronfenbrenner's ecological systems model, with the microsystem closest to the client and mesosystems depicted in circles farther away.

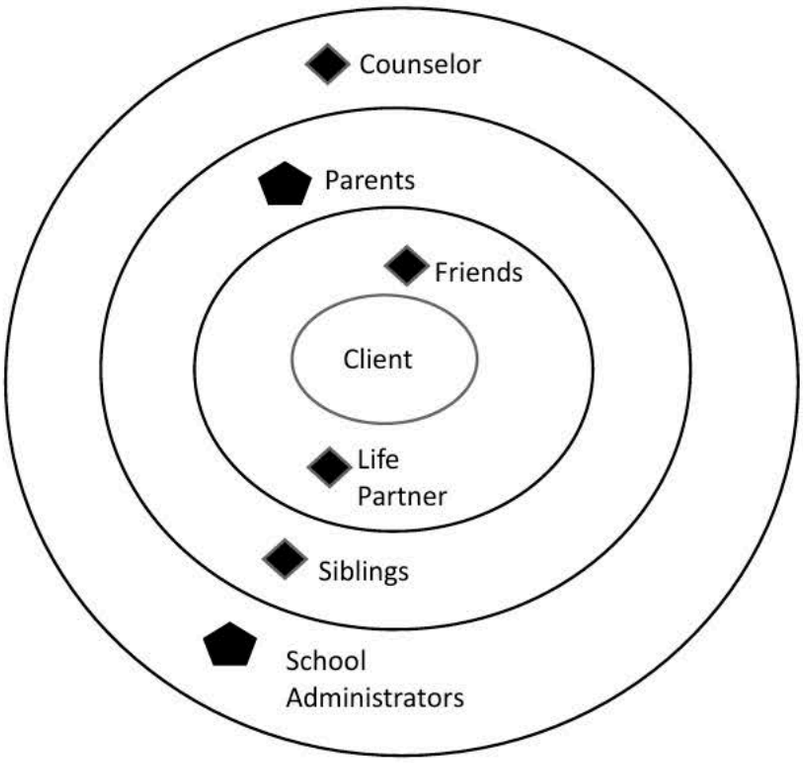

Figure 9.1 Personal ally genogram

Figure 9.1 is based on a pansexual transgender woman of color who started living authentically at the age of 45. Her birth-assigned sex was male, and she reports experiencing important heterosexual and cisgender life developments like marrying, finishing college, and raising children. Expressing their gender identity has caused rifts with several key members of her family and friendship group. Scaling questions helped the client to identify the relative degree of affirmative support they received from each significant other and a preferred or ideal level of support that the client hopes to experience from their relationships.

REFLECTION QUESTIONS

1. In your view, what are some of the barriers to treating chosen family members with equal status as members of a family of origin?
2. What are some of the main drawbacks of traditional family systems models in work with LGBTQ+ clients?

References

Boe, J. L., Maxey, V. A., & Bermudez, J. M. (2018). Is the closet a closet? Decolonizing the coming out process with Latin@ adolescents and families. *Journal of Feminist Family Therapy: An International Forum*, *30*(2), 90–108. https://doi-org.proxy.lib.odu.edu/10.1080/08952833.2018.1427931

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, *32*(7), 513–531. https://doi-org.proxy.lib.odu.edu/10.1037/0003-066X.32.7.513

Clark, K. A., Dougherty, L. R., & Pachankis, J. E. (2022). A study of parents of sexual and gender minority children: Linking parental reactions with child mental health. *Psychology of Sexual Orientation and Gender Diversity*, *9*(3), 300–308. https://doi-org.proxy.lib.odu.edu/10.1037/sgd0000456

Côté, P.-B., & Blais, M. (2020). "The least loved, that's what I was": A qualitative analysis of the pathways to homelessness by LGBTQ+ youth. *Journal of Gay & Lesbian Social Services*, *33*(2), 137–156. https://doi.org/10.1080/10538720.2020.1850388

Côté, P.-B., Frésard, L., & Blais, M. (2024). "I didn't want to be noticed": Discrimination and violence among LGBTQ+ youth experiencing homelessness. *Journal of LGBT Youth*, *21*, 180–199. https://doi.org/10.1080/19361653.2023.2185337

Day-Vines, N. L., Cluxton, K. F., Agorsor, C., Gubara, S., & Otabil, N. A. A. (2020). The multidimensional model of broaching behavior. *Journal of Counseling & Development*, *98*(1), 107–118. https://doi-org.proxy.lib.odu.edu/10.1002/jcad.12304

de Brito Silva, B., Soares de Almeida-Segundo, D., de Miranda Ramos, M., Bredemeier, J., & Cerqueira-Santos, E. (2022). Couple and family therapies and interventions with lesbian, gay and bisexual individuals: A systematic review. *Journal of Couple & Relationship Therapy*, *21*(1), 52–79. https://doi-org.proxy.lib.odu.edu/10.1080/15332691.2021.1978360

Dermitas, E., Kemer, G., Pope, A. L., & Moe, J. (2018). Self-compassion matters: The relationship between perceived social support, self-compassion, and subjective well-being among LGB individuals in Turkey. *Journal of Counseling Psychology*, *65*, 372–382. https://doi.org/10.1037/cou0000261

Ford, D. J. (2022). The salve and the sting of religion/spirituality in queer and transgender BIPOC. In K. Nadal & M. Sharron-del Río (eds.), *Queer psychology: Intersectional perspectives* (pp. 275–290). Cham: Springer.

Hafford, L. T., Cocker, C., Rutter, D., Tinarwo, M., McCormack, K., & Manning, R. (2019). What do we know about transgender parenting? Findings from a systematic review. *Health & Social Care in the Community*, *27*(5), 1111–1125. https://doi-org.proxy.lib.odu.edu/10.1111/hsc.12759

Jackson-Levin, N., Kattari, S. K., Piellusch, E. K., & Watson, E. (2020). "We just take care of each other": Navigating "chosen family" in the context of health, illness, and the mutual provision of care amongst queer and transgender young adults. *International Journal of Environmental Research and Public Health*, *17*(19), 7346. https://doi.org/10.3390/ijerph17197346

Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused therapy (EFT) with individuals, couples, and families*. New York: Guilford Press.

Kim, S., & Feyissa, I. F. (2021). Conceptualizing "family" and the role of "chosen family" within the LGBTQ+ refugee community: A text network graph analysis. *Healthcare*, *9*(4), 369. https://doi.org/10.3390/healthcare9040369

Leal, D., Gato, J., Coimbra, S., Freitas, D., & Tasker, F. (2021). Social support in the transition to parenthood among lesbian, gay, and bisexual persons: A systematic review. *Sexuality Research & Social Policy: A Journal of the NSRC*, *18*(4), 1165–1179. https://doi-org.proxy.lib.odu.edu/10.1007/s13178-020-00517-y

Levitt, H. M. (2019). A psychosocial genealogy of LGBTQ+ gender: An empirically based theory of gender and gender identity cultures. *Psychology of Women Quarterly*, *43*(3), 275–297. https://doi-org.proxy.lib.odu.edu/10.1177/0361684319834641

Levy, D. L., & Lo, J. R. (2013). Transgender, transsexual, and gender queer individuals with a Christian upbringing: The process of resolving conflict between gender identity and faith. *Journal of Religion & Spirituality in Social Work: Social Thought*, *32*(1), 60–83. https://doi.org/10.1080/15426432.2013.749079

Pachankis, J. E., Soulliard, Z. A., Morris, F., & Seager van Dyk, I. (2023). A model for adapting evidence-based interventions to be LGBQ-affirmative: Putting minority stress principles and case conceptualization into clinical research and practice. *Cognitive & Behavioral Practice*, *30*, 1–17. https://doi.org/10.1016/j.cbpra.2021.11.005

Rhodes-Phillips, S. (2022). Deconstructing the genogram: A tentative proposal. *Australian and New Zealand Journal of Family Therapy*, *43*(3), 333–345.

Robinson, B. A. (2018). Child welfare systems and LGBTQ+ youth homelessness: Gender segregation, instability, and intersectionality. *Child Welfare*, *96*(2), 29–46. https://www.jstor.org/stable/48624543

Robinson, B. A. (2021). "They peed on my shoes": Foregrounding intersectional minority stress in understanding LGBTQ+ youth homelessness. *Journal of LGBT Youth*, *20*(4), 783–799. https://doi.org/10.1080/19361653.2021.1925196

Shelton, J., Poirier, J. M., Wheeler, C., & Abramovich, A. (2018). Reversing erasure of youth and young adults who are LGBTQ+ and access homelessness services: Asking about sexual orientation, gender identity, and pronouns. *Child Welfare*, *96*(2), 1–28. https://www.jstor.org/stable/48624542

Son, D., & Updegraff, K. A. (2023). Sexual minority adolescents' disclosure of sexual identity to family: A systematic review and conceptual framework. *Adolescent Research Review*, *8*(1), 75–95. https://doi-org.proxy.lib.odu.edu/10.1007/s40894-021-00177-y

The Trevor Project. (2022a). *2022 National Survey on LGBTQ+ Youth Mental Health*. www.thetrevorproject.org/survey2022/assets/static/trevor01_2022survey_final.pdf

The Trevor Project. (2022b). *Homelessness and housing instability among LGBTQ+ youth*. www.thetrevorproject.org/research-briefs/homelessness-and-housing-instability-among-LGBTQ+-youth-feb-2022/

Wegscheider-Cruse, S. (1989). *Another chance: Hope and health for the alcoholic family*. Palo Alto, CA: Science and Behavior Books.

Zhu, P., Lau, J., & Navalta, C. (2020). An ecological approach to understanding pervasive and hidden shame in complex trauma. *Journal of Mental Health Counseling*, *42*(2), 155–169. https://doi.org/10.17744/mehc.42.2.05