

# ***WORKING WITH SUICIDAL LGBTQ YOUTH***

## ***A clinician's guide***

### **WITHIN THESE PAGES:**

#### **BACKGROUND**

The guidance provided in this document was empirically derived from qualitative interviews and focus groups conducted with LGBTQ young people. Please refer to the following article for full details:

Zullo, L., Seager van Dyk, I., Ollen, E. W., Ramos, N., Asarnow, J., & Miranda, J. (in press). Treatment recommendations and barriers to care for suicidal LGBTQ youth: A quality improvement study. *Evidence-Based Practice in Child & Adolescent Mental Health*.

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# CREATING A SAFE THERAPY SPACE

- Wear a **lanyard, pin**, or some other indicator that you are LGBTQ affirming (e.g., pronoun badge, pride flag).
- Ensure that your physical therapy space (or telehealth background) includes an indicator that you are LGBTQ affirming (e.g., pride **flag**).
- If your institution has a program that trains clinicians in how to be LGBTQ affirming (e.g., LGBTQ Champion, Safe Zone), complete the training and include a **certificate** of completion in your therapy space.

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# HELPING YOUTH FIND YOU

- Include indicators that you are a LGBTQ affirming clinician on your **website** (e.g., list relevant trainings, list LGBTQ issues as an area of specialization).
- Consider taking **trainings** in LGBTQ affirming care and indicate this expertise on your website.

# SUICIDE & IDENTITY

- **Recognize that LGBTQ identity does not cause suicidality** — negative responses to that identity do — and that these stressors are only one contributor to the youth's suicidality.
- Work with youth to identify ways in which responses to their identity may contribute to suicidality.
- Be careful not to attribute a youth's suicidality solely to their LGBTQ identity. You may risk alienating the youth if you do.

## BRINGING UP LGBTQ IDENTITY

- Provide **multiple opportunities** for youth to share their LGBTQ identity (e.g., written demographic forms, discussion of peers and support, intake questions related to sexuality and safety).
- **Do not** bring up LGBTQ identity when caregivers are in the room — this should be a private conversation between clinician and youth.
- **Normalize** LGBTQ identity in therapy discussions (e.g., when asking about relationships, do not make assumptions about the gender of the youth's partners).

## CLINICIAN FACTORS

- **Educate yourself** about LGBTQ issues and vocabulary, and remain abreast of important current events that may impact LGBTQ youth.
- It may be particularly important for **older and/or non-LGBTQ clinicians** to educate themselves on LGBTQ issues and highlight their commitment to affirming care on their clinic website and in their therapy space (as youth may assume these groups are less affirming without these indicators).
- Youth indicated a preference for BIPOC clinicians who may have **personal experiences with marginalization**. Non-BIPOC clinicians should intentionally educate themselves about marginalization, and about how cultural differences may intersect with LGBTQ identities in causing stress that precipitates suicidality in LGBTQ youth.

## CONFIDENTIALITY

- In your **first session** with all youth, describe what information would require breaking confidentiality and sharing with caregivers, and what would not.
- **Make it clear that the youth's LGBTQ identity will not be shared** with caregivers without their consent and participation.
- With regard to suicidality, **clarify** what kinds of statements would require mandatory reporting, and which statements would not. Emphasize to the youth that your goal is to keep them safe and not “lock them away” in a psychiatric hospital.
- Work on building **strong rapport** with LGBTQ youth to increase the chance that they will be honest with you about their suicidal thoughts and behaviors.

## ***BARRIERS TO CARE***

- Consider offering **need-based low-or-no cost services** for LGBTQ youth with limited financial resources (in line with the APA Ethics Code - Principle of Fidelity and Responsibility).
- Investigate programs in your local community that may provide **low cost transportation and/or treatment** for LGBTQ youth who are not supported by their families.
- Offer **telehealth/remote options**, which may be more accessible for youth with limited money and transport.
- Consider ways that LGBTQ youth may be able to participate in services without the **permission** or participation of parents/caregivers (as permitted in your state).
- Provide **flexible scheduling** options, including options in the afternoon and evening when youth are no longer in school.

## ***PARENT / CAREGIVER INVOLVEMENT***

- Involve caregivers in treatment to the degree that youth feel comfortable. Make decisions about caregiver involvement in care **jointly** with the youth.
- During family sessions, assist youth in navigating challenging conversations with their caregivers about LGBTQ identity and/or suicide prevention by **actively advocating** for them.
- Provide youth with the option for you to **meet with caregivers separately** to provide psychoeducation about LGBTQ identity and/or suicide prevention, to prevent the youth feeling burdened by this task.
- During sessions with caregivers alone, provide caregivers with **opportunities to express their current feelings** about their child in an open and genuine way.
- **Encourage caregivers to accept their child**, by normalizing LGBTQ identities and mental health concerns in easy-to-understand language.



# **CONNECTING YOUTH TO LGBTQ PEERS**

- Research resources for LGBTQ youth in your **local community** (e.g., support groups, drop-in centers) and let them know about these resources in the course of therapy.
- Highlight the importance of social connection for LGBTQ youth during treatment, and, to the degree that this aligns with youth's own treatment goals, **encourage increasing social contact** (particularly with supportive, LGBTQ peers) as a goal of therapy.

# **ONLINE SUPPORT**

- Assess youth's use of online communities and their engagement in **safe internet practices** (e.g., not disclosing personal, identifiable information).
- Discuss **healthy and appropriate use** of online communities (e.g., making new LGBTQ friends vs. crisis support from peers).

# **THERAPIST AS ADVOCATE**

- Where possible, **reach out to your local schools** to highlight your services (e.g., through posting flyers, advertising in school newsletters).
- Encourage supportive parents to highlight the importance of representing marginalized communities, including LGBTQ folks, in **school curricula** at forums like Parent-Teacher Association (PTA) meetings.
- Collaborate with schools to **provide workshops or open forums** for staff, parents, and youth alike to learn about and normalize LGBTQ topics and/or mental health concerns.