Welcome to *Advances in Suicide Prevention: Research, Practice, and Policy Implications for LGBT Populations*

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Advances in Suicide Prevention: Research, Practice, and Policy Implications for LGBT Populations

Stephen Russell, Ph.D., Ann Haas, Ph.D., & Caitlin Ryan, Ph.D.

Meeting Orientation

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Advances in Suicide Prevention: Research, Practice, and Policy Implications for LGBT Populations

Stephen Russell, Ph.D., Ann Haas, Ph.D., & Caitlin Ryan, Ph.D.

Speakers

Stephen Russell, Ph.D., University of Arizona, Interim Director, Norton School of Family and Consumer Sciences. President, Society for Research on Adolescence

Ann Haas, Ph.D., Senior Consultant, American Foundation for Suicide Prevention

Caitlin Ryan, Ph.D., ACSW, Director, Family Acceptance Project, San Francisco State University

Learning Objectives

- Review what is known about suicide risk among LGBT populations across the lifespan.
- Identify gaps in research and describe how this impacts our understanding of the scope of the problem and design of prevention strategies.
- Describe new work to develop and test a protocol for collecting postmortem data on sexual orientation and gender identity.
- Explain a research-based health and mental health family support model that helps ethnically- and religiously-diverse families to support their LGBT children.
- Identify relevant resources available to researchers and practitioners.

Poll Questions 1-4

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Children, Youth, and Families

LGBT Suicide Risk Across the Lifespan

Stephen T. Russell, Ph.D.
Distinguished Professor, Fitch Nesbitt Endowed Chair
University of Arizona

THE UNIVERSITY OF ARIZONA.

American Foundation for Suicide Prevention

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Research on LGBT Suicide Across the Lifespan: Report on AFSP's Consensus Conference and Consensus Statement *(Journal of Homosexuality, 2011)*

- Understanding LGBT suicide risk
- Strategies for Prevention and Intervention

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Scientific Consensus:

- **What do we know?**
- **What do we still need to know?**
- **What are the implications of the gaps?**

Scientific Consensus:
What We Know / Still Need to Know

Deaths by suicide:

- *Psychological autopsy* studies identify no difference: methodological limitations
- Danish mortality registry studies comparing heterosexual married to same-sex domestic partnered:
  - Persons in same-sex partnerships were 4 times more likely to die by suicide (Qin et al., 2003)
  - Men in same-sex partnerships were 8 times more likely to die by suicide than married heterosexual men; twice as likely as never-married heterosexual men; no differences found in women (Mathy et al., 2009)

Scientific Consensus:
What We Know

Prevalence of Ideation and Behaviors:

- Consistent findings: 2-6 times higher rates of suicidal thoughts, intent, or attempts – *among youth* – based on same-sex sexual orientation, identity, or behavior
- Strongest results: gay and bisexual young men (e.g., Russell & Toomey, 2012)

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Scientific Consensus:
What We Know

Youth:

- *Suicide Script:* Could results reflect youth's attempt to communicate hardship?
- Several studies show that suicide attempts:
  - Reflect a desire to die
  - Are moderate to severe in lethality
  - Require medical care

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Scientific Consensus:
What We Know

Adults:

- Findings generally consistent with youth studies
- Stronger results for *lifetime* (compared to recent) attempts: additional consistency with youth studies

Scientific Consensus:
What We Still Need to Know

Transgender persons:

- No population-based studies
- Focused / community surveys in the U.S. show exceptionally high rates of suicidal thoughts and behaviors

Scientific Consensus:
What We Still Need to Know

Older adults / elderly:

- Very few studies, but compelling anecdotal reports:
  - Social isolation
  - Lack of typical family supports to elderly
  - Challenges in care / long-term care

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Scientific Consensus:
What We Know

- There is consensus that there is risk for suicide in LGBT communities…
- What predicts that risk, and what can we do about it?
- **Risk** and Protective Factors:
  - Risk factors for the general population, but disproportionate among LGBT people
  - Risk factors unique to LGBT people

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Scientific Consensus:
What We Know

Risk factors for the general population:

- Age
- Education and income
- Native American ethnicity
- Depression / psychiatric illness
- Substance abuse

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Scientific Consensus:
What We Know

Risk factors unique to LGBT: "Minority Stress"

- Disclosure / coming out
- Gender non-conformity
- Experiences of discrimination; victimization
- Homophobic bullying
- Parental rejection / abuse

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Scientific Consensus:
What We Know

Unique Protective Factors:

- LGBT peer support
  - Having LGBT friends
  - Presence of school-based Gay-Straight Alliance (GSA) club (Hatzenbeuhler, 2011)
- *Other LGBT-related social support*

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Scientific Consensus:

- **What are the implications?**

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Scientific Consensus:
Recommendations for Treatment

- Physicians should routinely elicit suicide and mental health information – and sexual orientation / gender identity information
- Detailed, accurate (continuing) education is needed for clinicians
- Clarity that the risk is based on normative and unique minority stressors: not all LGBT people are at risk

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Scientific Consensus:
Recommendations for Prevention

- Educate community gatekeepers about risk factors for suicide among LGBT populations
- Educate LGBT community about risks – and resources for treatment and support
- Design LGBT-specific suicide prevention and intervention strategies – to reduce risk and bolster protective factors
- Address LGBT suicide and its causes in state / community suicide prevention plans

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Scientific Consensus:
Recommendations for Public Policy

- Decrease stigma and negative mental health effects through laws and policies to eliminate discrimination /differential treatment: employment, housing, marriage and family, and health and mental health care
- Improve access to mental health services through nondiscrimination policies and expanded health coverage to same-sex partners
- Amend protective legislation to include LGBT individuals:
  - E.g., Older Americans Act; Safe Schools Improvement Act; “Don’t Ask, Don’t Tell” repeal; Health care non-discrimination

Poll Questions 5 and 6

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Suicide Prevention

LGBT Suicide Prevention: Challenges & Opportunities

July 10, 2014

Ann P. Haas, Ph.D.
Senior Consultant

Best Practices in Suicide Prevention

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- **SAMHSA's National Registry of Evidence-Based Programs & Practices (NREPP)**
  - 14 suicide prevention programs and interventions
  - **None** specifically targeting LGBT populations
- **SPRC's Best Practices Registry for Suicide Prevention (BPR)**
  - **No** LGBT-specific program named a best practice based on *documented outcomes*
  - **8** of 103 initiatives determined to have **content** that **"adheres to standards"** are **LGBT-specific**

LGBT Programs that "Adhere to Standards"

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- **3 brief online trainings (Kognito Interactive)**
  - *LGBTQ on Campus for Faculty & Staff*
  - *LGBTQ on Campus for Students*
  - *Step In, Speak Up: Supporting LGBTQ Students*

- **3 educational products (Massachusetts Dept. of Public Health)**
  - *Preventing Transgender Suicide: An Introduction for Providers*
  - *Saving Our Lives: Preventing Suicide in Transgender Communities* (video & discussion guide)
  - *Saving Our Lives: Transgender Suicide Myths, Realities & Help*

LGBT Best Practices

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- **Educational booklet (Family Acceptance Project)**
  - *Supportive Families, Healthy Children: Helping Families with LGBT Children* (research-based)
- **Youth education and gatekeeper training (The Trevor Project)**
  - *Trevor Lifeguard Workshop* (separate versions for LGBTQ youth and general youth audiences)

Why so few best practices in LGBT youth suicide prevention??

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Reflects gaps and limitations in existing knowledge:

1. No data on *suicide deaths* in LGBT populations
2. What we "know" about *LGBT suicide* comes from information about *self-reported, non-fatal suicide attempts*
3. Limited recognition of significant variations in risk among subgroups of overall population (L-G-B-T)
4. LGBT suicide prevention initiatives not adequately evaluated

1. Suicide Deaths

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- Higher rates of LGBT suicide hypothesized for last 20 years, based on suicide attempt data
- BUT – no generalizable data about the sexual orientation and gender identity (SOGI) of suicide decedents
- Studies using psychological autopsy and other research methods have produced equivocal results
- NOT an acceptable alternative to ***systematic, routine identification*** at time of death

Costs of Knowledge Gap

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Things we DON'T know -

- What causes LGBT suicide?
- Which causes can be prevented by changes at the level of the individual? Which require changes at the community or societal level?
- Which LGBT groups are most at risk of dying by suicide?
- Are LGBT suicide rates going up or down?

Addressing the Gap

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Convening on Postmortem Collection of Sexual Orientation and Gender Identity Data, May 13-14, 2014

- AFSP & Johnson Family Foundation, co-sponsors
- National Action Alliance for Suicide Prevention
- Williams Institute, UCLA School of Law
- Centers for Disease Control and Prevention (CDC)
- National Association for Public Health Statistics and Information Systems (NAPHSIS)
- Offices of the Chief Medical Examiner or Chief Coroner in several U.S. jurisdictions (also Saskatchewan, Canada)
- American Board of Medicolegal Death Investigators (ABMDI)
- Department of Veterans Affairs

Meeting Outcomes

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- Aligned on a plan to develop and test a new protocol for identifying SOGI as part of the routine investigation of suicides and other violent or undetermined deaths
- Workgroups being organized to:
  - develop the protocol
  - select pilot sites and train death investigators
  - develop an evaluation plan and collect information on outcomes
  - incorporate a revised protocol into the standard guidelines for death investigators
- Data will be reported through National Violent Death Reporting System (NVDRS)

2. Suicide vs. Self-Reported Non-Fatal Attempts

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- Non-fatal suicide attempt is a key ***risk factor*** for death by suicide
- But, ***less than 10%*** of those who survive a medically serious suicide attempt go on to die by suicide
- Different demographics
  - 75% of *attempts* but 20% of *suicide deaths* occur among females
    25% of *attempts* but 80% of *suicide deaths* occur among males
  - Ratio of attempts-to-deaths = 150-to-1 in youth; 4-to-1 in older adults

Another Limitation

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- Information about LGBT non-fatal suicide attempts comes entirely from ***self-reports***, usually through surveys
- In the general population, **4.6%** of adults report ever attempting suicide (National Comorbidity Survey)
- Follow-up in-person interviews with probes about intent to die reduced attempt rate to **2.7%**
- **Anonymous surveys with no probes tend to over-estimate prevalence of suicide attempts**

Common Incorrect Statements!

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- Stating or implying that we have data on LGBT suicide deaths
  - "Given the disproportionately high number of LGBTQ people who take their own lives…."
  - "Suicide rates among gay youth are considerably higher than for other youth…"
- Suggesting we have confirmed (rather than self-reported) data on LGBT suicide attempts
  - "LGB youth are three times more likely to *attempt suicide"*
  - "30% of LGB youth *have attempted suicide"*

3. Limited Recognition of Subgroup Differences

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- Differences in how sexual orientation is measured in studies
  - Researchers may not be talking about the same populations
  - Sexual identity and sexual behavior are related to suicide risk in different ways*
- Differences among youth who identity as L-G-B
  - All three groups show higher level of suicide risk compared to youth who identify as heterosexual
  - Order of risk: girls who identify as lesbian, boys who identify as gay, girls who identify as bisexual, boys who identify as bisexual

***Matthews at al. (2014). Operational definitions of sexual orientation and estimates of adolescent health risk behaviors. *LGBT Health, 1*(1), 42-49.**

Best Practices in Measuring SO/GI

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- The Williams Institute, School of Law, University of California Los Angeles (UCLA)
  - *Best Practices for Asking Questions About Sexual Orientation on Surveys*, Nov. 2009
  - *Gender-Related Measures Overview*, Feb. 2013

http://williamsinstitute.law.ucla.edu/category/research/census-lgbt-demographics-studies/

4. Gaps in Evaluating LGBT SP Programs

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- ***Theoretical and empirical foundations for the program, policy or intervention.*** *What evidence suggests that it is likely to reduce suicide risk or increase protective factors in LGBT youth?*
- ***Implementation processes.*** *Is the program being implemented as intended? Who does it reach? Is this the "right" audience? Does the program match the audience's perceived needs? Is there evidence that it's "on the right track" to achieve the intended outcomes?*
- ***Outcomes.*** *What results have been achieved? Do they match what was anticipated? Is there evidence of impact on the intended beneficiaries; i.e., LGBT youth?*

Evaluation Resources

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- SPRC online course, "A Strategic Approach to Suicide Prevention" (http://training.sprc.org/) includes two resource sheets related to evaluation:
  - http://www.sprc.org/library_resources/items/information-about-evaluation
  - http://www.sprc.org/library_resources/items/finding-help-evaluation

Contact info

AMERICAN FOUNDATION FOR Suicide Prevention

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Poll Questions 7 and 8

FAMILY ACCEPTANCE PROJECT:

Research-Based Family Approach to Prevent Risk & Promote Well-Being for LGBT Children & Youth

Caitlin Ryan, PhD, ACSW
Family Acceptance Project (FAP)
San Francisco State University

Social Emergence
LGBT Children & Adolescents

Widespread social changes:

- **Internet & media** -- wide dissemination of information about previously hidden identities
- Changes in **public perceptions** and increase in positive media images and coverage of LGBT people & youth
- Expansion of community support groups for LGBT youth since 1978 and school support since the early 1990s

Have enabled children and adolescents to learn about and understand that they are LGBT at much younger ages – in all settings

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Lack of Understanding of Role of Families

- LGBT youth have been served as individuals or through *peer* support – not in the family context
- Services for LGBT youth have not included families
  - Providers have seen their role as protecting youth from (unsupportive) families
  - No rationale for involving families prior to FAP research
- Reunification / reconnection has not been seen as an option for LGBT youth
- ***Many providers & advocates see families as an "adversary"***

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LGB Adolescents: Average Ages

	Average Age
• First awareness of attraction **Range of studies – late 1980s on**	10
• LGB identity – adolescents **Range of studies – 1990s**	14-16
• LGB identity – adolescents **Family Acceptance Project – 2005**	13.4

Young people self-identifying at ages 7-12

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Increased Awareness of Gender & Sexual Orientation at Earlier Ages Among Caregivers

GENDER EXPRESSION	GENDER IDENTITY	SEXUAL ORIENTATION
Very early ages	Develops by around age 3	First attraction on average - age 10

Increasing awareness among parents / caregivers - but lack of family support and intervention services and lack of knowledgeable providers

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Family Acceptance Project

- Research
- Education & Professional Training
- Family Intervention Model
  - New research-based family intervention approach to promote well-being and decrease family rejection & risk for LGBT children & youth
- Informed Public Policy

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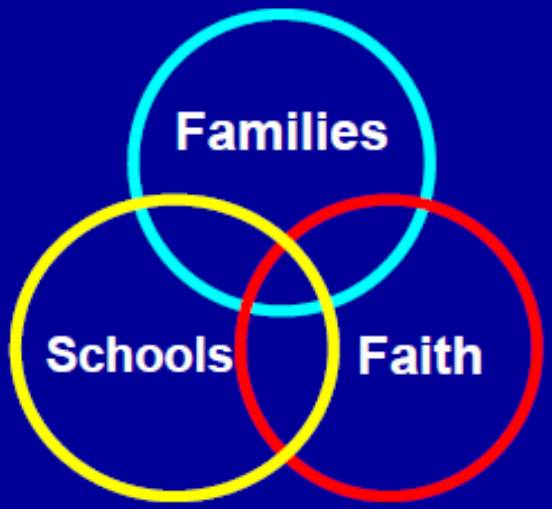
Primary Institutions that Socialize & Support Children & Youth

FAP Research & Interventions

- Families
- Schools
- Faith Communities



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Family Acceptance Project
Goals & Aims

- Strengthen and help ethnically and religiously diverse families to support their LGBT children
- Provide guidance "upstream" and intervene at any point to prevent / reduce risk & promote well-being by helping families decrease rejection & increase support
- Help families maintain LGBT children in their homes
- Reconnect families and promote permanency
- Implement FAP model across systems of care to serve LGBT children & youth in the context of their families, culture & faith communities

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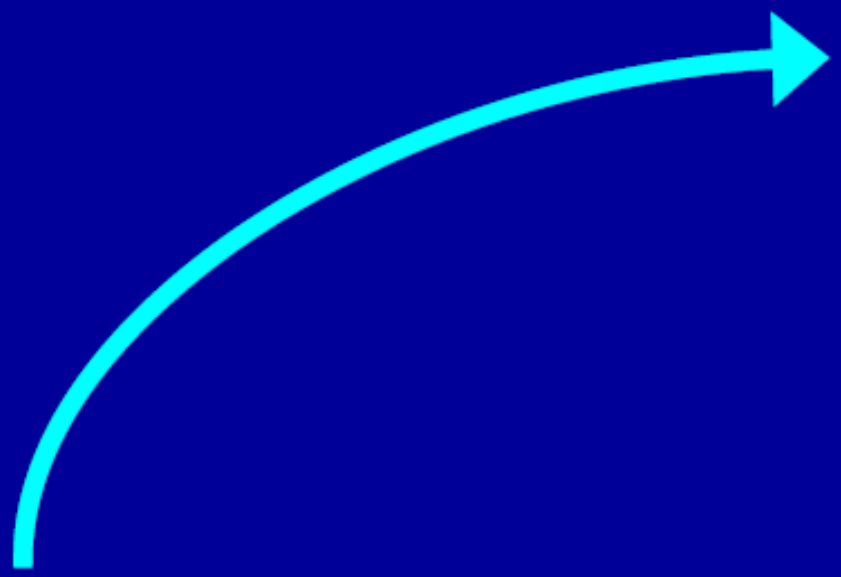
Impact of Family Acceptance & Rejection on Health/Mental Heath



Depression
Suicidal Behavior & Attempts
Substance Abuse
HIV Risk & STDs
Self-Esteem
Social Support
Life Satisfaction
Sense of the Future

Family Responses:

Acceptance
Rejection

100+ Family Behaviors

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Research Process

- ***Qualitative Study*** – **LGBT Youth & Families**
  (Interview Study)
  (ages 13-18)
  100+ family behaviors

- ***Young Adult Survey*** – **LGBT Young Adults**
  (ages 21-25)

- ***Family Briefing Sessions*** – **Ethnically Diverse Families with LGBT Children; Youth; Providers**

- ***Family Interventions*** – **Ethnically Diverse Families with LGBT, questioning & gender variant children**

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Example: Rejecting Family Reactions

- Refuse to believe that youth is LGBT ("they're confused"; "just a phase," etc.)
- Restrict access to LGBT positive information, including peers, GSAs – school clubs and community resources
- Blame LGBT youth for being mistreated and victimized by others because of their sexual orientation or gender expression
- Use religion to condemn youth's LGBT identity
- Don't talk about youth's LGBT identity
- Eject LGBT youth from the home
- Try to change youth's sexual orientation & gender expression

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Example: Supportive Family Reactions

- Express affection and caring for LGBT youth
- Support gender expression
- Welcome youth's LGBT & partners friends to the home
- Advocate for youth when they are mistreated because of LGBT identity, including advocating for youth at school to prevent & address bullying
- Believe LGBT youth can have a happy future
- Find / help congregations to become more welcoming & supportive of LGBT people and welcome them to services and activities

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FAP Young Adult Survey (n = 245)

- ***Teen Years*** **(ages 13-19)**
  - family, friends & school experiences
  - positive & negative family experiences
  - coping & resiliency

- ***Young Adult Years*** **(ages 21-25)**
  - mental health, substance use, sexual behavior
  - life satisfaction, anti-gay discrimination
  - self-esteem & social support

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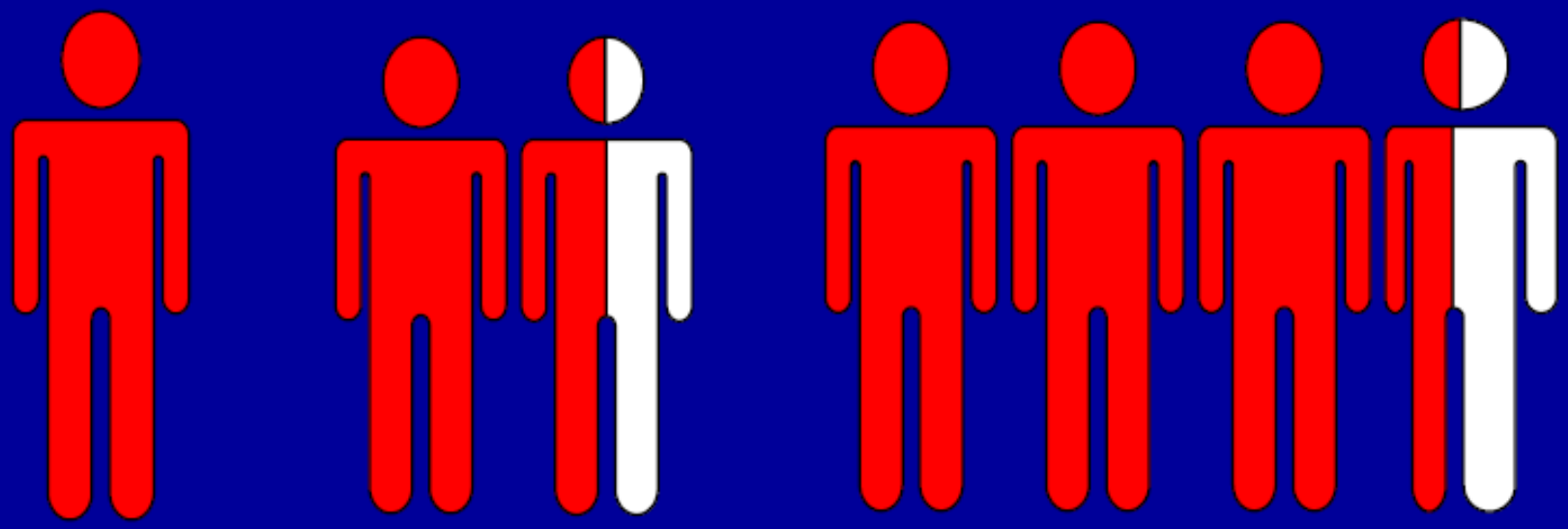
Illegal Drug Use

(n = 245)



Low Rejection

Moderate Rejection

High Rejection

$p < .001$

LEVEL OF FAMILY REJECTION

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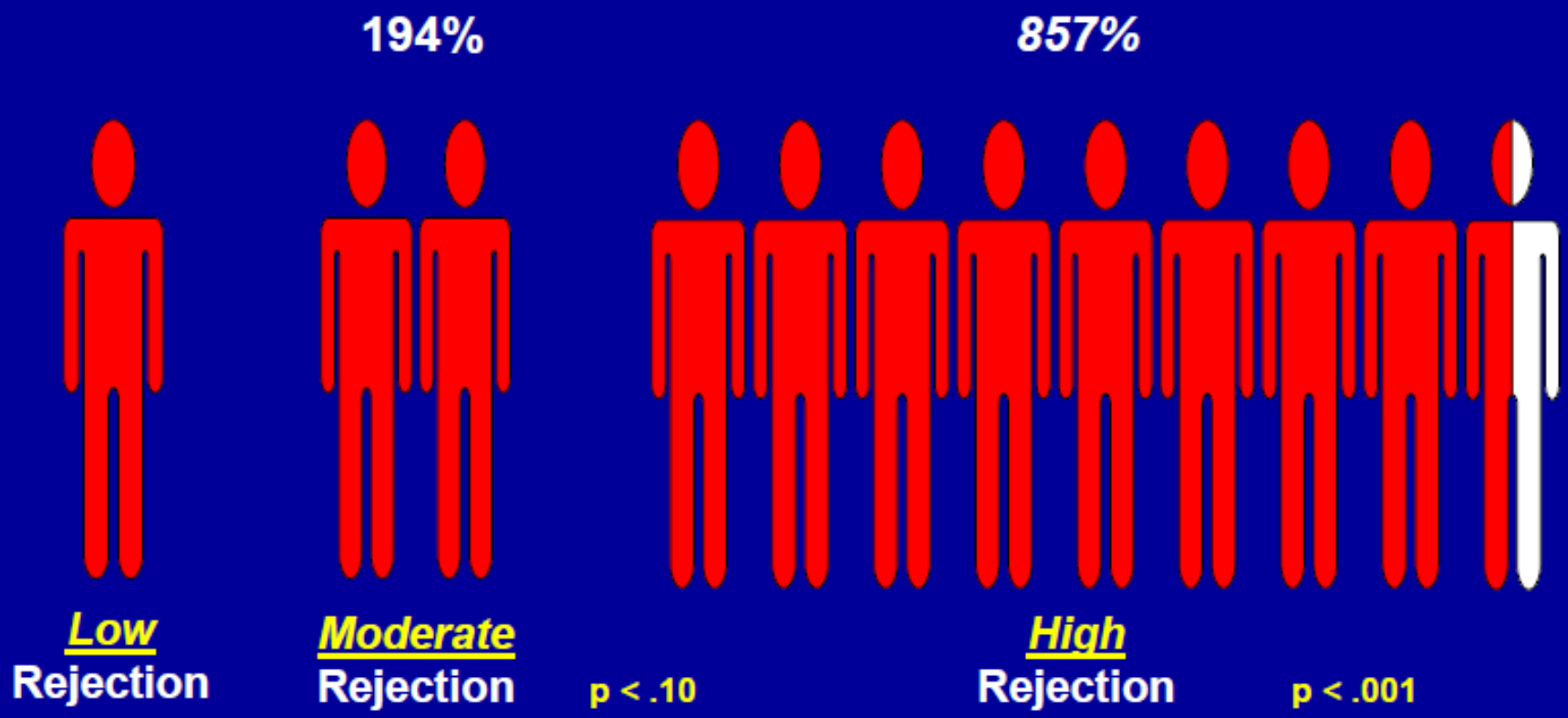
Family Acceptance Project™

Lifetime Suicide Attempts

(1 or more times)

(n = 245)



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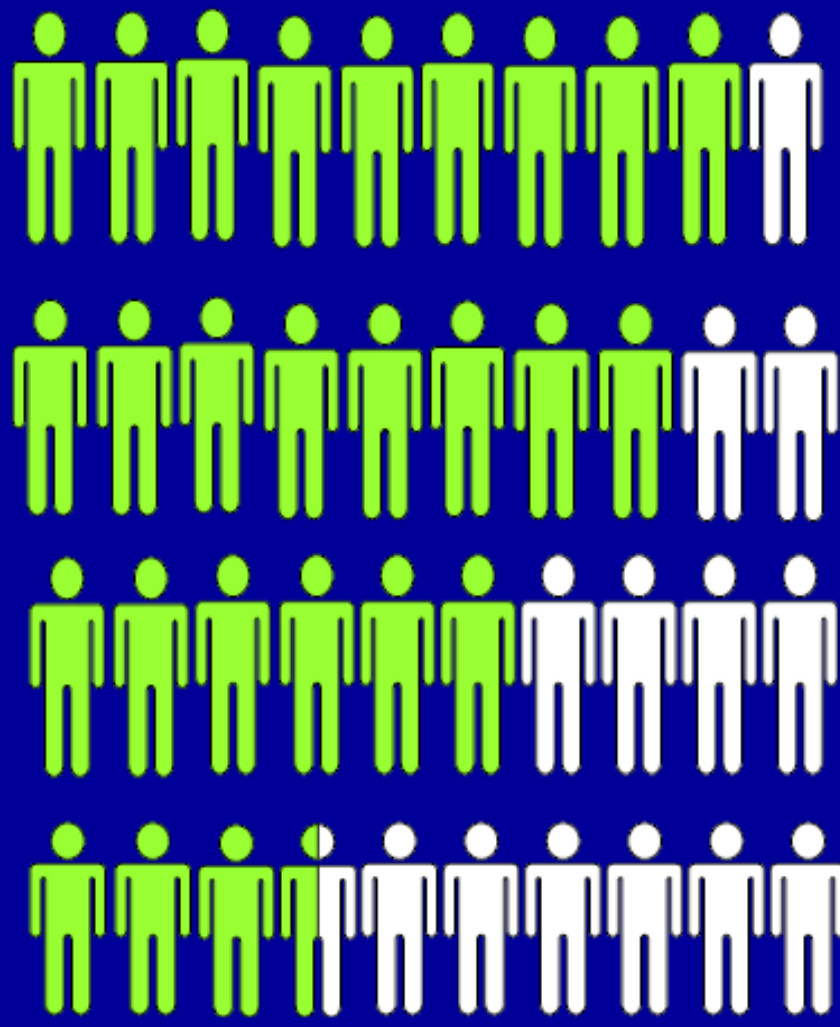
Family Acceptance Project™

See a Future as Happy LGBT Adult

(n = 245)

LEVEL OF FAMILY ACCEPTANCE



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Family Acceptance Project™

Family Acceptance

- Family accepting behaviors during adolescence:
  - protect against suicidal behavior, depression and substance abuse in LGBT young adults
- High levels of family acceptance during adolescence:
  - significantly higher levels of self-esteem, social support and general health
- Low levels of family acceptance during adolescence:
  - over *3 times more likely* to report suicidal thoughts and suicide

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Key Findings

- *Family rejection* is linked with serious health & mental health problems for LGBT young people
- *Family acceptance* is a protective factor for LGBT young people
- *Family acceptance* helps promote well-being for LGBT young people

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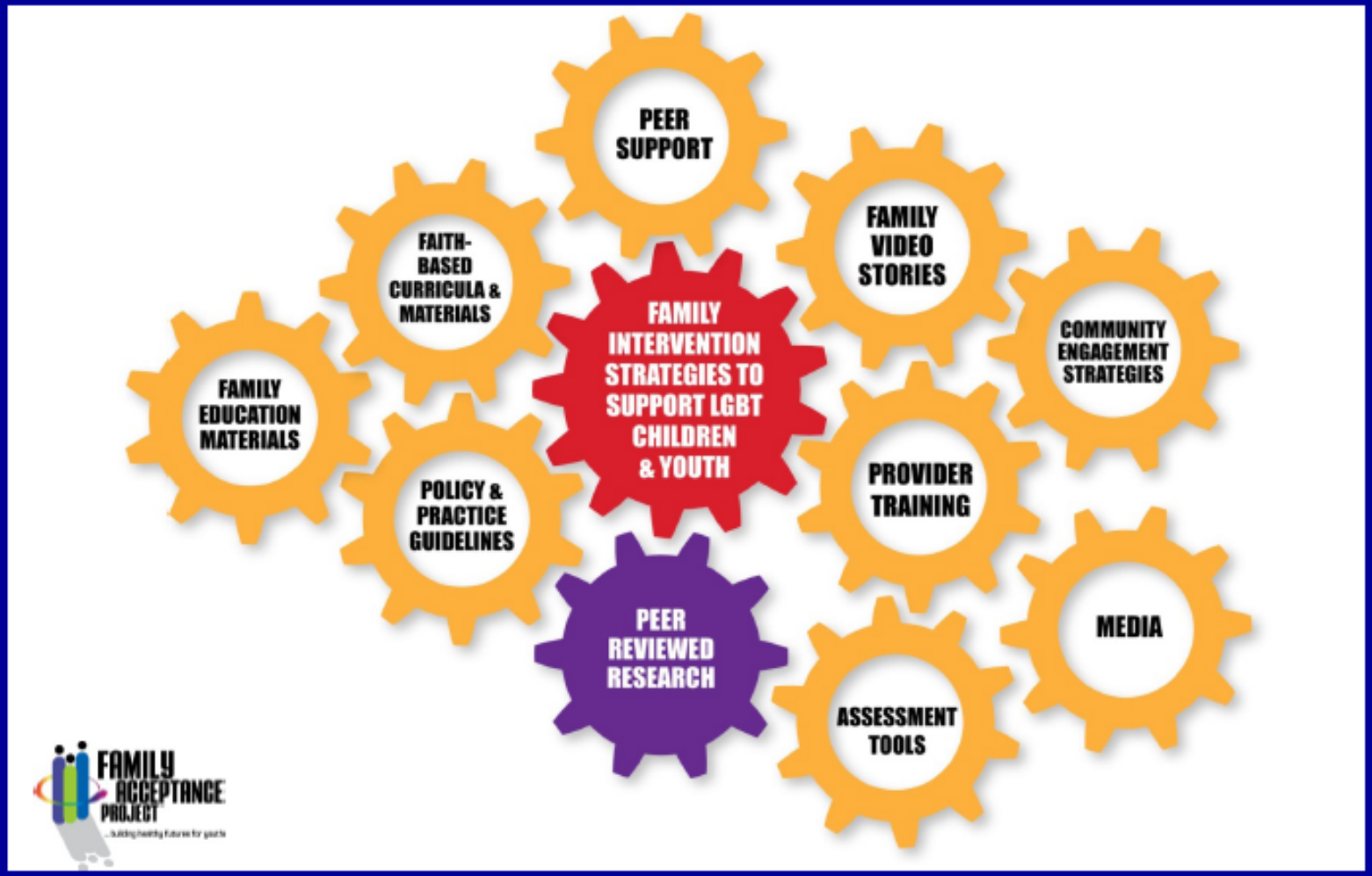
Family Acceptance Project Components

Implementing Research-Based FAMILY Approach to Reduce Risk & Promote Well-Being for LGBT Children & Adolescents



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Parent and Provider Education/Support Materials

Supportive Families, Healthy Children

Helping Families with Lesbian, Gay, Bisexual & Transgender Children

SAN FRANCISCO STATE UNIVERSITY

BEST PRACTICE

“我們必須從家人開始。

認識到，如果同志孩子不被接受，不被疼愛，成長的過程會很困難，會變成對身體健康有害。不過，如果我們公開的辯論，家長能開始接受和支持他們的同志子女，不是排斥他們，就會有更多的同志孩子能夠在家裡茁壯成長，我們的家庭從而變得更加堅強。”

以下的故事是來自一位智同志女兒的母親

Niños saludables con el apoyo familiar

Ayuda para familias con hijos e hijas lesbianas, gays, bisexuales y transgénero

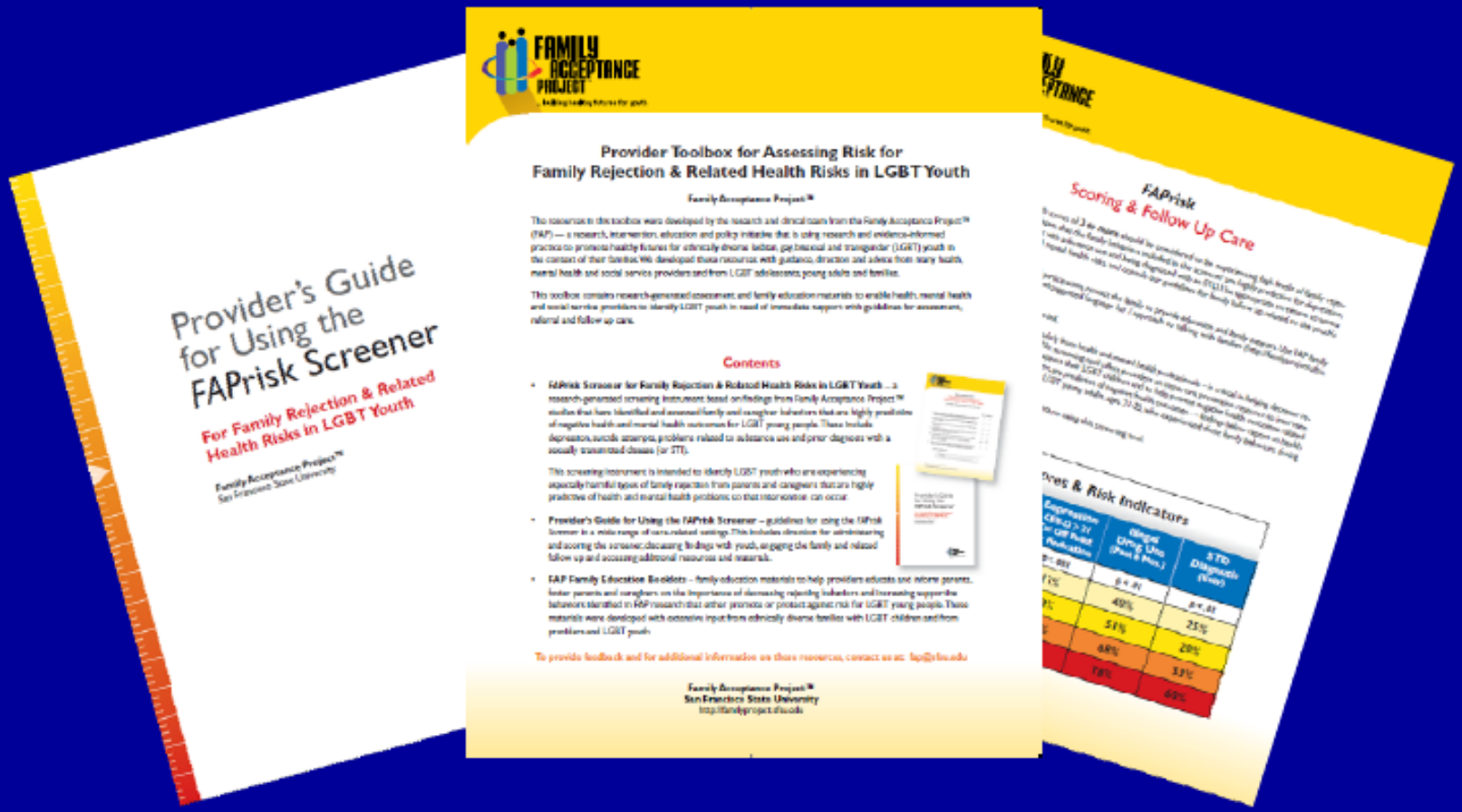
SAN FRANCISCO STATE UNIVERSITY

BEST PRACTICE

Family Education Booklet Series – to educate families, providers & clergy

“Best Practice” for suicide prevention – Best Practices Registry for Suicide Prevention

*FA*Prrisk Screener



Screening tool to quickly identify LGBT youth who are experiencing family rejection & related health risks to provide immediate intervention & care

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Training, Consultation & Program Development

Training for health, mental health, school-based and social service providers and clergy on implementing our research-based family intervention and support model and resources

Sample Training Types

- Engaging Families to Prevent Suicide & Homelessness
- Developing & Implementing Family-Based Services
- Engaging Families as Allies to Promote School Safety & Support
- Helping Clergy & Congregations to Provide Pastoral Support
- Skill Building for Families, Foster Families & Caregivers
- Using the *FAPrisk Screener* in Prevention and Care

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FAP Family Video Series

"Always My Son"

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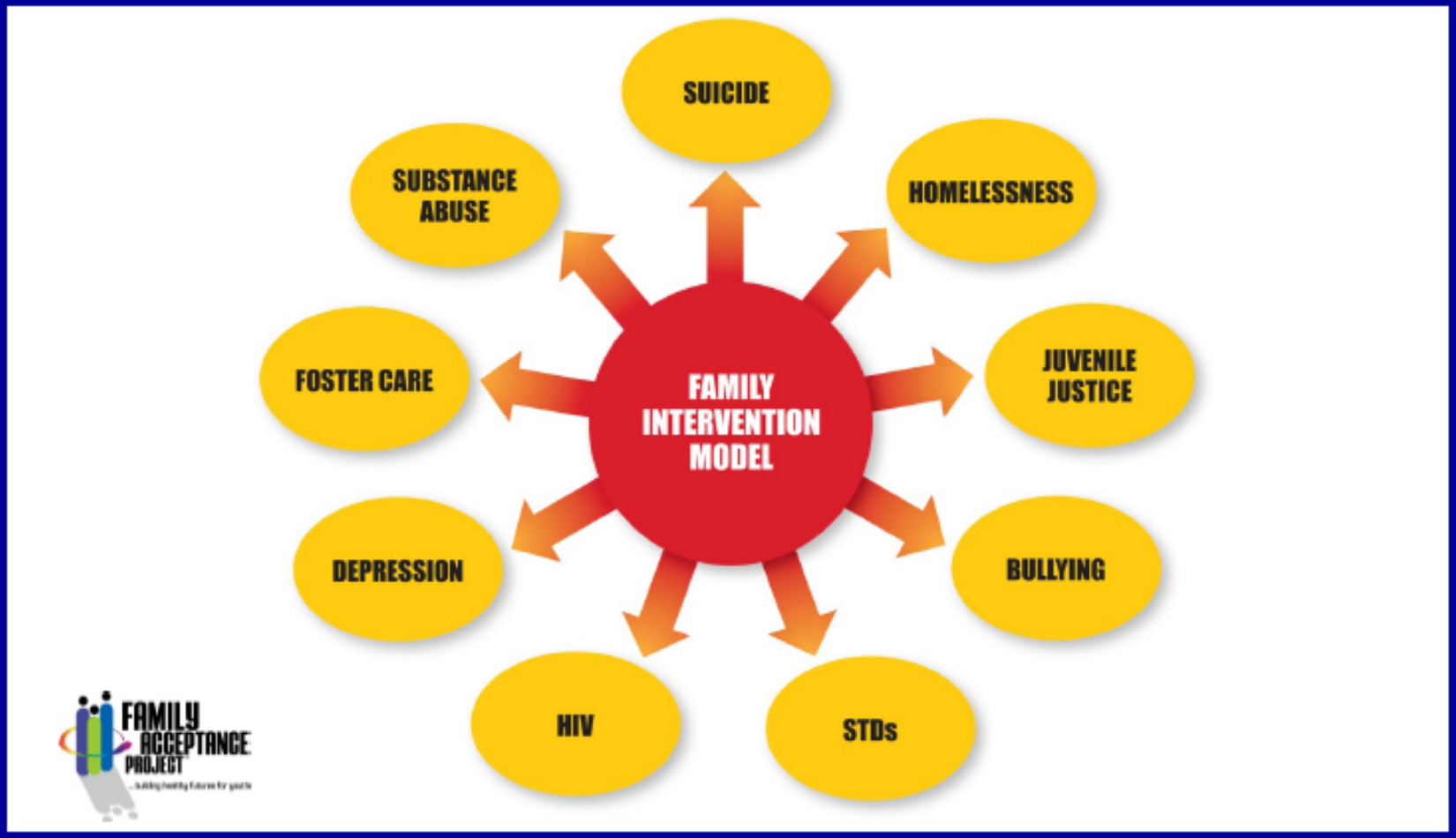
FAP FAMILY Intervention Approach
Prevent & Address Multiple Negative Outcomes



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Family Acceptance Project

http://familyproject.sfsu.edu/

Q & A

Announcements

- Evaluation
- Resources
- Webinar Archive and Slides

Thank You!