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Ashley Austin & Shelley L. Craig

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Empirically Supported Interventions for Sexual and Gender Minority Youth

Ashley Austin

School of Social Work, Barry University, Miami Shores, Florida, USA

Shelley L. Craig

Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Ontario, Canada

When empirically supported treatments (ESTs) are effectively adapted for use with minority populations, they may be more efficacious. As such, there is a need to adapt existing ESTs for use with diverse sexual and gender minority youth (SGMY). The unique bias-based challenges faced by SGMY require the integration of affirmative practices into ESTs to effectively address the specific needs of this underserved group of youth. The primary purpose of the authors in this article is to present a clearly articulated stakeholder driven model for developing an affirmative adapted version of cognitive behavioral therapy (CBT) for use with diverse SGMY. The authors' approach to adaptation follows the "adapt and evaluate" framework for enhancing cultural congruence of interventions for minority groups. A community based participatory research approach, consistent with a stakeholder driven process, is utilized to develop the intervention from the ground up through the voices of the target community. Researchers conducted 3 focus groups with culturally diverse SGMY to explore salient aspects of youths' cultural and SGM identities in order to inform the intervention and ensure its applicability to a wide range of SGMY. Focus group data is analyzed and integrated into an existing group-based CBT intervention. The following themes emerge as critical to affirmative work with diverse SGMY: (1) the interplay between cultural norms, gender norms, sexual orientation, and gender identity; (2) the complex role of religious community within the lives of SGMY; and (3) consideration of extended family and cultural community as youth navigate their SGM identities.

Keywords: Sexual minority youth, transgender, cognitive behavioral therapy, empirically supported treatment

Sexual and gender minority youth (SGMY), which includes young people who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ), have an increased risk for myriad mental and behavioral health issues including anxiety, depression, suicidality, and substance use than their cisgender, heterosexual counterparts (Fergusson, Horwood, & Beautrais, 1999; Grossman & D'Augelli, 2007; Haas et al., 2011; Kenagy, 2005; King et al., 2008). Despite this disproportionate risk, there is a lack of empirically supported treatments (ESTs) with evidence of efficacy for SGMY. ESTs, interventions with demonstrated efficacy in at least two independent randomized clinical trials (see Chambless & Hollon, 1998 for a full review of the criteria associated with ESTs), are increasingly recognized as the gold standard in care for clients (Chambless & Hollon, 1998; Chambless & Ollendick, 2001). While there are an ever growing number of interventions holding the label of EST or Evidence Based Practices (EBPS: see www.nrepp.samhsa.gov/), there is a relative absence of ESTs targeting the specific needs of SGMY. As the disproportionate risks

Address correspondence to Ashley Austin, School of Social Work, Barry University, 11300 NE 2nd Ave, Miami Shores, FL 33161, USA. E-mail: aaustin@barry.edu

experienced by SGMY are attributed to stress associated with experiences of discrimination and stigmatization related to youths' sexual or gender minority identities (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Austin & Craig, 2013; Craig & McInroy, 2013; Grossman & D'Augelli, 2007, Meyer, 2003; Saewyc, 2011), many researchers and practitioners argue that there is a need for ESTs that address the risks associated with minority stress specific to SGMY.

This argument is consistent with earlier concerns raised about gaps in the empirically supported research base (Cardemil, 2010). A notable criticism is the failure of many randomized controlled trials to include sufficient numbers of cultural minority groups to allow generalizability of findings to these groups (Bernal & Scharron-del Rio, 2001; Cardemil, 2010). Cardemil argues the relevance of this criticism by highlighting: (1) the important cultural group differences in prevalence rates of psychological disorders, and the risk and protective factors associated with these disorders, (2) the likelihood of culture-specific risk factors, and (3) mental healthcare disparities associated with the lack of attention to issues of culture. While the paucity of EST research focusing on racial/ethnic minorities is fairly well established, it is important to also attend to the lack of research associated with SGM groups and those with intersecting racial/ethnic and sexual/gender minority identities. Like other cultural minority groups, SGM populations experience disproportionate culture/identity-specific risk factors (Almeida et al., 2009; Austin & Craig, 2013; Kelleher, 2009; Meyer, 2003), and evidence notable health disparities (Saewyc, 2011; Spicer, 2010). Because evidence suggests that when ESTs are effectively adapted for use with cultural minority populations, they can be efficacious (Cardemil, 2010; Interian, Martinez, Rios, Krejci, & Guarnaccia, 2010; Rosselló & Bernal, 2009), it is critical that more work be done to adapt, test, and disseminate ESTs for diverse SGMY. The unique challenges faced by SGMY necessitate the development of adapted ESTs that provide relevant and effective strategies to mitigate culture/identity-specific negative mental and behavior health risks. The primary purpose of the authors in this article is to present a clearly articulated model for culturally adapting an existing EST—Cognitive Behavior Therapy (CBT)—for use with diverse SGMY.

CBT

There is extensive evidence that CBT is an efficacious intervention for treating existing mental health issues such as depression (Rosselló & Bernal, 2009) and suicidal ideation (Stanley et al., 2009; TADS, 2004) in general population adolescents (Compton et al., 2004). There is also evidence that CBT improves self esteem and can prevent the onset of adolescent depression (Callahan, Liu, Purcell, Parker & Hetrick, 2012; Hyun, Chung, & Lee, 2005). Group-based CBT has been found to be particularly beneficial for adolescents as the group format offers opportunities for learning, observing, and practicing skills within a peer-based social environment (Rosselló, Bernal, & Rivera-Medina, 2008). Despite the overwhelming support for CBT for general population adolescents, with the exception of a case study with a gay teen (Duarté-Vélez, Bernal, & Bonilla, 2010), there is a lack of rigorous research examining CBT for SGMY. Based on research regarding the existing mental health disparities and unique identity-specific risk and protective factors for SGMY, we argue the need for LGBTQ affirming adaptations to standard CBT protocols which will enhance the "fit" of CBT for SGMY. Our recommendations for adaptations are discussed briefly in the following section.

CULTURALLY COMPETENT PRACTICE WITH SGMY: AFFIRMATIVE PRACTICE

An increasingly valued and utilized approach to culturally competent practice with sexual minorities is traditionally known as gay affirmative practice (Crisp & McCave, 2007; Messinger,

2006), but which we will refer to simply as affirmative practice to reflect our desire for inclusivity of a broad range of sexual and gender minority identities and experiences. Affirmative practice enhances existing treatment models and consequently can be incorporated into a variety of intervention models and within individual, couple, family, and group work (Davies, 1996). Affirmative practice has at its core, the belief and recognition that SGM identities are equally positive human experiences and expressions to heterosexual and cisgender identities (Davies, 1996; Messinger, 2006). An affirming practice approach that validates youths' identities, experiences, and self truths is critical for SGMY who are inundated with messages to the contrary. It is our perspective that the following aspects of affirmative practice represent the core of culturally competent practice with SGM populations: (a) a focus on affirming SGM identities; (b) replacing pathologization with an empowerment approach to practice; (c) supporting self-determination; (d) considering presenting problems within a context of the homophobia, transphobia, and discrimination; and (e) encouraging clients to engage in consciousness raising to challenge heteronormative, homophobic, and transphobic influence as well as to identify safe and affirming sources of supports (Collazo, Austin, & Craig, 2013; Crisp & McCave, 2007; Messinger, 2006). Affirmative practice is a proactive intervention approach in which the therapist not only values and actively positively affirms SGM identities, but also engages clients to cope with the effects of heterosexism, homophobia, and transphobia (Langridge, 2007; Lebolt, 1999). The goal of using an affirmative approach is to help SGMY develop positive sexual and gender identities in large part by empowering them to cope effectively with identity based stigma and discrimination (Craig, Austin, & Alessi, 2012; Crisp & McCave, 2007; Messinger, 2006).

While CBT represents a particularly promising intervention for developing positive coping skills among SGMY, incorporating affirmative practice into traditional CBT models is recommended to improve the cultural fit of CBT for SGMY. Consistent with literature articulating the importance of tailoring ESTs to racial/ethnic minorities in adolescent treatment groups (e.g., Bernal, 2006; Bernal & Sharrondel-Rio, 2001; Domenech-Rodriguez, Baumann, & Schwartz, 2011), modified mental health interventions for SGMY, that incorporate affirmative practice techniques, may improve treatment effectiveness (Haas et al., 2011) and represent a first step toward creating ESTs that generalize to diverse SGMY populations.

ADAPTATION APPROACH

In this article we present a clearly defined adaptation of CBT which integrates affirmative theory, content, and practices to more effectively support and empower diverse SGMY. Our adaptations of CBT for SGMY expand upon on the CBT model created for Puerto Rican adolescents (Duarté-Vélez et al., 2010; Rosselló & Bernal, 2009). Moreover, our adaptations focus on a group intervention targeted toward culturally diverse SGMY in South Florida. Consistent with the adaptation literature, we aim to retain the core ingredients of CBT that make it effective (Diaz-Martinez, Interian & Waters, 2010; Interian et al., 2010), while grounding the intervention in an affirmative framework to improve its cultural relevance for the identified population (see Craig et al., 2012; Messinger, 2006).

Our approach to adaptation follows recommendations associated with the "adapt and evaluate" (in contrast to the "evaluate then adapt") framework for enhancing cultural congruence of interventions targeting minority subgroups (Bernal, 2006; Domenech-Rodriguez et al., 2011; Feldstein-Ewing, Wray, Mead, & Adams, 2012; Interian et al., 2010). This approach is consistent with a stakeholder (where clients are among the most important stakeholders) driven process whereby the intervention is informed from the ground up by the voices and needs of the target community. A core component of the adapt and evaluate approach is the use of community based participatory research (CBPR) strategies to inform the process and subsequent adaptations

(Feldstein-Ewing et al., 2012). CBPR is increasingly recognized as a critical and relevant approach for research with underserved and marginalized populations (Tandon et al., 2007; Trinh-Shevrin et al., 2007), particularly sexual and gender minority populations as it gives voice and power to the stakeholders whom are often ignored in traditional research projects.

The model suggested by Feldstein-Ewing et al. (2012) and informed by work conducted by Interian et al. (2010), includes the following 5 steps: (1) Conduct focus groups with relevant community members (potential target audience); (2) Incorporate feedback into working version of adapted manual; (3) Conduct pilot interventions of adapted manual; (4) Garner provider and participant feedback of the adapted manual; and (5) Incorporate feedback to create final version of adapted manual. These steps result in the final adapted, culturally relevant manual. We followed this model with one exception. Due to logistic constraints, we were unable to pilot test the adapted manual, so instead had various stakeholders review the working manual and share feedback during thorough individual interviews. As such, our adaptation protocol included four rather than five steps. The following section will include an expanded discussion of the procedures and process associated with each of the four steps.

ADAPTATION PROCESS AND OUTCOMES

Step One

Researchers conducted three focus groups ranging in size from 4 to 13 participants ($n=28$) with exclusively culturally diverse SGMY youth at three high schools in Miami, Florida. Students were recruited into the study groups through flyers distributed at GLBTQ support groups and/or gay–straight alliances within the schools. The groups consisted of an exclusively cultural minority sample of SGMY with the following racial/ethnic identities reported: Hispanic ($n = 14$), Haitian ($n = 7$), African American ($n = 4$), and other Caribbean ($n = 3$). Participants identified as female ($n = 23$), male ($n = 4$), and other ($n = 1$). Self-identified sexual orientation included bisexual ($n = 12$), lesbian ($n = 7$), mostly heterosexual ($n = 5$), gay ($n = 3$), and pansexual ($n = 1$). Participation was voluntary and youth received a \$15.00 gift card for being part of this phase of the study. Groups were conducted in the schools during school hours and lasted approximately one hour. Snacks and drinks were provided during the groups. All groups were audiorecoreded and each group was facilitated by the first author and her graduate assistant, a master of social work student.

The groups had the primary aim of eliciting ideas regarding tangible aspects of affirmative practice that deserved attention in the adapted intervention. These focus groups centered around exploring salient aspects of youths' cultural and sexual minority identities in order to inform the intervention and ensure that it was applicable to a wide range of SGMY. While a series of open-ended questions were used to help guide the semi-structured focus group interview, the facilitators remained open and responsive to emerging issues to capture richness of data from the youths' narratives. Examples of focus group questions included the following:

- What has it been like for you to be GLBTQ in your family/community/culture?
- What kinds of things might GLBTQ kids from your culture/community want to talk about in a counseling group?
- What is it like for non-'straight' and gender nonconforming people in your culture (insert cultural group here if necessary)?

Step Two

The second step occurred in two non-mutually exclusive phases. During the first phase, the first and second authors along with a queer-identified member of the research team, who was also a service

provider to LGBTQ youth in the area and an experienced diversity trainer, worked on the first draft of the adapted manual. Based on the literature and previous research, as well as content of the research team discussions, the following six core elements were identified for inclusion in the manual: (1) psychoeducation related to oppression, heterosexism, homophobia, and transphobia; (2) inclusion of both sexual identity and gender identity related issues; (3) attention to developmental considerations of coming out (to self and others) during adolescence; (4) depathologization of sexual and gender related concerns; (5) validation of the diversity of identities, expressions, and experiences of SGMY; and (6) attention to differentiation between internally and externally (e.g., context, culture, environment) located stressors.

Efforts were made to incorporate these elements in a manner which was both developmentally relevant and consistent with affirmative practice, while simultaneously maintaining the integrity of the CBT approach. It was important to the research team that the manual be user friendly and feasible to implement within school and community based settings where the majority of services for SGMY are delivered.

Simultaneously, work was being done to transcribe and analyze—using grounded theory strategies (Charmaz, 2006)—the interview data garnered from the audio recorded focus group**s**. Researchers performed line-by-line coding, theoretical sampling, and engaged in constant comparison until they were confident they had achieved saturation of the data (Charmaz, 2006; Patton, 2002). This process of grounding the analyses in the data led to identification and ordering of codes, the generation of categories and eventually the emergence of analytical concepts (Charmaz, 2006; Patton, 2002) which were used to inform the next aspect of adaption—infusing culturally relevant and affirmative participant driven content into the manual. This phase of the process was extremely critical for two primary reasons. First many of the participant comments supported the initial efforts of the research team strengthening researchers' confidence that adaptations were rooted in the true needs of the community. Second, while the data collected from youth participants did not contradict the thoughts and ideas of the research team, it did add new depth and detail regarding some of the unique challenges faced by these youth. The major findings will be detailed below.

Oppression, Heterosexism, Homophobia, and Transphobia

Youth data confirmed researchers' expectations surrounding the need for an emphasis on coping with the omnipresent role of heterosexism, homophobia, and transphobia in the youths' family, school, cultural, and community lives. These participants' quotes illustrate their experiences with bias and identity-based oppression:

> "I think that's why a lot of adults also judge, you know, the homosexuals, cuz they don't see it like an often thing and they don't consider it like normal. Like my mom says, that's not part of our community. That's what my mom says, it's not part of the community and that people, um, society basically sees people like that, like aliens."

> "Ok I think like the whole reason because is that society has a view of like always thinking about a girl and a guy. Everyone sticks to that view and since people as a society as a whole are used to seeing everyone like the same I guess when someone's different and they get out of that line they see it as bad and they don't accept it and they're very stubborn about it."

Culture, Sexual Orientation, and Gender

While researchers and community collaborators anticipated the youths' experiences of homophobia and heterosexism, our understanding of the importance placed on gender roles and gender norms, as well as the cultural reactions to gender conformity within youths' cultures was enhanced

significantly through an analysis of the focus group data. The findings underscore the importance of helping culturally diverse SGMY better understand their own experiences of sex and gender within a cultural context that conflates sexual orientation, gender identity, and gender expression, and has rigid expectations associated with each. The following quotes highlight the importance of having safe, open, affirming conversations with youth about experiences of masculinity and femininity in addition to sexual orientation.

> "In um, African American community for girls or whatever like it's different to be gay but if it's like a stud, they don't like those, or if it's a guy that's way too flamboyant they don't like those, they jump those, they try to kill em. Like because it's not manly they feel that they're putting shame to the race … apparently being gay is like the most shameful thing in the world. But like for gay girls that are like, you know like girly and stuff, I guess they accept those more because they think that they actually have a chance or something. … "

This material may be particularly important for transgender youth who often experience a great deal of confusion during adolescence because of their often nonconforming levels of masculinity or femininity. Many of these youth are erroneously categorized (by themselves or by others) as gay or lesbian based on their level of femininity or masculinity, because of a lack of knowledge and awareness of other gender based identities. Moreover, because transgender and gender nonconforming youth may be ostracized even within GLB youth communities, safe and open conversations about gender nonconformity are critical for creating a safe environment which supports all experiences and identities.

Role of Religion and Religious Community

The data collected from youth participants particularly enhanced understanding of the unique challenges related to religion and family among diverse SGMY. In particular, youth expressed suffering through a tug of war between their religion and their SGM identities and described the multitude of ways in which this conflict is experienced. For example, one Hispanic youth noted that as a punishment she was forbidden by her mother from attending church, a place where previously she had been able to find solace and support. She experienced this as a tremendous loss.

> " … I don't know, cuz I believe in God and I used to go to church until my mom made me stop cuz she found out I was gay and she was like, Why are you gonna be going to church if you're gonna be sinning? … "Yeah she made me stop and you know I always try going to church and she's always told me "Oh for what, you're not gonna change." You know, I don't think it should be like that. I think, cuz there's some priests that accept gay people and I think that like, you know, people should realize that. See, I don't know, like it's okay. I just liked that it felt comfortable, I just like how it felt you know, like when, they wouldn't talk about it all the time. And it was just sometimes and you know like the whole judgment thing, and but I felt comfortable there and you know getting a relationship with you know God and Jesus like that. Yeah, it was important, it still is, and I still try. This Friday I asked her, Oh can I go to church? She said no."

One participant noted the internal struggle he feels while attending church and listening to the pastor, who is also his grandfather, berate GLBTQ individuals. He described his experience of sitting in church working tirelessly to convince himself he is not gay, only to return home and realize quickly and with shame and some fear that he is indeed still gay. Other youth, discussed how they have learned to negotiate the dissonance related to non-inclusive and non-affirming messages about religion.

> "I mean, like, I consider myself a Christian but not a lot of people would think I'm a Christian cuz of like, what I choose to be. Like it's kind of depressing, why can't I be in a religion just cuz, like the Bible says that it is an abomination for gays, but it also says not to condemn them, not to judge them, or like be hateful towards them and they still do it. Like, so I don't really combine my religion with what I am."

"And I think maybe a lot of the people, a lot of the homosexual people that don't believe in God is because they are constantly telling them, you know, God hates you because you're doing this, you're doing that and it shouldn't be that way, I don't think that just because somebody says something that you shouldn't believe in God, because, God made you, and if He made you, you know, to like the same sex then that's the way you were supposed to be. And I don't think that was a mistake and people don't seem to realize that."

Of perhaps the greatest concern, were the youths' experiences of collusion by their parents and their churches to "save" youth from the perceived "evil" and "sin" associated with their gender and/or sexual minority identities by subjecting them to emotionally painful experiences. In these instances, the youth recount institutionalized homophobic practices and procedures within the religious groups that are actively targeting LGBTQ identified youth.

"Like I believe in God but it's just, they just push it too far and they try to like, they try to change my perspective and it just … . it didn't work. I go to church, I listen, but not just when. They put me in, they also put me in a class where they talk about like it's bad to be gay and all that so … Yea, you, if my mom was to put me in one day there they talk to you and tell you it's bad and they can even do like an exorcism but I was like I'm not doing that."

"Um, my mom is Christian so when I told her that I like girls she told me, she's like she told me I had a demon inside me, now I go to church sometimes. Sometimes Wednesdays because she tries to get in my head that it's a sin, that it's bad, that I'm not supposed to like girls so she tries to get it out of me but it doesn't really work."

"I guess she thinks I'm gay so she's using the religion to scare me or something."

These examples illustrate the critical importance of attending to the "tug of war" between religion and sexual and/or gender identity in when adapting interventions to "fit" the unique needs of SGMY, particularly those from cultural groups where conservative religious ideology may be more prevalent. For other youth the struggle was going on internally as they worked to find a way to simultaneously feel whole and maintain their religion. Clearly, the role religion plays in the lives of many of these youth is complex. It is important that effective interventions recognize the stigma and the discrimination inflicted on SGMY through some religious institutions or in the name of religion, as well as attend to any feelings of loss, fear, and sadness related to being separated emotionally or physically from their religion. The role of religion in the lives of youth with intersecting sexual/gender minority and cultural (e.g., Haitian, African American, Hispanic) minority identities was not adequately addressed in the earlier iteration of the manual, but the focus group data enlightened researchers to the relevance of such issues on the lives of the youth in the study and modifications to the manual were made.

Familial and Cultural Community

The SGMY focus group data also broadened our conceptualization of the influential role of extended family in the lives of Hispanic, African American, and Haitian SGMY and the impact this broader experience of family has on the coming out process. Of note, were both stories of loss and support. Many of these narratives mirror the familiar loss associated with unsupportive parents as illustrated by this youth's experience:

"Um I reach out to my family to be together but every time we go out, me and my mom always end up in a fight, you know like she's always bringing up oh yeah because the things you like and the way you dress, you know."

However, different dimensions of loss were also articulated, such as the loss of grandparents:

"Yeah I'm not as close with my grandma anymore. Cuz every time I see her she'll just put it out there again … she won't even give me a kiss anymore, like I went to go give her one and she'll just like back away."

[Referring to grandmother] "No, she kind of has it in her mind already. Like nothing could change her mind. Like she doesn't like Blacks and she doesn't like gays."

and the loss of family more broadly and wholly:

"Also like how your family members like how they see you. Like my mom, all she think about . . . like when I told her she said now, like you're gonna be like the different one out of like your entire family, like everyone's gonna look down on you and I told her like . . . Yea, I told her it doesn't matter and she like thinks it's important to look good in my family."

"It, it is because I mean they're your family, you're with them every day, they take care of you, you know, you've grown up with them and then the next day they look at me like a stranger."

Youths also shared stories of support and safe allies within their broad discussions of family of origin.

"So like I'd rather just hang out with my cousin, cause you know she accepts me, I can actually, I've never had like, you know the option to talk to my mom and tell her about my problems, I can't do that. So like I talk to my cousin and my best friend's family too. Like, they're really like accepting of me so I just like talk to my cousin or my best friend's mom."

Through this data, we identified a need to be very broad and inclusive in our discussions of family throughout the manual and attend to the large impact (both harmful and helpful) that extended family, particularly grandparents, cousins, as well as neighbors and community/church have on youth experiences, notably self acceptance and the coming out process. Despite the researchers awareness of the potential importance of familismo among Hispanic youth (Piña-Watson, Ojeda, Castellon, & Dornhecker, 2013) and the particularly influential role of grandparents and extended families within the lives of African American, Hispanic, and other cultural minority youth (Taylor, Chatters, Woodward, & Brown, 2013), our initial draft of the manual did not explicitly create opportunities for these conversations. The youth data underscored the importance of modifying material to reflect the potential experiences of youth from a variety of different cultural and family backgrounds.

Step Three

As mentioned previously, due to logistical constraints the researchers were unable to pilot test the working version of the adapted manual. Instead, the adapted manual was distributed to informed stakeholders including clinicians trained in CBT, service providers working with SGMY, and to culturally diverse SGMY in South Florida. Feedback was collected through individual interviews with SGMY ($n = 3$) and individual interviews with service providers ($n = 3$). Stakeholders were asked several open ended questions geared toward eliciting feedback regarding the level of fit and acceptability of language, clinical topics, strategies and activities, and clinical examples for SGMY. Examples of questions include:

- "What are some of the things you like least about this intervention approach and manual?"
- "What are some of the things you like best about this treatment manual?"
- "Are the activities included in this manual engaging and effective? Please describe ideas for improvement "
- "Can you please share your feelings about the examples included in this treatment manual?"
- "Can you please describe some suggestions for changing this manual?"

Step Four

Individual interviews were audio recorded and data was transcribed and analyzed in the same manner as described in step two. Overall, reviewers supported the adapted manual and indicated

that stakeholders perceived the intervention as "developmentally appropriate," "affirming," "a good fit," "gets it right," "helpful," and "consistent with CBT." Suggestions for change included the need for clarity regarding the instructions for some of the group exercises, an increased emphasis on describing the target population in terms of identities, ages, and clinical needs (e.g., depression, social anxiety, coping with the coming out process, and coping with bullying), and concerns that the intervention was too long and repetitive in places. The major thrust of the suggestions was as follows: consider condensing the intervention by combining sessions, remove repetition, clarify instructions for in group activities, and ensure that the examples and language used is "current" to engage contemporary SGMY.

Researchers incorporated stakeholder feedback into the existing manual to create a final version of Affirmative Group Based CBT that is reflective of the needs and experiences of culturally diverse SGMY. In keeping with the adaptation framework, the researchers are now conducting an uncontrolled pilot trial using the final version of the manual.

LIMITATIONS

While this study fills important gaps in the intervention research literature for SGMY, as well as adds to the evidence based social work practice literature, there are some limitations that should be noted. The aim of the authors with this research was to adapt traditional CBT for use with culturally diverse SGMY, however because all of the youth participants in the study were drawn from South Florida, a majority of the participants were Hispanic, Haitian, or African American and their views and perspectives may not be reflective of the experiences of SGMY in other regions of the country and of other races/ethnicities. Moreover, because we were unable to pilot test the adapted intervention, we do not yet have outcome data by which we can evaluate the efficacy of the intervention. However, as mentioned the research team is in the process of implementing a small pilot study to test the feasibility and potential efficacy of the adapted intervention and anticipate that the adapted intervention will achieve initial effectiveness objectives.

CONCLUSIONS AND RECOMMENDATIONS

In this article the authors had the primary aim of advancing evidence based social work practice with an underserved population by describing a successful model for adapting empirically supported interventions for use with culturally diverse SGMY. This research represents an important step toward bridging the research practice divide for SGMY through the development of an affirmative, contextually grounded, empirically supported, group-based intervention for SGMY. Perhaps more importantly, it is hoped that this work can serve as a guide to the process and specific steps associated with successfully bringing evidence based interventions to other underserved cultural minority populations. It is critically important that underserved minority populations have access to interventions representative of best practices in the field. However, it is equally, if not more important that these interventions be culturally congruent and culturally accessible (Cardemil, 2010). If interventions are not culturally congruent, issues with engagement, retention, and poor outcomes are likely. As such, cultural modifications to existing ESTs are often necessary, although not often done (Cardemil, 2010). Utilizing an adapt and evaluate approach rooted in community and stakeholder input and participation throughout the process represents an approach to creating culturally competent care that is consistent with the social work profession's core commitments of social justice and client self-determination (NASW.com). It is our hope that this approach gains traction as a feasible and viable option for researchers and practitioners aiming to improve social work practice with minority populations. Further, as it has been recommended that social work

educators initiate the translation and adaptation of ESTs in partnership with their local communities (Grady, 2010), it is hoped that this study will be utilized to guide efforts to improve care for underserved communities.

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