

**WAYS TO BOLSTER RESILIENCE IN LGBTQ YOUTH
(LESBIAN, GAY, BISEXUAL, TRANSGENDERED, QUESTIONING)**

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PROLOGUE

This article is designed to bolster resilience in LGBTQ youth and help family members (**PFLAG**), educators and others to be of assistance to LGBTQ youth in their personal journey of growth and self-identity. The topics covered include:

The Challenges LGBTQ Youth Confront

Examples of Resilience-Engendering Behaviors That Can Be Used By LGBTQ Youth

Things that LGBTQ Youth Can Consider When “Coming Out”

What Schools and Educators Can Do To Help LGBTQ Youth?

What Can Clinicians Do To Help LGBTQ Youth?

Appendix A: LGBTQ Empowerment Checklist

Possible Ways To Use The LGBTQ Empowerment Checklist

References

Websites

The Melissa Institute (www.melissainstitute.org) is dedicated to the reduction of violence and to bolstering of resilience. We welcome your feedback.

(See Reference List and Websites for Resources and the results of the 2011 National School Climate Survey conducted by GLSEN)

The challenges and impact vary for different subgroups, whether the youth is gay, lesbian, bisexual or transgender. For instance, transgender youth have the highest risk of self-harm and can be more stigmatized by peers than gay and lesbian youth. Sexual minority youth are particularly vulnerable. There is a need not to lump all of the LGBTQ youth into one group and a need to address their unique challenges. (See D'Augelli & Patterson, 2001; Ryan & Rivers 2003; Stieglitz, 2010; Varjas et al. 2008).

Some 6%-10% of youth identify themselves as LGBTQ. Youth are “coming out” at earlier ages; as early as 13 years of age.

90% of LGBTQ high school students report being verbally harassed, and teased. 70% report being targets of sexual harassment and recipients of threats of physical harm because of their sexual orientation.

80% report having been the target of mean rumors or lies. Some have been physically harmed.

As a result, they often experience school as a “hostile environment,” and they are more likely to miss days attending school. 63% felt unsafe at school because of their sexual orientation.

29% skipped a day of school in the past month because of safety concerns. 28% of LGBTQ youth drop out of school due to harassment.

LGBTQ youth often feel stigmatized, marginalized, excluded, ridiculed, victimized and fear disclosure (“outing”). (See Kosciw et al. 2012; Ryan & Rivers, 2003).

The impact of such verbal and physical assaults result in lower self-esteem, loneliness, isolation, lower academic performance, increased risk of anxiety, depression and suicide attempts. (See D'Augelli, 2002).

30% of all completed suicides in the U.S. are by LGBTQ youth.

LGBTQ youth are four times more likely to attempt suicide than heterosexual youth.

Boys who identify as being gay or bisexual have been found to be up to 7x more likely to attempt suicide than other boys in their high school.

LGBTQ youth have a greater risk for suicide ideation and higher rates of suicide attempts than their heterosexual peers.

LGBTQ youth are more than twice as likely to attempt suicide as their heterosexual peers, according to the Center for Disease Control and Prevention. The presence of comorbid psychiatric disorders such as depression, conduct disorders and substance abuse significantly increase suicidal risk.

Approximately 30% of LGBTQ youth attempt suicide at least once. Among those, approximately half have reported that the suicide attempt was related to their sexual orientation. Rates for suicide attempts in this population are commonly higher for male teenagers compared to their female peers. Factors associated with LGBTQ- related suicide attempts include early openness about sexual orientation, being considered gender atypical in childhood by parents, and parental efforts to discourage gender atypical

behaviors. In a longitudinal study of specific risk factors in LGBTQ youth ages 16 to 20, a history of suicide attempts, impulsive behaviors, LGBTQ victimization and low social support were associated with greater suicidal ideation. (D'Augelli et al., 2001; King et al., 2013; Lui & Mustanski, 2012; Russell & Joyner, 2001).

This higher rate of suicide attempts occurs, especially if their gender identity has remained secret and there is accompanying anxiety over disclosure.

In a typical high school class of 30 students, one student will seriously consider suicide, 2 or 3 (one boy and two girls) will attempt suicide, and one student will make an attempt sufficiently harmful to require medical attention. (*See www.melissainstitute.org for a discussion of Adolescent Suicide assessment and interventions*).

It has been estimated that 1 in 8 youth in the U.S. run away from home before age 18, and 40% do not return home. 40% of homeless youth are LGBTQ.

The families' rejection of the youth's sexual orientation is often a major factor contributing to runaways. (*See Ray, 2006 for a website on homelessness on LGBTQ youth*).

In a recent study of LGBTQ youth who live on the streets of New York City, Meredith Dank reported that they often use "survival sex" in order to cope with homelessness and poverty. (See www.urban.org for details)

20% - 60% of youth in Child Welfare identify themselves as LGBTQ.

13% of the detention population identify themselves as LGBTQ.

20% - 33% of girls in the juvenile justice system have self-identified as being homosexual.

LGBTQ youth are less likely to receive psychotherapeutic treatment, where it is indicated. For instance, one half of those who are clinically depressed do not receive any treatment.

In spite of these cumulative stressors, LGBTQ youth evidence a wide range of **RESILIENT-ENGENDERING BEHAVIORS**.

Members of the LGBTQ community are at a higher risk for experiencing negative therapy outcomes due to oppressive encounters with the mental health system as being marginalized, shamed and pathologized for their sexual orientation.

EXAMPLES OF RESILIENCE-ENGENDERING BEHAVIORS THAT CAN BE USED BY LGBTQ YOUTH

(See Harper et al., 2012; Toro-Alfonso et al. 2006; Meichenbaum, 2013 and APPENDIX A for LGBTQ YOUTH EMPOWERMENT STRATEGIES)

Research has indicated that LGBTQ youth employ a variety of coping resilience-engendering strategies. These include:

1. **Acceptance and Resistance of Stereotypes**
2. **Connectedness with Supportive Others**
3. **Self-care Behaviors**
4. **Social Activism**
5. **Cognitive and Behavioral Flexibility**

EXAMPLES OF COPING STRATEGIES

I. Acceptance and Resistance of Stereotypes

Resist stereotypes associated with sexual attitudes of what it is to be masculine or feminine.

Have a sense of freedom. Feel stronger for rejecting stereotypes.

Consider what is good about being LGBTQ.

Experiment with gender roles. The ability to display both masculine and feminine traits.

Free oneself from ideas of what it means to be a “man” or a “woman.”

Believe in yourself, in who you are. Find enjoyment in being LGBTQ.

Do not conceal sexual orientation and gender identity.

II. Connectedness with supportive others.

“The presence of at least one caring, emotionally available person at some point (even briefly) in the person’s life is a necessary prerequisite to the development of resilience” (Dyer & McGuinness. 1996, p.277.)

Have someone to share daily experiences. Develop a supportive network. Find an “ally” at school and at home.

Seek support from others (school counselor, psychologist, social worker, supportive minister or from a Website that provides advice from teens.) For example, consider the following information provided by the Website www.reachout.com.

At school, find an ally (teacher, coach, counselor, peer) who can be supportive and non-judgemental.

Feel connected with others who are or, who have gone through, similar experiences. Benefit from others’ experiences.

Be a member of a social support group. Hang around with other LGBTQ people.

Visit Websites, read books, attend concerts and meetings that help you become more resilient. Contribute to a Website and chat lines.

Participate in Challenge Day Organizational Activities (*see www.challengeday.org*).

Join Gay-Straight Alliance Club and “It gets better” groups at school.

Attend local support centers (for example, Cape and Islands Gay and Straight Alliance drop in house - see *www.cigsya.org*).

Make a “gift” of your experiences and share them with others, especially younger people who are “coming out”.

Speak with others about dating. Share common experiences.

Where possible, (re)connect with family members.

III. Self-care

Be safe and responsible to take care of yourself.

Make “smart” decisions about sexual activities. Use condoms, avoid risky associations in order to avoid sexually-transmitted diseases and HIV.

Avoid unsafe places.

Be careful who you disclose your sexual orientation to. The world is filled with homophobic and transphobic individuals and groups. Be vigilant and cautious when necessary. Use your risk assessment skills. Be “street smart”.

Check to see if your personal space is safe and positive. Sometimes you may need to hide who you are and be safe, and that is “okay”.

Engage in emotional self-care (seek help when needed, use relaxation, mindfulness and meditation procedures, seek opportunities to experience positive emotions of empathy, compassion, forgiveness, joy, gratitude, and the like.)

“Learn to talk back to the amygdala” that can hijack your critical thinking processes (The amygdala is the lower part of your brain that sets off impulsive emotional acting out risk-taking behaviors). (See www.roadmaptoresilience.org)

Engage in physical self-care. Avoid “high risk” activities such as drug use, risky sexual activities, antisocial delinquent activities.

Get enough exercise, sleep, nutrition. Stop smoking.

IV. Engage in Social Activism

Have a desire to be knowledgeable about issues that affect the LGBTQ community. Be active in non-gay issues too.

Learn about the history of the LGBTQ communities activities and sacrifices of others. Collect a list of names of famous people who are gay, lesbian, bisexual and transgender in the past and present. Look to them as role models.

Educate and support other LGBTQ individuals. Promote well-being in younger LGBTQ youth.

Educate others about the need to fight stereotypes, myths and misconceptions. Become part of Gay-straight Alliance groups at school and other LGBTQ groups. (*See My Identity, Myself Project, MIMS as noted in the Website listing National Child Traumatic Stress Network*).

Participate in community activities such as political rallies, public forums, gay activities, educational endeavors. Gain strength through advocacy. Engage in empowerment projects. Look up GLAAD website.

Be assertive, where you think it is appropriate. For example, how do you respond when you hear people say, "That's so gay", or when you witness discrimination because of sexual orientation and gender?

V. Cognitive and Behavioral Flexibility

Resilient LGBTQ youth demonstrate flexibility in selecting from the various coping strategies in meeting varied demands and challenges. They evidence meta-cognitive executive skills of "noticing, planning, monitoring, evaluating, reflecting, sharing with others, enlisting help, and engaging in behaviors that contribute to their acceptance and self-care."

TEN THINGS THAT LGBTQ YOUTH CAN CONSIDER WHEN "COMING OUT"

The following suggestive guidelines have been offered by various Websites (listed at the end of this article) on what LGBTQ youth can consider when they are "coming out" in sharing their sexual identity.

1. *How comfortable are you with your sexuality?*
2. *Is it your decision to tell someone?*
3. *How does the person you are coming out to view gay, lesbian, bisexual and transgender people?*

4. *Do you have social support in your decision to share this information?*
5. *Is this the right time to talk to your family about your homosexuality?*
6. *Be patient and compassionate with the person(s) you tell in order to allow them time to process this information?*
7. *Is the person(s) you are coming out to likely to respect your privacy and confidence?*
8. *Are you financially dependent on people you want to tell?*
9. *Do you have a trusting supportive person with whom you can discuss and process how this self-disclosure went?*
10. *Are there any coping strategies listed on the Empowerment Checklist (see Appendix A) that you can consider using?*
11. *What have you learned about yourself and how others respond to your “coming out”?*
12. *Can you share your emotional reactions and “lessons learned” with others?*

WHAT CAN SCHOOLS AND EDUCATORS DO TO HELP LGBTQ YOUTH?

“It takes a village to address the needs of LGBTQ youth”

Create and actively implement anti-bullying and sexual harassment policies and practices (*See www.teachsafeschools.org, a Melissa Institute Website on bullying and www.prevnet.ca*).

Explicitly include reference to sexual orientation and gender identification in any School Policy Mission Statements.

Incorporate LGBTQ information and history as part of the curriculum.

Designate a Safe Place and Safe Persons in Schools. Create an inviting environment with visible posters, books, magazines, symbols that are LGBTQ-friendly (*See www.glsen.org/safespace*).

Create an inclusive inviting environment for LGBTQ youth and their families (PFLAG).

Provide administrative supports for teachers who are confronted by parents who challenge the presence of LGBTQ materials.

Establish a student-led Gay Straight Alliance with accompanying activities.

Develop and encourage peer-based support groups.

Run educational groups for parents and other guardians. Involve PFLAG (Parents and Friends of Lesbian and Gay Youth) and Family Acceptance Project (*See Website addresses*).

Provide training for all educators (including administrators) about LGBTQ issues (*See Dhawan et al. 2004 for lesson plans*).

Train educators about warning signs of depression, suicidal intent and referral resources.

Identify specific teachers and school counselors who can act as supportive “allies” for LGBTQ youth and encourage LGBTQ students to access such assistance.

Be sensitive to all forms of diversity issues. Use inclusive language and activities and respond actively to expressions of discrimination such as “That’s so gay”, and other expressions of stereotypical thinking and homophobia.

Encourage and support youth activities designed to combat various forms of discrimination including homophobia. For example, Morsillo and Prilletensky (2007), describe ways to engage LGBTQ youth in community projects such as devising and performing a drama presentation for teachers and community members that address homophobia and ways to become youth consultants with local government officials. These social action activities are viewed by youth as liberating experiences that contribute to their self-acceptance, assertiveness and peer support. Such Social Action Projects (SAY) enhance LGBTQ youths’ well-being and resilience.

WHAT CAN CLINICIANS DO TO HELP LGBTQ YOUTH?

Clinicians need to highlight that they are LGBTQ friendly and cultivate a culturally responsive practice designed to enhance client engagement.

Counselors should engage in the ongoing practice of self-reflection in supervision in order to recognize their attitudes and beliefs about working with members of the LGBTQ community.

Help the LGBTQ youth appreciate that they do not have to “come out”, as a prerequisite at this time. Moreover, convey that “coming out” is a process and that individuals may do this many different times and with different individuals and in different settings. Each time they tell their “story”, it will be different. Convey that the youth should choose to “come out” when he/she is ready. “Coming out” is part of a journey and is an ongoing process. Convey the need not to give up and become part of the “It gets better campaign”.

Encourage clinicians to engage family members (**PFLAG**) of LGBTQ youth.

Consider accessing Website guidance on how individuals can respond to youth's disclosure about his/her sexual orientation.

How Clinicians Can Respond When a Youth "Comes Out" To You

(From West Virginia Health Conference Website www.dhhr.wv.gov/bhhf/Documents/2013)

- **Offer support, be honest and sincere**
 - **Anticipate feelings of vulnerability**
 - **Affirm, validate and show acceptance**
 - **Start where the youth is**
 - **Avoid labeling**
 - **Follow the youth's lead in terminology**
 - **Provide accurate information that avoids myths and stereotypes**
 - **Provide supports to assist youth and their families**
 - **Do not assume the youth is troubled by his/her sexuality**
 - **Do not assume that their problems/issues are necessarily related to their sexual orientation/gender identity**
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Chesworth and her colleagues (2017) have described how Feedback-informed Treatment (FIT) that assesses session-by-session feedback can be used with LGBTQ clients. As clients reported, the FIT provided them with an opportunity to:

- "Stop and assess where I am with my therapist."*
- "Direct the conversation with my therapist."*
- "Feel heard and honored."*
- "Feel empowered to develop a strong voice in therapy."*
- "Identify and clarify my feelings."*
- "Tailor therapy to meet my needs."*

Chesworth et al. discuss how to use FIT assessment tools to meet the clinical needs of LGBTQ clients.

Clinicians should work with members of the media, political and community leaders on ways to combat homophobia and on ways to create a more inviting supportive environment.

Clinicians should work with leaders of the LGBTQ community to develop outreach programs for LGBTQ youth such as homeless youth and runaway youth.

Learn ways to bolster resilience (*See www.roadmaptoresilience.org*).

APPENDIX A

LGBTQ YOUTH EMPOWERMENT CHECKLIST

Donald Meichenbaum

LGBTQ youth are often confronted with a number of challenges including bullying, sexual harassment, family and societal rejection and discrimination. Research has indicated that LGBTQ youth are not passive recipients in the face of assaults, but rather have a variety of coping strategies in order to remain resilient, having the ability to confront such adversities and “grow”. The following list of coping strategies have been offered by LGBTQ youth. There are multiple ways to cope. There is no one right way to cope. Each youth is unique and his or her situation is different. This list of Coping Strategies have empowered LGBTQ youth in their personal journeys.

We suggest that you look through this list and put a check mark by the coping strategies you have tried. Hopefully, these strategies have helped you. But if you feel you could use a little extra help, we suggest that you look through the entire list and then choose any new coping strategies that you would

like to try. This list of coping strategies is intended to help you discover new ways that you can move forward on your personal journey to feel more empowered.

If there are additional things that you have found helpful that are not on this list of Coping Strategies, please add them at the end so we can share them with other LGBTQ youth. Thank you for taking the time to fill out this Empowerment Checklist.

The Coping Strategies fall into five categories. Please review all five lists, indicating which one's you have tried.

I. Self-acceptance

II. Connecting with others

III. Physical and Emotional Self-care

IV. Being Socially Active

V. Being Flexible

I. SELF ACCEPTANCE

- ___ 1. I understand what LGBTQ means (Lesbian, Gay, Bisexual, Transgendered and Questioning).
- ___ 2. I can list what is good about being a member of LGBTQ.
- ___ 3. I resist accepting stereotypes associated with what it means to be male or female.
- ___ 4. I experiment with gender roles, being able to display both male and female traits.
- ___ 5. I sometimes choose to hide my sexual orientation and gender identity.
- ___ 6. I have a sense of freedom and feel stronger for rejecting societal stereotypes.

- ___ 7. I have the courage to believe in being who I am and reject the negativity others try to put on me.
- ___ 8. I can define myself by positive traits, not only in terms of my sexual orientation and gender identity.

II. CONNECTING WITH OTHERS

- ___ 9. I share my daily experiences with supportive others (friends, adults). I need "to give, to get".
- ___ 10. I can develop a supportive social network and find an "ally" and not feel alone.
- ___ 11. I have searched out the services and support of members of the LGBTQ community.
- ___ 12. I feel connected with others.
- ___ 13. I can visit places that are tailored to LGBTQ youth.
- ___ 14. I can talk to others who have had similar experiences of "coming out" and learn from their experiences.
- ___ 15. I can be a member of a social support groups such as a Gay-Straight Alliance; hang around others who are nonjudgmental and accepting.
- ___ 16. I can volunteer to help LGBTQ groups. I can attend a Pride day event.
- ___ 17. I can visit various websites, read books, attend concerts that help me feel connected and more empowered. For example, visit www.reachout.com or www.thetrevorproject.org. I can

contribute to a Website chat room.

- ___ 18. I can share my coming out experiences with others, who are just coming out as a way to help them through a difficult time.
- ___ 19. I can just enjoy myself like any other youth.
- ___ 20. At school, I can find a person (teacher, counselor, coach, peer) who can be supportive.
- ___ 21. I can answer the following questions:

“If I were absent from school, who besides my friends would notice I am missing and would miss me?”

“If I had a problem in school, who besides my friends could I turn to for advice and guidance?”

“How can I build more school friendships and allies?”

III. PHYSICAL AND EMOTIONAL SELF-CARE

- ___ 22. I can be safe and responsible to take care of myself.
- ___ 23. I know what to do and say if someone calls me names, teases or bullies me (for example, calls me “a fag”).
- ___ 24. I make “SMART” decisions and avoid risky situations; use condoms when having sex to avoid sexually transmitted diseases and HIV; avoid using drugs that can harm me like excessive use of alcohol, street drugs; stop smoking, vaping.
- ___ 25. I can avoid unsafe places. I have risk assessment skills that I can use.
- ___ 26. I can be careful about who I disclose my sexual orientation to. The world is filled with homophobic and transphobic individuals and groups. I can be vigilant and cautious, when necessary.
- ___ 27. I can have a plan of what to do if “coming out” is a negative experience. I know how to get help and who to talk to (*for example, Youth’s Helplines on PFLAG and www.reachout.com*).
- ___ 28. I can have a plan on what to do if someone “outs me”.
- ___ 29. I can engage in emotional self-care. I can ask for help when I need it. I can use relaxation meditation and mindfulness procedures; engage in enjoyable activities that I like to do, either alone or with others. (Listen to music, text and use my computer, read, be with friends, exercise, dance, etc).
- ___ 30. I can do activities that give me “positive feelings” such as feelings of joy, gratitude, compassion and forgiveness to myself and others, awe by enjoying nature.
- ___ 31. I engage in some form of exercise on a regular basis in order to make me feel better.
- ___ 32. I can plan for the future and have hope about how things are changing and improving. For instance, how attitudes are changing toward the LGBTQ community (laws about same-sex marriage, public acceptance). Keep things in perspective.
- ___ 33. I can learned to “talk back” to the emotional part of my brain. I can learn to exert control over my impulses, emotional urges that may get me into trouble.

IV. BEING SOCIALLY ACTIVE

- ___ 34. I can become more knowledgeable and aware about issues that affect

the LGBTQ community.

- ___ 35. I can learn about the history of the LGBTQ community. What sacrifices others have made in the past to address the needs of LGBTQ individuals.
- ___ 36. I can list famous people in the past and present who are homosexual, bisexual, or transgender. I can look to them as inspirational models and mentors.
- ___ 37. I can educate and support other LGBTQ youth, as well as “straight” peers.
- ___ 38. I can work to bring about changes in my school. For instance, become part of a Gay-Straight Alliance; encourage my school to reduce bullying and sexual harassment, offering specific recommendations; and how teachers and principals can become more sensitive to the needs of LGBTQ youth. I can work with others to bring about these changes. I see myself as a “change agent”. I can make a difference.
- ___ 39. I can become more vigilant about homophobic comments such as “That’s so gay”, and educate others about gender stereotypes.
- ___ 40. I can participate in school and community activities such as public forums, political rallies, LGBTQ activities, and student-led drama groups that devise and perform plays about homophobia in order to educate others.
- ___ 41. I can gain strength through advocacy and by engaging in empowerment projects like Transgender Remembrance Vigils, Online Discussion Groups and Friends-giving Celebrations.

V. BEING FLEXIBLE

- ___ 42. I can pick and choose from this list of coping strategies and use what I think will work for me in a particular situation. I can evaluate how well it worked and learn from the outcome.
- ___ 43. I can be flexible in how and where I spend my time and with whom I share my story.
- ___ 44. I can be comfortable with my gender identity and sexual orientation.
- ___ 45. I can be “in charge” by having “**SMART**” goals. - - Specific, Measurable, Attainable, Relevant, and Time-limited goals. What is it that I value most and what is my **ACTION PLAN** to achieve these goals and help myself and others?
- ___ 46. List any other strategies or activities you have used to feel more empowered about your sexual orientation or who you are. Do we have your permission to share your suggestions with other youth? We will not disclose your identity. Thank you for your assistance.
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HELPFUL WEBSITES

www.glaad.org

www.reachout.com

www.glsen.org

www.glsh.org

POSSIBLE WAYS TO USE THE LGBTQ YOUTH EMPOWERMENT CHECKLIST

This **CHECKLIST** can be used in many different ways by youth and those who serve them.

1. LGBTQ youth can be asked, *"If they are at all interested in learning how other youth like themselves have coped with the hassles that comes along with being gay?"* If they answer "yes" then the Empowerment Checklist can be given to the youth.

This should be followed up with a discussion of what the youth thought of the Checklist items? Which coping strategies did he/she check and follow up with a discussion of examples how the youth used that coping strategy and how did it work?

"Were there any coping strategies on the Checklist that the youth thought he/ she might want to try?" Discuss where and how this coping strategy might be employed? What barriers or obstacles might get in the way? How could the youth tell if the coping strategy was helping?

"Is there anyone the youth would like to show the Empowerment Checklist or share what he /she has learned?"

IT IS NOT JUST TAKING THE EMPOWERMENT CHECKLIST THAT WILL BE HELPFUL, BUT THE DISCUSSION THAT FOLLOWS THAT WILL BE OF MOST VALUABLE.

For instance, if there is a group of LGBTQ youth who meet, they each can be asked to fill out the Checklist and then they can discuss the notion of coping strategies in the group Which coping strategies did they already use and are there any others on the list that they could try?. In future group sessions, they can discuss this "strengths-based approach" to building resilience.

THEY NEED TO FOCUS THEIR STORY -TELLING ON SHARING THE "REST OF THEIR STORIES" OF WHAT THEY ARE DOING TO COPE , IN SPITE OF WHATEVER DISTRESS THEY ARE EXPERIENCING IN SCHOOL , HOME AND IN THE COMMUNITY.

2. The LGBTQ YOUTH EMPOWERMENT CHECKLIST can be added to various Websites, as a self-assessment tool. As a result of going through this list, there is the possibility of providing suggestions for ways to cope more effectively and build resilience.

3. Those who want to be of support to LGBTQ youth such as family members, educators, ministers and friends can become familiar with the items on the Checklist and in the process of providing help incorporate some of the coping strategies listed. Provide LGBTQ user-friendly resources and create an Inviting Learning Safe Environment.

4. Parents of LGBTQ youth can review this Youth Empowerment Checklist and glean examples of ways to support their children. Parents need to be encouraged to convey that "*I love you, I accept you, be who you are.*"

5. Members of the LGBTQ community when providing information and guidance to LGBTQ youth can give explicit examples of how they used the various coping strategies and how engaging in that coping activity proved helpful. These accounts should be engaging and instructive. Highlight the LGBTQ "It gets better" Campaign.

STORY TELLING IS A POWERFUL MEANS OF BEING SUPPORTIVE. The Empowerment Checklist can act as reminder in the guidance of such "story-telling", as a form of modeling or mentoring.

6. Members of the media and governmental officials can use the Empowerment Checklist as a guide to evaluate what supportive resources are indeed available in schools, in the community, and the like to provide ways for LGBTQ youth to navigate successfully their personal journey? Encourage the use of gender neutral language.

REFERENCES LGBTQ ADOLESCENTS

- Ahern, N.R., Ark, P., & Byers, J. (2008). Resilience and coping strategies in adolescents. Pediatric Nursing, 20, 32-37.
- Ahern, N.R., Kuehl, E.M., Sole, M.L. & Byers, J. (2006). A review of instruments measuring resilience. Issues in Comprehensive Pediatric Nursing, 29, 103-125.
- Chesworth, B., Filippelli, A., Nylund, D., Tilsen, J., Minami, T., & Barranti, C., (2017). Feedback-informed treatment with LGBTQ clients: Social justice and evidence-based practice. In David Prescott, Cynthia Maeschalck and Scott Miller (Eds.) Feedback -informed treatment in clinical practice . (pp. 249- 266). Washington, DC. American Psychological Association.
- D’Augelli, A.R. (2002). Mental health problems among lesbian, gay and bisexual youth age 14 to 21. Clinical Child Psychology and Psychiatry, 7, 433-456.
- D’Augelli, A.R., Grossman, A.H. et al. (2005). Predicting the suicide attempts of lesbian, gay and bisexual youth. Suicide and Life Threatening Behavior, 35, 646-660.
- D’Augelli, A.R. & Patterson (Eds.). (2001). Lesbian, gay and bisexual identities and youth. Psychological perspectives. New York: Oxford University Press.
- Dhawan, A., Duwyn, M., Meichenbaum, L. & Smith, S.R. (2004). Imagine a world that is free from fear: A book for teachers to address issues of homophobia. Toronto, ON: Elementary Teachers Federation of Ontario.
- Dyer, A.G. & McGuinness, T.M. (1996). Resilience: Analysis of the concept. Archives of Psychiatric Nursing, 10, 276-282.
- Fisher, S.K., Poirer, J.M. & Blau, G.M. (2012). Improving emotional and behavioral outcomes for LGBT youth: A guide for professionals. Baltimore, MD: Paul Brookes Publishing.
- Harper, G.W., Brodsky, A. & Bruce, D. (2012). What’s good about being gay? Perspectives from youth. Journal of LGBT Youth, 9, 22-41.
- King, C., Foster, C.E. & Rogalski, R.M. (2013). Teen suicide risk. New York: Guilford Press.
- Kosciw, J.G., Greytak, E.A. et al. (2012). The 2011 National School Climate Survey: The experience of lesbian, gay, bisexual and transgender youth – our nation’s schools. New York: GLSEN.
- Lui, R.T. & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual and transgender youth. American Journal of Preventive Medicine, 42, 221-228.

- Meichenbaum, D. (2013). Roadmap to resilience. Clearwater, FL: Institute Press.
- Morsillo, J. & Prilleltensky, I. (2007). Social action with youth. Interventions, evaluation and psychopolitical validity. Journal of Community Psychology, 38, 1-16.
- Russell, S.T. & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study. American Journal of Public Health, 91, 1276-1281.
- Ryan, C. & Rivers, L. (2003). Lesbian, gay, bisexual and transgender youth: Victimization and its correlates in the USA and UK. Culture, Health and Sexuality, 5, 103-119.
- Singh, A.A. , & Dickey L.M. (Eds.) (017). Affirmative counseling and psychological practice with transgender and gender nonconfirming clients. Washington, DC: American Psychological Association.
- Stieglitz, K.A. (2010). Development, risk and resilience in transgender youth. Journal of Association of Nurses in AIDS Care, 21, 92-106.
- Tilsen, J. (2013). Therapeutic conversations with queer youth Transcending homonormativity and constructing preferred identities. Lanham, MD: Rowman & Littlefield.
- Toro-Alfonso, J., Diaz, N.V. et al. (2006). Strengths and vulnerabilities of a sample of gay and bisexual male adolescents in Puerto Rico. Interamerican Journal of Psychology, 40, 59-68.
- Tusaic, K. & Dyer, J. (2004). Resilience: A historical review of the construct. Holistic Nursing Practice, 18, 3-8.
- Varjas, K., Deco, B. Et al. (2008). Bullying in schools toward sexual minority youth. Journal of School Violence, 7, 59-86.
- Wagnild, G. & Young, H. (1993). Development and psychometric evaluation of the Resilience Scale. Journal of Nursing Management, 1, 165-178.

WEBSITES

Gender Health Center of Sacramento , California
<http://www.thegenderhealthcenter.org/about.htm>

Cape & Islands Gay and Straight Youth Alliance (CIGSYA).
www.cigsya.org

Challenge Day Organization
www.challengeday.org

National Child Traumatic Stress Network - - Click on LGBT Pride Month to access resources such as “My Identity, MYSELF Program
www.nctsm.org
www.sanctuaryweb.org

LGBT Health Access Project: Massachusetts Dept. Public Health
www.glbthealth.org/index.html

NAMI Multicultural Action Center LGBT: Mental Health Resources
www.nami.org/LGBT-Resources.htm

LGBT National Help Center: Hotline 1-888-843-4564
<https://www.glbthotline.org/>

Ray N. (2006). An experience of homelessness: LGBT Youth
www.thetaskforce.org/downloads/HomelessYouth.pdf

Suicide risk and prevention for LGBT youth
www.sprc.org/library/SPRC_LGBT_youth.pdf

Family Acceptance Project
<http://familyproject.sfsu.edu/overview>

The Trevor Hotline: 24 hour toll free hotline for LGBT Youth (866-488-7386)
<http://www.thetrevorproject.org>

Youth Resource
<http://youthresource.com>

Support Website for Teenagers
www.reachout.com

National Help Center
www.glnh.org

Covenant House
www.covenanthouse.org/LGBT

Journal of LGBT Youth
www.tandfonline.com

Mermaids: Family and Individual Support for Teenagers and Children with Gender Identity Issues
<http://www.mermaidsuk.org.uk>

GLAAD
www.glaad.org

Gay, Lesbian and Straight Education Network (GLSEN)
www.glsen.org

GLSEN Safe Space Kit: Be an ally to LGBT Youth
www.glsen.org/safespace

PFLAG in Cape Cod
<http://www.pflagcapecod.org>

