

Episode 33 - Dr. Caitlin Ryan: Reducing Risk and Promoting Well-Being for LGBT Youth: The Critical Role of Family Support

[00:00:08] Welcome to LIVING PROOF the podcast series of the University of Buffalo School of Social Work at www.socialwork.buffalo.edu. Celebrating 75 years of excellence in social work education. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Adjoa Robinson and I'd like to take a moment to tell you about a new feature of living proof. In addition to listening subscribing to and sharing podcasts you can now rate and write a review of each episode of Living Proof rate or write a review of a podcast. Just go to our Web site at www.socialwork.buffalo.edu/podcast and click on the create your own review button. We look forward to hearing from you. Today's podcast features a conversation with Caitlin Ryan director of the Family Acceptance Project at the Marian Wright Edelman Institute at San Francisco State University. Dr. Ryan is a clinical social worker who has worked on LGBT lesbian gay bisexual and transgendered health and mental health since the 1970s and AIDS since 1982. Dr. Ryan pioneered community based AIDS services at the beginning of the AIDS epidemic initiated the first major study to identify lesbian health needs in the early 1980s and has worked to implement quality care for LGBT youth since the early 1990s. Her book Lesbian and Gay Youth Care and Counseling was the first comprehensive guide to the health and mental health care for lesbian and gay youth.

[00:02:01] Her work has been acknowledged by many groups including the American Association of Physicians for Human Rights and the National Association of People With AIDS. She was named researcher of the Year by the Lesbian Health and Research Center at the University of California San Francisco where her pioneering work in lesbian health social worker of the year in 1988 by the National Association of Social Workers for her contributions to fighting the AIDS epidemic. And she received distinguished scientific contribution award from the American Psychological Association. Today Dr. Ryan discusses her work on the Family Acceptance Project the Family Acceptance Project. It's the first major study of LGBT youth. The project is a community research intervention and education initiative designed to examine the impact of family acceptance and rejection on the health mental health and well-being of LGBT youth. Results of a study are being used to develop culturally competent interventions to strengthen families improve health and mental health outcomes for LGBT youth and improve the quality of care they receive. Dr. Ryan spoke with Diane Elze associate professor and director of the MSW program at the Eubie School of Social Work. By telephone I'm Diane Elze from the University at Buffalo School of Social Work and I will be talking today with Dr. Caitlin Ryan from the Marian Wright Edelman Institute at San Francisco State University. We will be talking about her work to improve outcomes for lesbian gay bisexual and transgender youth. Dr. Ryan thank you so much for your willingness to be interviewed. It is truly an honor to be able to talk with you about your research. You have been such a tireless advocate for research policy and best practices to enhance the well-being of gay lesbian bisexual and transgender adults and youth. Diane I'm thrilled to be after actually.

[00:04:03] And indeed it's an honor to be interviewed by you. I so appreciate the leadership that you've provided especially in social work education which is one area where we really need to get this information out. Yes so thank you. I'd like us to start out by having you share with our audience why the well-being of LGBT people should draw the attention of practitioners policymakers and researchers within gay bisexual and transgender people our families friends and co-workers. We comprise a substantial proportion of the population. We raise families. Care for the elderly who pay taxes. Fighting wars contribute to charitable causes. And we work as a group in the population to contribute to a civil society so in terms of basic humanity it's an important vital and contributing population. But for a long time and I know this deeply because of your own research as well. We've

been significantly understudied under served under resourced our programs and needs are really being identified and we have many health concerns that are related to stigma and discrimination and these are all very important reasons to study and address our needs and concerns. Have you seen the climate for conducting this research changed since the 1970s when you began your work. Dramatically it's changed dramatically. And if so it would have it I happened to have studied human sexuality as an undergraduate and one of the very I think at the time it was the only academic program of its time in the country and at that point research on sexuality was really a discredited field of investigation.

[00:05:47] It was discredited for anybody who studied human sexuality in general but for lesbian and gay people there were additional barriers to even getting an education lesbian and gay people couldn't get into professional schools if they identified as openly gay. They were routinely counseled out. I remember having to fight to get into social work as an open lesbian in the 1970s and my personal statement that we will have to write a quote about you know something and I was very proud of which was my early work and lesbian gay health in the 1970s. And I had all the admissions criteria to get into schools but the first two schools of social work I applied to rejected me and if Smith College hadn't given me a chance and accepted me it's very likely I would never have become a social worker. So that's my own experience of barriers to doing this work or even getting the education to start to do it. But it's only been really in the past few years that there's been what I'd call a real interest in LGBT health issues among the major academic and research institutions. The history of research particularly on lesbian health or gay health or Transgender is reflected in the masters theses and scores of social work especially nursing education students and in a few other disciplines who studied these issues before doctoral students or faculty members would ever think of doing this research because of the high cost. I remember doing a survey of lesbian health researchers I think probably in the late 1980s and many of them talked about the high cost to them personally of doing research on these issues.

[00:07:33] They couldn't teach a four year institution they couldn't teach at a university level and they were denied tenure or promotion and so many students actually talked about how even as recently as you know the present being counseled by faculty members not to have a dissertation on these issues on their resume or maybe even to have two resumes. I remember when I started planning the first survey lesbian health in 1979 the National Lesbian Health Care Survey I needed to find access to academic research facilities in order to do the analysis and I searched for several years until 1985 when I met a doctoral student at a university in Virginia who had access to a survey lab at her university and she became my CO investigator. So there are many many many stories of really struggle to begin to provide even a baseline of what all of this means. I think the changes that have happened at the federal level with the new administration have made an enormous difference because for years researchers couldn't even mention words like gay or transgender in their abstracts. In applying for NIH grants because it might keep them from being funded so they had to use euphemisms. Today more and more academic centres are created and actual LGBT health research units and research has significantly increased so I think we're going to be seeing some changes now and maybe this would be a time for me to mention that. Your work on the Family Acceptance Project recently earns you the distinguished scientific contribution award from the American Psychological Association. So many congratulations on that recognition. Thanks very much wants to get it since I'm a social worker but I was very honoured to receive the award. So for the last seven years you've been conducting groundbreaking research on the wellbeing of lesbian gay bisexual and transgender youth.

[00:09:38] Can you tell us about the purpose of the Family Acceptance Project and what motivated you to pursue research with LGBT youth. Their parents and other caregivers Well I've worked on these health and mental health issues for 35 years and as a practitioner clinician I knew that no one had done a comprehensive study of how families adapt and adjust when LGBT young people come

out during adolescence as has been happening increasingly really since the early 90s. And so I wanted to do that initial research. And I wanted to go further because I wanted to study how do families and caregivers express acceptance and rejection of those LGBT children. And how do those specific behaviors of acceptance and rejection affect the health and mental health of LGBT young people as adults. You know when they're a little bit older when they have a little more distance and independence from their families and when we start to see behaviourally how they've internalized those parental and family messages about their self-worth. So I wanted to do a study that would do both of those things because of course I'm a social worker I have happy with doing research to have an impact on practice and policy. I wanted to take this research and really use it to develop evidence based interventions a whole new family related approach to working with LGBT children and that sense that we were designed to be implemented across disciplines and systems of care.

[00:11:07] So in other words that could be used by school counselors and school based mental health providers and primary care adolescent mental health care settings and community settings because I knew as a practitioner that families were never in the room they were not being served. There were so many families that were struggling to find out information and didn't really know where to go and I was also interested in doing some impact evaluation. So when we started our project early into it we did a survey of all of the LGBT community centers LGBT youth programs and people like chapters in California because I wanted to document the extent to which LGBT services were providing any kind of service at all. Anything targeted for families. And by that I meant did the flood chapters go to the GSA and bring a flyer about hey I'm happy to talk to your parents or did the LGBT youth programs have some kind of picnic. You know once or twice a year when youth could bring their friends or. Or were there some more formal things like did they have a hotline or did they have a group for parents. And so I wanted to document anything because I wanted to establish what the baseline thinking wants to show how we were having an impact on that. And you know it takes a really long time to do a project like this. So we did a second survey within four years and we found of all the same groups and we found that there were two services for families in California and they were both in community centers and they were not in the big cities. In other words they weren't in San Francisco or L.A. but two community centers had identified the need the growing need. Parents calling how can we help our kids.

[00:12:50] What do we do about these issues how can we find a sensitive pediatrician etc who can we talk to can we find other families so this was really motivating the need for a basic practice level intervention that could really be done in a variety of settings. And also the barriers that we face in raising the consciousness at the community level that this was needed that families needed to be involved that families schools and faith communities are the three basic socializing institution for children and families. And you know you've studied school related concerns and for our LGBT young people schools are the main area of that research has been done in families and faith communities have pretty well been excluded. So I wanted to understand that not only how these behaviors are being expressed how they affected the child's well-being health and mental health as a young adult but also how could we change the paradigm across all of these health and mental health disciplines in our systems of care to engage families at the very basic level at the level of prevention. Once we started doing our interviews and we did we started with the lived experiences of LGBT young people and families. Nothing in our research or in the materials we're developing is invented. It all came from the lived experiences. I saw that in the second interview that we were really doing a narrative therapeutic intervention. And I also saw further and we went through time we have probably now 8 thousand pages of transcripts from that qualitative study that were transcribed translated coded. That's how we found the basis of accepting and rejecting behaviors. But we also found something else.

[00:14:34] All of these incredible missed opportunities where a worker could have intervened could

have helped the family self reflect on you know violent or negative reactions early on that would have helped maintain that young person in the home kept the family from fracturing kept all kinds of negative outcomes from occurring over time reflected back you know with that young person who saw a family rejecting behavior pure rejection and not fear that their parents would have about that young gender variant child being on the street at night. And what might happen to them because of the way they were dressed so there were so many places where something that we could have done particularly of social workers since we were in all kinds of settings could have really made an incredible difference. And that's what I wanted to do your focus on the family is so important because as you said providers have treated LGBT youth really as individuals rather than as members of families. And there's been a hesitancy to intervene with parents around helping them accept their LGBT children. What do you think that hesitancy has been about on the part of providers. Well I think it's quite widespread. And I think there are a number of reasons for it. One of the major reasons is that it's custom and habit it's been custom and habit to protect historically over the past three decades. LGBT young people from their families because the perception has really always been that as one as actually several providers said in our interviews with them families are a can of worms. They're going to be unsupportive at best and that could be a nightmare. Worst of all let's not even go there.

[00:16:25] So there's a habit of not asking LGBT young people about their relationships which I completely understand comes out of a need to protect that young person. But those kinds of reactions we know go back to the 1970s and now we're almost in 2010 we're at a different point in history with Rupal on the shopping channel and Ellen DeGeneres hosting the Oscars and many many more positive images of LGBT people in the popular culture as well as in society that just never existed before. And yet we're still hesitant to involve families which are the basic socializing medium really in the world. There hasn't been a rationale to involve families is no reason to ask. There hasn't really been this kind of research. And finally you know with services for adolescents they've increasingly become more focused just on the adolescent on protecting their privacy and therefore excluding the family. So I think providers needed a pretty good reason to involve the family and I would say that that our research is a really good reason. The other point that I think I want to make Diane it really gives a little story to your comment which is that we've served LGBT young people as individuals alone at the individual level not at the systems level and last week I did a training for one of the largest and oldest LGBT youth programs in the country very comprehensive agency. And I've done some work with them before but this was an update on where we are now and it was actually really great it was very well received. And at the end of it the key youth outreach worker who works directly with youth said you know I realize that we have to completely change everything that we're doing.

[00:18:14] When I work with LGBT young people I never mention the word family and never say the word. I'm always so aware that it's painful for many of them. So I don't ever even want to raise the issue. And another worker who had worked in residential services said I realize that not only is this reflected in our work with youth but it's the same throughout the agency. Our families are never invited to events we never have activities where they come we don't even talk about them. And so it's happening in our LGBT services as we've found certainly in our statewide survey in California we like to think we're kind of progressive out here. But if that's what's happening in LGBT services we can only imagine you know what's happening in mainstream services. Yes. Earlier you were talking about rejecting behaviors on the part of families that you and your team have identified. Could you describe for us what some of those specific behaviors are that you saw in your research. Sure. And I want to remind our listeners that we didn't make these up. This is a very large mixed method study it's actually a whole series of linked studies because we have lots of other components to it that people don't even realize that we've gone they didn't have very large qualitative study that took a long time to do with young people from families that were accepting ambivalent and rejecting in rural semi rural urban the suburban parts of California we really went all over the place

including into the farmworker communities in those interviews which were individual by the way.

[00:19:56] So the adolescent was interviewed separately from a parent or grandparent or another key family member that knew their story. Because really what we were doing was documenting their experiences over time and we collected an enormous amount of information about religious values and beliefs and their cultural experiences and gender expression and child development and immigration experiences all different kinds of things. But in those interviews they actually described their experiences in great detail. So we learned about more than 50 rejecting behaviors and more than 50 accepting behaviors and I want to make a little segue over here to say that most of the research that's really pretty well all of that on LGBT youth has been focused on risk and the main reason for that is that that research grew out of a need to advocate for young people provide services document them. So that really prompted risk related research. There's a real dearth in terms of what's been studied related to strength positive coping resilience et cetera. So in this study we wanted to look at both of those issues and to look at risk and strength. When your views were aware and arming working for redirecting behaviors we were looking for the positive supportive behavior. So we identified 106 different kinds of behaviors as we've done our work with briefing sessions with ethnically diverse families over time in three languages. Actually we've seen those behaviors reflected across cultures and actually more similarity across cultures. And one would think that some of those rejecting behaviors are very common in families that are highly rejecting such as verbal harassment using negative language in different languages about what it means to be gay or gender variance.

[00:21:49] Preventing the child from having a gay friend or partner romantic partner excluding them from the home or any family activities hitting slapping you know physically hurting the child because of their identity and hoping maybe to change that actual behaviors to try to change the child's sexual orientation or gender identity. Telling them that you're ashamed of them because of how they look or act and that who they are will shame the family actually excluding them from family events because of how they look act and behave using religion to condemn the young person. And then on the other side the positive behaviors actually include supportive behaviors to supporters use religion to support your child's identity. Advocating for them in the face setting or finding a congregation that would be supportive of supporting your child's identity even though you may feel uncomfortable in a variety of ways including talking with them advocating for your child when they're mistreated because of their LGBT identity welcoming their LGBT friends into the home. We identified and measured each one of these behaviors since so what's really exciting about what we're doing now is we don't start where everybody notes typically starts with how does homosexuality start. How do you become gay. And is it moral or not. We actually start with the behaviors and our approaches that we know you love your children you know you want the best for them. And we have scientifically identified and measured these behaviors through research and this is what we found.

[00:23:24] We know that some of these rejecting behaviors have a greater you know nine times greater likelihood that your child will try to take their own life for a six times greater likelihood that you're going to have very high levels of depression or they'll be more than three times as likely to be at high risk for HIV or more than twice as likely to have been diagnosed with a sexually transmitted disease or almost four times as likely to use illegal drugs when we can show parents how behaviors that they thought were helping their child or really hurting them. They often become very reflective even if they're not innately so by thinking about how their child has become increasingly withdrawn and sad and you know spending time in their room and you know the kind of conflict that's going on in the home and really beginning to understand that these behaviors can contribute to those negative outcomes. And of course these parents love their kids and families and you know they want to help them. They don't want to hurt them. So the whole basis of our approach is helping connect outcomes with these very specific negatives for rejecting or supportive behaviors and then

through harm reduction approaches and empowering families to support their LGBT children. We've actually worked with a lot of conservative religious films from those backgrounds and in fact we've studied spirituality and religion as part of our research.

[00:24:49] That's a very important part of people's lives and so we're now working in fact with faith traditions that are quite conservative and all of the congregations or to actually reach families to tell them about the news services that are free that we're providing here that form the basis of these new evidence based family interventions that we'll be developing over the next two and a half years and then once we've developed them we'll write up the protocols guidelines training manuals and make that information available online all over the country and to groups who are working with outside the U.S.. It sounds like a big focus of your interventions that you're developing would be to simply educate parents about the impact that those accepting and rejecting behaviors can have on their children. Well it's not just education but very often it requires skill building in many families requires teaching them communication skills how to reflect on certain reactions that they might have before they have them or fade them thinking about other ways to communicate their feeling to their child without doing it in a way that you know we've identified is going to be hurtful to that young person. So there's a lot of I think self-assessment and skill building that underlies this as well in another really important component of what we're doing is creating peer support networks and family advocates or like parent from a tourist to educate and empower parents and caregivers. One of the very interesting things that we heard across ethnic groups again in all languages was our parents and families need to have this information before they know who their children will become. I wish that I knew this before I knew my son was gay and parents would say you know when mom is in the nursery holding that baby that's when she needs to know that there are certain ways that she should really be talking about these issues with her child because so many kids have internalized very negative messages in the home before they even learn how to talk or from people around them and what our work also entails is working with family resource centers.

[00:27:01] You know head start programs preschool programs family you know parenting effective and training to help families think about these issues in a different way. We know for example the gender expression you know young people express gender at ages 2 and 3 and that's when they start particular the little boys who are you know want to be ballerinas for Halloween or play with Barbie. That's when those very negative messages start and even hurtful reactions because parents are afraid or feel that they need to react in a certain way to control his behavior. One of the most important things we learned in our research that I always try to communicate and we communicated in our family materials that we've been developing is that parents are acting out of love and concern when they react in these ways. And yet the young person may feel very rejected and unloved and that's who are trying to change who their children are are really trying to help them fit into their socializing their children to live in a homophobic hostile world. And they have great fear about what can happen to them across all groups that families that we interviewed whether they were upsetting ambivalent or rejecting they all feared what could happen to their children. In fact I was very struck by the fact that parents were monolingual in Spanish or Chinese and didn't speak English. I was struck by how many of them had heard the story of Matthew Shepard. They may not have remembered his name but they knew what had happened to them who had been murdered because he was gay or going Arapahoe in Northern California who was murdered because she was transgender. Parents knew about that and were very very frightened about what could happen to their children.

[00:28:41] So underlying a lot of the motivation to change how their children will act or behave is this underlying fear that something terrible could happen to this child in an unaccepting world. What about youth in out-of-home care. You've been very involved in establishing best practices for child welfare agencies around addressing the needs of gay lesbian bisexual and transgender youth in out-of-home care. What are the implications of your current research for providers for young people

in out-of-home care. Well I think there are enormous implications. First I want to say that with Shannon Wilborn journey Mark Summer we actually wrote guidelines for care custodial care of LGBT youth in out-of-home settings and our research provided an empirical framework for thinking about the scope of those interventions. And that was actually the first thing that we published from you know in collaboration with them as part of our research. But there are some very important issues here for custodial care. And one is that I believe that early intervention can make an enormous difference in preventing many young people from ending up out of home if workers were trained and able to intervene. One of the things we saw time and time again were all of these missed opportunities when a worker really could have prevented a young person from ending up out of home or when informed families could have gotten you know their children back sooner or from being placed in inappropriate custodial care settings when it really could have just changed the whole life course for that family. If you think about it. And so these are findings to change how services are provided and how LGBT youth are treated in custodial care settings.

[00:30:38] When we wrote that wrote this first guidelines we didn't have all of the data that we have now but one of the things that our work is done is our research is actually characterized child abuse for LGBT young people. So they're rejecting behaviors we identified are common and are perpetuated in juvenile justice services and are also reported in many foster care settings by working with some of the attorneys that we work with. We can begin to provide our research in a legal framework so that administrators policymakers decision makers can understand that these behaviors that were considered tolerating are actually rejecting behaviors that put these LGBT young people at risk and jeopardize their ability to receive any kind of appropriate or even quality care. So where is your research going next. Well right now I'm focusing on developing these interventions. If you've done a research project that has the kind of scope that this one has it's not enough to put out a lot of research papers that just sit on the shelf. We really have to turn it into tools that people can use. So that's why so much of my focus is going on into developing these interventions you know piloting them evaluating them putting them in a framework that can be reproduced you know in multiple kinds of settings. One of the pieces of that is it's not just enough to develop the interventions we have to prepare communities to use them. We talked earlier in our interview about some of the barriers there innate barriers with youth who were afraid to talk to their parents that things are bad now but they're certain to get a lot worse.

[00:32:26] Obviously they've never heard of our research and don't have access to it. There are the providers who haven't heard about what we're doing and who are acting out of custom to protect LGBT young people from their families. So across the country I think you'd be hard pressed to find many LGBT youth programs that allow families to come in or have any kind of annual social event for example where families can come and interact with LGBT youth. We've been talking about the need for this for about five years so I think that some of them are starting to change or the existing organizations that may provide services for families but were developed to provide services for families whose children came out as adults or transitions you know to be transgender as adults. So the focus on children and adolescents is very different and because we've had limited research on child sexual orientation identity development or gender identity development in adolescence that wasn't pejorative. There's a lot of misinformation that providers have so many barriers that we have to surmount to really prepare communities to incorporate these interventions when they're available. And there are actually some things that we can give to providers to do. Now some advice and some materials that they can use etc. So one of the things I've been doing I don't have much time but there are three communities that I started working with when I've been working with for about a year and a half and threw me quite exciting. And it's the Greater Boston people like chapters in Massachusetts.

[00:34:05] I went to got my master's in Massachusetts and now I'm excited to be back there working with these amazing tie like chapters that took our research and immediately put it in the field and

have been reframing the entire way that they're doing their education that they're working with families that their support groups are working. They have always had a huge focus in that people are a chapter and have a lot of great youth related programs. What they're doing now is to expand beyond waiting until your child is known to be LGBT to start to create a supportive environment in the ring. And they're also using our family education materials in a variety of ways in their outreach through the school through faith based communities and in the workplace and they have an exciting collaboration right now with the state PTA to disseminate our family edition materials through all the back to school packets and doing training for the PTA to help families understand that there are many important things that can be done now to support their children. We've been referring to P Flag which is parents and friends of lesbians and gays and many chapters a flag exists around the country. We've also been working with Utah and with a number of religiously conservative families to address these issues in a way that is appropriate in terms of their theology and belief systems. And I'm now getting ready to do my first work with the entire mental health system of care in the community. And the most exciting approach for me is to be able to do system of care work with these systems. And I've been doing some work with some of the Sampson that system with care administrative folks in this new community work.

[00:35:55] I think we're going to come up with a way that we can actually help systematically other communities get ready to integrate these interventions and to work through the attitudinal barriers the program barriers that kind of basis that's been involved because for so long we've been saying to young people you don't need a family of origin. Here's a family of choice and it's really not the same thing. Anybody who's been psychologically trained would certainly tell you that. So Dr. Ryan we've talked about a lot of issues. What do you see perhaps to finish up what do you see as the major challenges facing practitioners advocates and researchers who watch to create affirming environments in which LGBT youth can thrive. This still is a real lack of information about sexual orientation and difficulty talking about sexuality in general as well as a deep lack of knowledge about gender identity development and these are major major depths member a social worker who went to the same undergraduate program and human sexuality in Iowa two years ago and she actually became an educator after she completed that program and for years and years and years. She trained social workers predominantly other providers as well about human sexuality and adolescent sexuality and what she found were extraordinary dearth of knowledge very basic profound misconceptions about human sexuality. People of course bring their own experience to the field all the time. But because we have such little training about basic human sexuality in our social work programs or I'll go further and just say professional practice programs there are no opportunities to dispel these myths and practice and very often you know a supervisor doesn't even know what a provider may be saying to a client or what kinds of responses they have. So these deep seated myths.

[00:37:59] And I want to say too that many LGBT providers have them as well I can't tell you how many they are transgender providers who work with young people think that you have to be an adult to know that you're gay. They don't understand that. You know research for years has been saying that on average children have their first crush at about age can whether they are gay identified or heterosexual that so many young people know who they are at a very early age although they know that it's not OK to talk about it because they've already been cued by social messages that to come out would be a very bad thing to say that you know I feel this or I think this would not be a good thing. Yet those providers are confirming those myths with families. The parents who think oh it's just a phase. It will be fine. You know this is really who they are or denial about it. Who are they. How could they possibly know. Now I remember one parent who said when her son came out I have to get him a prostitute. He's never been with a woman so I have to make sure that this happens so that he knows that he's not gay. These myths are so pervasive and until we can in our culture in our mainstream culture talk about human sexuality in confirming way it's very very difficult to go further to look at sexual orientation and gender identity issues that are still

extremely stigmatized and that I think is a major challenge for the profession for social work education and practice in general and for youth in out-of-home care.

[00:39:39] We also know that foster parents do not get sufficient training on sexuality and a lot of the foster parent training programs that are provided. Well I don't think they get really any training specifically about behavioral issues and human sexuality in general. One of the exciting things that's happened now is one of our early funders for the Family Acceptance Project and they came to me last year and asked if we could collaborate on developing a training program for foster parents. So I'm excited to say that we are going to collaborate on that and we'll make that available once it's completed to various communities around the country and agencies that can use it in their work. So what we'll be doing that will be different is not teaching foster parents definitions of who children are or young people are which I think basically causes people to zone out in their eyes to glaze over. We're actually going to be helping them identify the behaviors that we've learned in our research that are harmful and put kids at risk and those that are supportive and can promote their well-being and then dealing with some of the behavioral issues and the attitudinal issues and one of the important messages. I think that we give overall to families is honest with your children. They know what you feel. You know you might try to hide it if you're uncomfortable or think this is really wrong but they know underneath and so be honest and if you believe this is wrong let them know how you feel and make sure they know that you love them.

[00:41:13] This is a you know we live in a state of ambivalence in the modern world and families are perfectly capable of maintaining two sets of conflicting beliefs in their head at the same time and one person knows when people are uncomfortable. But if they also are reminded that their family loves them and they care for them they're not going to throw them out. That goes a long way to beginning to open the door for dialogue. Right. OK. Well I want to thank you so much for all the time you gave to this interview and the energy that you expended. And I want to thank you so very much for your research and your advocacy over the years on behalf of LGBT people. It's been a pleasure to be on this call Diane and to get to have actually never had a conversation like this so it's very exciting and I hope before too long to really show you what we're actually doing. You've been listening to Dr. Caitlin Ryan discuss the Family Acceptance Project a community research intervention and education initiative. Study The Impact of Family acceptance and rejection on the health mental health and well-being of LGBT youth. Thanks for listening. And tune in again next time her more lectures on conversations on social work practice and research. Hi I'm Nancy Smyth Professor and dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. Our school is celebrating 75 years of research teaching and service to the community. More information about who we are our history our programs and what we do. We invite you to visit our Web site at www.socialwork.buffalo.edu.

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