VIRGINIA TECH

## INTRODUCTION

- While the majority of LGBTQ+ youth are healthy, functioning, and resilient, between 15%-40% make a suicide attempt each yearrates that are 2x-3x higher than their heterosexual peers (Ferguss Horwood, & Beutrais, 2005; Russell & Joyner, 2001; Russell, 2003)
- The quality of family relationships can be both a risk and protective factor for suicidality (Diamond, et al., 2014; Ryan, et al., 2009; Ryan, et al., 2010)
- This may be especially true for LGBTQ+ youth who may experiend rejection on the basis of their identities and expression (Connor & Rei 2006: Kerr. Preuss & King, 2006)
- Interestingly, there are few youth suicide treatment approaches that target the quality of family relationships (Coolhart & Shipman, 2017) and few studies have examined these approaches in the contexts where LGBTQ+ youth are likely to present for treatment (Craig & Austin, 2016).
- Therapists working with these families in LGBTQ+ settings face unique challenges:
- (a) Youth may have fears around disclosing their LGBTQ+ identity
- (b) Getting multiple family members to participate in therapy
- (c) Facilitating respectful engagement between family members
- (d) Managing active suicidality of youth
- (e) Re-exposing youth to family conflict in treatment

The purpose of this study is to expand the body of literature LGBTQ+ youth suicide treatment approaches by investigating you and caregiver perceptions of therapy after participating in a proces oriented, attachment-informed family therapy, in LGBTQ+ communi **Settings** (Attachment-Based Family Therapy; Diamond, et al., 2013).

## METHODS

- Conducted semi-structured interviews (ranging from 30-60 mi with youth (N=7) and caregivers (N=5) shortly after completion therapy
- Interview questions focused on a) experience of treatment factors that influenced helpfulness of treatment
- Transcripts analyzed by three graduate students (authors) usin theoretical thematic analysis (Braun & Clarke, 2008)
- Initial codebook developed by coders independently based on fill three interviews for both caregivers and youth
- Discrepancies on the initial codebook were discussed ur consensus
- First author coded remaining transcripts and continued to adapt to codebook
- 20% of transcripts were coded by another author
- Discrepancies are being reviewed in ongoing meetings and codebook is undergoing modifications

## **Attachment-informed Family Treatment in LGBTQ+ Community Settings: A Thematic Analysis of Youth and Caregiver Perceptions**

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## RESULTS

## **Preliminary Caregiver Themes**

Preliminary Themes and	Subthemes	
Definitions		
Changes in Caregiver- Youth	Caregiver Shifts Toward Youth	Caregivers discuss emotional, perspectiv participating in the therapy. Caregivers de relationship with their youth, while others
Relationship	Communication	Caregivers reflect on communication with more effectively. Others comment on the
Youth Changes	Caregiver Notices Youth Changes	Caregivers discuss how their youth's beh caregiver's perceptions that youth are mo open in conversations with the caregivers
Perspectives About the	Change is a Process	Therapy starts, but there is more work to
Future	Real Optimism	Hopefulness about the future (e.g., they observe the future (e.g., they observe the future)
Helpful Therapy	Connection with Therapist as a Person	Felt comfortable and safe as a result of the
Factors	Therapist Understanding	Caregivers liked how understanding the t
	Therapist Flexibility	Caregivers describe how therapist involve
	Youth Engagement	Parent noticed youth engagement which

## **Preliminary Youth Themes**

	Preliminary Themes and Definitions	Subthemes	
		Self-Awareness	Therapy helped youth develop a greater understanding
	Shifts in youth's perception of self	Self-Expression	Youth talked about how the therapy promoted express helpful. Sometimes their expression was in relation to associated with caregivers. Some youth discussed he (e.g., with caregivers, with the therapist, and socially in
		Youth Perceptions of their ability to handle challenges	Youth discuss thoughts and strategies for coping with their perceptions of their own capacity to manage s handling challenges in their lives and with their careg maintaining the relationship. Overall, youth were conf future is still tenuous
		Think Instead of React	Youth talked about how the therapy process helped the a
nin) 1 of	Shift in relationship with caregiver(s)	Process Building Cooperation with Caregiver	Youth talked about how therapy has helped build capa this in two different ways: 1) Youth talked about how af with their parent (e.g. observation of new external be talked about how about how they noticed a shift in th such as viewing caregiver as more mindful of their fee
b)		Movement Happened	Youth reported that one of the positive aspects of the tail Some youth talk about experiencing progress more bill (e.g.
sing	Characteristics	Shift to Trusting the Therapeutic Process	Some youth talked about how developing trust in the the the the term of term o
first	of the Therapeutic Process	Sensitivity Integrating Identity Where Relevant for Client	Youth felt that the therapy integrated identity into the c about having a therapist who had a similar ider
until		Bringing Underlying Issues to the Surface	Youth discussed how therapy brought some of the u which youth noted was helpful, albeit emotionally diffi focused on youth's personal challenges. Some youth
the	Characteristics of the Thorapoutic	Shift to Trusting the Therapist	Some youth talked about how d
the		Feeling Validated by the Therapist	Youth discussed experiences of feeling validated by th exploration of issues within a context that was very affine to not just validate but to fully h
	Therapeutic Relationship	Therapy Providing Solutions	Youth discussed how therapists tended to be very endifferent from previous experiences with therapy. Youth and behaviorally, and the therapy was both focused a youth to outside resources that were tailored to their resources that were tailored to their resources that were tailored to the section.
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#### **Code Definitions**

tive, and behavioral shifts (in themselves) toward their youth, as a result of describe a shift in their emotion, behavior and/or perceptions regarding the s describe these shifts in relation to the youth themselves.

ith their youth. Caregivers speak to what they needed to learn to communicate e process of gaining perspective on communication with their youth in therapy. ehavior, affect, and depression/suicide has changed. Examples include

nore respectful, have better coping, and are more engaged in therapy or more

o be done after treatment ended

can overcome challenges, but are cognizant of current challenges and

the personality of the therapist.

therapist was. Supported development of alliance. lved them in the decision-making about the therapy and where it was going. led to openness in therapy

#### **Code Definitions**

ng of their own emotions, thoughts, and experiences, which youth perceived to be helpful

ession of emotions and their experiences, which was perceived by youth to be o caregivers, while other times it was with regard to their own experiences not how the therapy helped them feel motivated to express themselves to others in general). Often youth felt personally empowered after therapy as a result of this self-expression.

h life's challenges, both with their caregiver and on their own. Youth talk about struggles in the future, post-therapy. Youth are cautiously optimistic about egivers. Some discuss using caregivers as a resource, while others talk about nfident in being able to handle current and future challenges, even though the s (with additional work to be done) for many.

them learn to think prior to reacting. Some youth also noticed their caregiver(s) also exercising this skill.

pacity for cooperation in relationship with their caregiver(s). Youth talked about after going through the therapy process, they started to have new experiences behaviors such as increased parental honesty and openness). 2) Youth also their perception of their parent (e.g. changes in how they viewed their parent elings and reactions, caregivers appearing calmer in the face of their emotion and/or challenges).

treatment was that they experienced clear progress as a result of the therapy. broadly, while others discuss specific areas that they notice had gotten better . relationship with caregiver)

therapeutic process was gradual because the therapy was very different from therapies they have experienced.

conversation when relevant to the client. Some youth talked about the benefit entity although having a similar identity was not seen as a requirement.

underlying issues (personally and relationally with caregiver) to the surface, fficult. Many of these issues were in relation to caregivers, though other were uth discussed how this process allowed them start anew with their caregiver. developing trust in the therapist was a gradual process.

the therapist. Feeling validated was often linked to the therapist facilitating the ffirming. Some youth specifically found it helpful that the therapist took the time hear the youths' perspectives in a nonjudgmental way.

engaged in helping youth find realistic solutions to their concerns, which felt th described how they experienced their therapist as invested both emotionally and organized. For example, some youth discussed how therapist connected r needs. Therapist directiveness was especially helpful in providing solutions.

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- themes for youth.

- communication.

These findings suggest that both the youth and caregivers in our sample had positive experiences in an attachment-informed family treatment. Our data suggests that a strong therapeutic alliance with both youth and caregivers can create positive intrapsychic and interpersonal changes. Further, encouraging transparent conversations within families promoted hope. These results indicate that suicide interventions targeting the quality of family relationships alongside suicidality may be appropriate for some LGBTQ+ youth and their families.

Limitations: This sample only consisted of youth with engaged

caregivers who knew about their treatment and their LGBTQ+ identity. No rejecting caregivers, without knowledge of their youth's identity participated in this study. Future studies could examine this.





## DISCUSSION

• Preliminary analyses revealed four themes for caregivers and four

• Youth noticed changes within themselves through therapy (e.g., selfawareness, self-expression, and managing challenges) as well as shifts in their relationships with their caregivers.

 Youth discussed thinking instead of reacting and greater cooperation with their caregivers.

Youth described how they perceived the therapy, including ways in which therapeutic movement happened and what the therapist did to facilitate the process.

• Caregivers reported emotional, behavioral, and cognitive shifts in how they understood their relationship with their youth and more effective

Caregivers noticed changes in their youth's mental health (e.g., better coping, more openness, and more respectful behavior).

• As a result of therapy, caregivers felt more hopeful about their child's future. Caregivers described factors that made the therapy acceptable, such as connection with the therapist, therapist understanding, and flexibility about where therapy was going.

## Implications

## References

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## **Examples of Themes**

