

Youth with Diverse Sexual Orientation, Gender Identity and Expression in Child Welfare: A Review of Best Practices



MARCH 2017

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Acknowledgments

This document was produced through the National Quality Improvement Center on Tailored Services, Placement Stability and Permanency for Lesbian, Gay, Bisexual, Transgender, Questioning, and Two-Spirit Children and Youth in Foster Care (QIC-LGBTQ2S). The QIC-LGBTQ2S is funded by the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau under grant #90CW1145. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Department of Health and Human Services. The QIC-LGBTQ2S is led by the Institute for Innovation & Implementation at the University of Maryland School of Social Work in Baltimore along with participating core partners: Human Service Collaborative, National Indian Child Welfare Association, Ruth Ellis Center, Tufts University, and Youth M.O.V.E. National.

This product could not have been produced without the support from the QIC-LGBTQ2S partners including: Rachel Beaudry, Christopher Bellonci, Johanna Bergan, Whitney Burton, Terry Cross, Nancy Dickinson, Erin Espinosa, Jill Farrell, Jessie Fullenkamp, Kathy Lazear, Bethany Lee, Brie Masselli, Cori Matthew, Gerald Peterson, Sheila Pires, and Puneet Sahota. Additionally, we are appreciative of the support from the Children's Bureau and our Government Project Officer Taffy Compain.

The information in this document is in the public domain. Please use the suggested citation below.

Matarese, M., Greeno, E. and Betsinger, S. (2017). *Youth with Diverse Sexual Orientation, Gender Identity and Expression in Child Welfare: A Review of Best Practices*. Baltimore, MD: Institute for Innovation & Implementation, University of Maryland School of Social Work.

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Overview and Purpose

The National Quality Improvement Center (QIC) on Tailored Services, Placement Stability and Permanency for Lesbian, Gay, Bisexual, Transgender, Questioning, and Two-Spirit (LGBTQ2S) Children and Youth in Foster Care, in collaboration with the Children's Bureau (CB), will work with four to six sites nationally to implement promising, evidence-informed, and/or evidence-based practices that improve placement stability, well-being, and permanency. These culturally responsive interventions will be designed to enhance staff, caregiver, and provider knowledge, skills, and competency in providing safe, affirming, and supportive environments for children and youth with diverse sexual orientation, gender identity, and expression (SOGIE) in foster care. The initial step in the process will require eligible applicants (limited to state governments, county governments, and federally recognized Native American tribal governments) that are responsible for administering the child welfare/foster care program throughout their jurisdiction to apply to become a local implementation site. As part of this application process, applicants will need to describe the proposed intervention.

This intervention must be aimed at meeting the unique needs of children and youth with diverse SOGIE in foster care and will focus on:

- 1) Appropriate methods for safe identification, assessment of individual needs, and data collection related to target population demographics and permanency, well-being, and placement stability outcomes, with attention to addressing confidentiality and privacy issues
- 2) Engagement in effective community, group, family, and individual services
- 3) Placement stability supports to children, youth, and caregivers, including families of origin in reunification situations
- 4) Permanency innovations for those not reunified with families of origin
- 5) Increased knowledge, competence, and responsiveness of youth with diverse sexual orientations and gender identities and expression (SOGIE) by agency staff, caregivers, and service providers in congregate care settings.

The purpose of this literature review is to provide applicants with relevant background information on the needs of children and youth with diverse SOGIE and the programs, practices, guidelines, and tool kits that could guide the design of the applicant's intervention. While this document offers guidance, applicants are able to select a best practice or evidence-informed practice, develop their own evidence-based practice model, or adapt an evidence-based practice designed to address the needs of the broader child welfare population. Additionally, applicants are encouraged to implement more than one intervention. The applicant's selected intervention may or may not be listed in this literature review; however, all interventions are required to include a strong evaluation component with the goal of scaling up to evidence-based or informed practices.

Please note, throughout this document the terms "children and youth with diverse sexual orientation and gender identities and expression (SOGIE)" and "lesbian, gay, bisexual, transgender, questioning, and two-spirit (LGBTQ2S)" will be used interchangeably. Though the term diverse SOGIE is viewed as more inclusive terminology, some of the research and studies noted throughout used the term LGBTQ, LGBT, LGB, etc. in their work. LGBTQ2S has been used in this review as it was used in the cited work.

Introduction

Most population-based surveys do not ask questions about youth sexual orientation and gender identity and expression (SOGIE), so the exact number of lesbian, gay, bisexual, transgender,

questioning, and two-spirit (LGBTQ2S) children and youth in the United States (U.S.) is largely unknown. However, estimates of LGBTQ2S children, youth, and young adults range between 3 and 8 percent of youth in the U.S. (*Human Rights Watch, 2001; Kann et al., 2011*). A more precise estimation of the number of diverse SOGIE children and youth is difficult for a variety of reasons. During adolescence, youth face barriers when navigating their personal development and sense of self, including their SOGIE, and this may lead to the rejection of LGBTQ labels typically included in questionnaires. Racially and ethnically diverse children and youth with diverse SOGIE may reject traditional terminology for more culturally and linguistically affirming terms as personal identity is developed (e.g., *same-gender loving* or *two-spirit*; *Lassiter, 2012*). Challenges related to quantifying this population may be exacerbated in the child welfare system, as children, youth, and young adults with diverse SOGIE may fear disclosing SOGIE based on previous experiences, not being “out” to family members involved in the initial assessment process, and/or concern of being “outed” once disclosure to child welfare professionals is made. Although most child welfare systems typically do not ask questions about SOGIE in assessments and intake procedures, available estimates, which range widely from 18 to 60 percent, suggest that LGBTQ children, youth, and young adults are overrepresented in the child welfare system (*Majd, Marksamer & Reyes, 2009; Office of Planning, Research & Evaluation, 2014; Wilson, Cooper, Kastanis & Nezhad, 2014*). Transgender youth, specifically, represent approximately 2.25 percent in the general population and 5.6 percent of youth foster care (*Wilson, et al., 2014*). Throughout this document it is important to recognize that much of the research combines LGBTQ2S into one homogeneous group; however, the experiences may differ and effectiveness of practice models may differ according to a child’s or youth’s SOGIE. The LGBTQ2S experiences in child welfare can differ, for example, between a lesbian identified girl and a transgender boy.

Children and youth with diverse SOGIE face a myriad of educational, physical, social, and financial challenges. LGBTQ children and youth experience greater risk for abuse, violence, harassment, school sanctions, and various forms of discrimination than their heterosexual counterparts (*Himmelstein & Brückner, 2010*). Additionally, this population of children and youth is disproportionately more likely than heterosexual and cisgender peers to experience greater health problems, enter into the child welfare system, have more placements in both foster homes and group homes, and experience lower rates of reunification with their families of origin (*Dworsky & Hall, 2013; Ryan, Huebner, Diaz & Sanchez, 2009*). In addition, LGBTQ youth report being less well treated by the child welfare system more frequently than non-LGBTQ youth (*Wilson & Kastanis, 2015*). Upon entering the child welfare system, LGBTQ youth struggle with accessing appropriate services and supports, which results in increased length of time in care, frequent placement disruptions, and a decreased likelihood of achieving permanency (*Wilson & Kastanis, 2015; Wornoff, Estrada & Sommer, 2006*).

Youth identifying as LGBTQ, and particularly youth of color and/or those with foster care histories, are overrepresented among unaccompanied, homeless youth and young adults (*Choi, Wilson, Shelton & Gates, 2015*). Youth experiencing homelessness may employ street survival tactics including prostitution and theft, which can lead to involvement with the juvenile and/or criminal justice systems (*Dang, 1997; Bontempo & D’Augelli, 2002*). A 2009 study found that LGBTQ youth are four times more likely to have been detained in juvenile facilities for prostitution than heterosexual peers and more than twice as likely to have been detained for substance-related offenses (*Majd et al., 2009*). These survival tactics, including the use of substances for self-coping, can cause youth with diverse SOGIE to be labeled as “delinquents,” and the labeling becomes a systematic barrier to accessing shelter, employment, or other safety-net services, especially once they reach young adulthood.

Risk Factors

Victimization

Children and youth with diverse SOGIE have greater risk for abuse, violence, harassment, school sanctions, and various forms of discrimination than their heterosexual and cisgender peers. Victimization (traumatic verbal, physical, or sexual experiences) leads to more harmful outcomes for LGBTQ children and youth than their heterosexual and cisgender peers. Impacts of victimization can include:

- Weaker connections to school, family, and community;
- Lower grades and increased truancy, leading to withdrawal from school;
- Increased likelihood of homelessness; and
- Increased substance use, mental health challenges, and suicide attempts and completions (*Coulter, Marzell, Saltz, Stall & Mair, 2016; Roxburgh, Lea, de Wit & Degenhardt, 2016; Bontempo & D'Augelli, 2002; D'Augelli, Grossman & Starks; 2006; Elze, 2003; Rivers & Crowe, 2006; Rosario, Schrimshaw & Hunter, 2004*).

LGBTQ youth in foster care also are more likely to be hospitalized for mental health challenges, and, compared to their heterosexual peers and 40 percent of transgender people have reported attempting suicide, a rate that is nine times higher than the general U.S. population (*James et al., 2016*). LGBTQ youth who are dually involved in child welfare and juvenile justice are three times more likely to have resided in foster care prior to becoming involved in the juvenile justice system (*Majd et al., 2009*).

Family Rejection

Family rejection is a primary cause of adolescent LGBTQ children and youth entering foster care (*Wilbur, Ryan & Marksamer, 2006*). Children and youth describe being placed in foster care due to maltreatment related to their SOGIE (*Mallon, Aledort & Ferrera, 2002*); in other situations, such maltreatment may cause youth to leave the home, which can lead to homelessness or to involvement in the juvenile justice system (*Majd et al., Mallon, 2001*). Studies have found a link between caregiver rejection related to their child's SOGIE and physical and mental health problems (*Ryan, Huebner, Diaz & Sanchez et al., 2009; Ryan, Russell & Huebner, 2010*).

Ethnic and Cultural Factors

The challenges facing racially and ethnically diverse LGBTQ2S children and youth can be significant. Research has documented the overrepresentation of certain racial and ethnic populations, including African-Americans and Native Americans, in the child welfare system when compared with their representation in the general population (*Wells, 2011; Derezotes, Poertner & Testa, 2004*). There is also research, previously referenced, on the disproportionality of LGBTQ2S children and youth involved in the child welfare system. The term intersectionality refers to children, youth, and young adults with diverse SOGIE (already known as a minority group) who are also members of other minority groups. These minority groups could be ethnic, racial, cultural, or religious in nature. When a person is also in another cultural or minority group, the values and traditions of those other groups may complicate the coming out process and delay identity integration (*Rosario et al. 2004*).

Most minority cultural groups have their own norms and expectations for behaviors, including those around gender expression and sexual orientation, which may be different than the majority culture. Children and youth with diverse SOGIE who are members of other cultural groups will have to determine how to understand themselves in the context of those minority norms, as well as the majority culture norms. This is complicated for young people who may be just figuring out

who they think they are. It is important for the child and youth serving workforce to be prepared and willing to explore these complexities with the child or youth and their family, helping them to understand how the multiple sets of norms interact, and how they are affected by them.

Dual minority status and stigma can create even greater risks. About 46 percent of LGBTQ youth of color report experiencing physical violence related to their sexual orientation (Kosciw, 2004). People of color may not identify as “gay,” which may mean they will not seek services or hear messages designed for the white LGBTQ community. LGBTQ people of color may not receive their community’s support regarding sexual orientation or transgender identity. For example, Asian American and Pacific Islander youth who identify as LGBT, may feel that they have shamed their families when they diverge from cultural expectations to marry and have children (Wade, 1991); African-American LGBT youth have reported feeling rejected by both white gay communities and homophobic black communities (Pittman, 1992).

Data examining the representation of ethnicity in the child welfare system compared to representation in the general population suggests some disparities for American Indian/Alaskan Native (AI/AN) and African-American children. National data from 2009 suggests that both AI/AN and African-American children had an out-of-home placement rate that was three times the rate of white children (Farrow, Notkin, Derezotes & Miller, 2011), and LGBTQ AI/AN children and youth in child welfare face additional vulnerabilities. A multi-site tribal study assessing childhood experiences of now adult two-spirit AI/AN people found high percentages of out-of-home placements, with 39 percent of men and 47 percent of women reporting being placed out of the home as children (Yuan, Duran, Walters, Pearson & Evans-Campbell, 2014). The same study found that when comparing two-spirit AI/AN men and women to non-two-spirit AI/AN men and women from the same multi-site tribal study, the percentages of child maltreatment (sexual abuse, physical abuse, and neglect) were much higher for AI/AN two-spirit men and women (Yuan et al., 2014). Additional studies suggest that, of those surveyed in a national sample, 56 percent of AI/AN transgender and gender nonconforming students report suicide attempts, and 50 percent of AI/AN gay or lesbian students report experiencing physical violence at school (The National Task Force, 2012). These experiences can impact safety, permanency, and well-being of children and youth with diverse SOGIE in foster care.

Safety, Permanency & Well-Being

A substantial amount of research has documented differential well-being outcomes for children and youth in child welfare compared to their non-child welfare peers. Youth who have been involved in foster care are more likely to experience educational difficulties than their peers (Courtney et al., 2007) and children and youth who have experienced maltreatment and have been involved in the child welfare system have greater reports of depression, anxiety, low self-esteem, and post-traumatic stress disorder (PTSD), as well as frequent reports of chronic health problems, such as hypertension, diabetes, asthma, and obesity (Anda et al., 2006; Edwards, Holden, Felitti & Anda, 2003; Widom, Czaja, Bentley & Johnson, 2012). Health and medical issues can be concerning to transgender and gender diverse children and youth. Transgender children and youth may have fears around accessing health care because their gender identity may not align with their body parts, making them feel vulnerable in doctor visits. Many transgender children and youth have experienced negative reactions when disclosing their gender identity to a medical professional and reported that it negatively impacted their self-esteem (Grossman & D’Augelli, 2006). The literature continues to highlight the additional layers of trauma that children and youth who have diverse SOGIE and involvement in the child welfare system experience.

There is a notable cycle of child welfare system involvement for diverse SOGIE children and youth. While LGBTQ children and youth enter care for reasons similar to non-LGBTQ youth (e.g.,

abuse, neglect), they have an added layer of trauma and complexity that comes with being rejected or harassed due to sexual orientation or gender identity (*Human Rights Campaign, 2015*). Accordingly, LGBTQ youth have discrimination and safety concerns while in out-of-home placements. They may experience harassment or violence both from other foster youth (*Mallon et al., 2002*) as well as staff in group home settings (*Mallon, 2001; Mallon et al., 2002; Wornoff et al., 2006*). Youth in group homes also may be harshly disciplined due to their LGBTQ status (*Mallon, Aledort & Ferrera, 2002*).

Compared to their non-SOGIE peers, children and youth with diverse SOGIE may experience a higher number of child welfare placements and longer lengths of stay (*Mallon, Aledort & Ferrera, 2002; Wilson, Cooper, Kastanis & Nezhad, 2014*). LGBTQ youth are more likely to live in group care settings (*Mallon, 1997; Wilson and Kastanis, 2015; Wornoff, Estrada & Sommer, 2006*). Transgender youth in particular have the most difficult experiences reaching permanency (*Mallon, 2009*). Studies have noted that just because a program is inclusive of gay, lesbian, and bisexual youth does not mean that the program will be affirming for transgender and gender diverse young people (*Kosciw et al., 2012*). Placements can cause additional harm to transgender and gender diverse youth when they are required to be placed according to their gender assigned at birth rather than their gender identity and impose binary gender rules, room assignments, and dress codes. Recent research also has found that LGBTQ children and youth experience a higher number of foster care placements and a higher number of hospitalizations for emotional reasons while in care, and are more likely to report being treated less well by the child welfare system when compared to non-LGBTQ youth (*Wilson and Kastanis, 2015*). In addition, the lack of family-based foster care placements for LGBTQ children and youth weakens bonds with supportive family members, including siblings, and makes permanency planning difficult (*Mallon, Aledort & Ferrera, 2002*). Accordingly, LGBTQ youth are less likely to achieve permanency (*Wornoff et al., 2006*). For all the children and youth in the child welfare system, the workforce plays a critical role in their experiences.

Child Welfare Workforce

Children and youth with diverse SOGIE experiences in child- and family-serving systems often lack protection, support, stability, permanence, and overall well-being. LGBTQ children and youth frequently experience a workforce guided by misperceptions about LGBTQ youth, which contributes to a lack of culturally responsive supports and services (*Matarese, 2013*). Child welfare staff may not understand or may have misconceptions about the needs and experiences of these children and youth. For instance, members of the workforce may: lack understanding about LGBTQ language and culture; believe that LGBTQ children and youth do not exist in the child welfare systems, thereby contributing to a sense of invisibility for LGBTQ children and youth; and believe that LGBTQ youth will sexually offend (*Mallon, 2001, D'Augelli, Grossman & Starks, 2006; Farrow, Notkin, Derezotes & Miller, 2011*). These experiences with the workforce's lack of knowledge and gender affirming responses are exacerbated with transgender and gender diverse children and youth.

Research on the child-serving workforce has identified the existence of systemic problems of homophobia and heterosexism among policies and staff attitudes (*Curtain, 2002; Majd et al., 2009*). Recent studies have found that misperceptions about LGBTQ children and youth, including being too "hard to place," are pervasive among members of the child welfare workforce (*Clements & Rosenwald, 2007; Freundlich & Avery, 2004*). One large study found that staff working on a daily basis and directly with youth in out-of-home care facilities were the most likely to have negative attitudes toward LGBT people and the least likely to provide supportive resources or protect LGBT youth in their care (*Matarese, 2013*). These attitudes and misperceptions lead to detrimental behaviors, which can range from subconscious interactions

and dismissals to intentional perpetration and tacitly permitting verbal, physical, and sexual abuse in facilities (*Curtain, 2002*). Multiple studies show that LGBTQ youth do not believe that child welfare staff will intervene and help them if they see abuse transpiring, and this perceived lack of protection contributes to youth being fearful about disclosing their SOGIE (*Fisher et al., 2008; Toolis & Hammack, 2015; Ryan et al., 2010; Ragg, Patrick & Ziefert, 2006*).

While some faith-based program providers are welcoming and affirming, there are instances where other faith-based providers restrict access to resources for youth with diverse SOGIE due to beliefs that an LGBTQ identity is morally unacceptable (*Majd et al., 2009*). This belief may affect the ability of youth to access culturally and linguistically responsive services if they identify as an LGBTQ youth. Faith-based programs also may restrict LGBTQ youth from dating peers, force them to attend religious services, or require them to participate in other activities or behaviors that are in conflict with their SOGIE (*D'Augelli et al., 2006; Ryan et al., 2010*).

Transition to Independence

LGBTQ youth transitioning to independence face unique challenges that include meeting primary health care needs, securing stable housing, and achieving educational and employment success (*Fisher, Poirier & Blau, 2008; Brikett, Newcomb & Mustanski, 2015*). The transition to independence from child welfare may be particularly difficult for LGBTQ youth. Youth who have transitioned from child welfare to independence experience higher rates of unemployment or fewer instances of stable, long-term employment compared to individuals without foster care histories (*Dworsky, Napolitano & Courtney, 2013*), and they are more likely to experience physical and mental health challenges (*McDonald, Mariscal, Yan & Brook, 2014*). Transgender people have been found to have three times the unemployment rates, and two times more likely to be living in poverty compared to the general U.S. population (*James et al., 2016*). For transgender adults, 30 percent who did have a job reported experiencing discrimination in the workforce including being fired, denied promotion, harassment, assault or other forms of maltreatment (*James et al., 2016*). For youth who may be actively transitioning during their employment, this experience can be incredibly difficult and securing stable and affirming employment may be particularly challenging and can impede their transition to independence.

Many child welfare systems struggle to identify permanent, supportive connections (key adults) for youth as they transition to independence; this is particularly true for LGBTQ youth (*Mallon, Aledort & Ferrera, 2002*). Additionally, many older youth in foster care, including LGBTQ youth, live in congregate care settings until they exit care, impacting their ability to establish supportive relationships with family or other adults who could assist with a successful transition to independence (*Jacobs & Freundlich, 2006*). Despite the many risk factors facing them, many LGBTQ youth build resiliency skills that support transition to independence, such as attributing their situation to external causes rather than internalizing blame and asserting the value of their personal knowledge, experiences, and identities (*Toolis & Hammack, 2015*).

Most child welfare staff want to support, protect, and enhance well-being for all children and youth in the child welfare system. The documented negative behaviors and attitudes of the workforce (see *Mallon et al., 2002*) may be due to a lack of knowledge about the population as well as a lack of tools and resources that can enhance their skill sets in supporting the multifaceted needs of children and youth with diverse SOGIE. Although there are a growing number of evidence-based practices (EBPs) designed to impact child welfare policy, practice, and service provision, fewer of these programs exist to impact child welfare policy, practice, and service provision for LGBTQ2S children and youth in particular despite the high prevalence of LGBTQ2S youth in the child welfare system (*Permanency Innovations Initiative, 2013; 2016*).

Section One: Review of the Research Base

Methodology

The methodology used to guide the process for investigating the breadth and scope of programs, policies, and interventions that are available for children and youth with diverse SOGIE in the child welfare system was the standard for systematic literature reviews set by the Cochrane Review (Higgins & Green, 2009). The goal of a systematic review is to achieve a complete and unbiased picture of the relevant studies, and, for this project, pertinent programs, policies, practices, and interventions. To achieve this goal, a key word and phrase search was completed of three sources: evidence-based practice (EBP) registries, academic databases, and grey literature sources (such as program/model websites). The key words and phrases used to complete these searches can be operationalized into seven categories, which are summarized in Table 1. The EBP registry search utilized keywords associated with the first six categories — *Sexual and Gender Minority, Youth, System, Risk Factor, Permanence, and Well-being*, while searches of both peer-reviewed and grey literature sources also included keywords in the *Evidence-Based Practice* category. Each search was conducted with a double pass, with at least two researchers completing an independent search using the inclusion and keyword criterion to verify search results.

Table 1. Search Categories and Keywords

#	Category	Keywords
1	<i>Sexual and Gender Minority</i>	Sexual and gender minority, LGBT, LGBTQ, GLBT, GLBTQ, homosexual, lesbian, gay, bisexual, transgender, sexual orientation, gender identity, sexual minority, gender minority, queer, and two-spirit.
2	<i>Youth</i>	Adolescent, child, teen, young adult, youth, and minors.
3	<i>System</i>	System, juvenile justice, child welfare, mental health, child-serving systems, youth-serving systems, child systems, foster care, health care, primary care, and kid systems.
4	<i>Risk Factor</i>	Suicide, depression, substance abuse, sex behavior, homelessness, risk factor(s), and housing stability
5	<i>Permanence</i>	Family connection, reunification, adoption, foster family, permanence, and kinship care.
6	<i>Well-Being</i>	Well-being, protective factors, family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health.
7	<i>Evidence-Based Practice</i>	Evidence-based practice (EBP), practice, program, best practice, promising approach, evidence-informed, and guideline.

Evidence-Based Practice (EBP) Registries

The research team searched five nationally recognized EBP registries, including: the California Evidence-Based Clearinghouse for Child Welfare (CEBC), the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidence-Based Programs (NREPP), the Office of Juvenile Justice and Delinquency Prevention’s (OJJDP) Model Programs Guide (MPG), Blueprints for Healthy Youth Development (BHYD), and the What Works Clearinghouse (WWC). Separate searches were completed for programs aimed at those working with LGBTQ youth and adolescents in foster care and those targeting either LGBTQ youth or foster care youth more broadly. Upon reviewing search results, only programs targeting permanency, stability, and well-being were included. Programs serving or supporting only children ages 5 and under were excluded.

Programs and practices identified by the EBP registry search were categorized as either EBPs or promising practices. Although each registry uses its own terminology and ratings criteria, to be classified as an EBP for current purposes, a program had to appear on at least one of the national registries and be categorized as “well supported by research evidence” (CEBC), “effective” (MPG, NREPP), “model plus” or “model” (BHYD), or “positive” (WWC). Programs were included as promising practices if there was some research evidence indicating consistent positive outcomes. For this review, promising practices included only those programs listed as “promising” (BHYD, MPG, NREPP), indicated as being “supported by research evidence” or having “promising research evidence” (CEBC), or those marked as “potentially positive” (WWC).

Academic Databases

Limiting searches to just one or two databases decreases the validity of achieving a rigorous, systematic review (Savoie, Helmer, Green & Kazanjian, 2003; Suarez-Alamzoz, Belseck, Homik, Dorgan & Ramos-Remus, 2000). Therefore, searching multiple databases is essential to ensuring that every possible journal article within the scope of the review can be identified and included in the analysis. From November through December 2016, an extensive search was conducted across 35 different academic databases (e.g., PsycARTICLES, MEDLINE, PsycINFO, and Academic Search Premier) for articles published in peer-reviewed journals and meeting the keyword criteria. Searches were completed for programs aimed at those working with LGBTQ children and youth in foster care and those aimed at enhancing well-being and targeting either LGBTQ youth or foster care youth more broadly. Table 2 provides a listing of all peer-reviewed academic databases included in the search.

Table 2. Academic Databases

Databases		
Abstracts in Social Gerontology	GreenFILE, Health Source - Consumer Edition	Professional Development Collection
Academic Search Complete	International Pharmaceutical Abstracts	Psychology and Behavioral Sciences Collection
Academic Search Premier	Health Source: Nursing/Academic Edition	PsycARTICLES,
AgeLine	LGBT Life	PsycINFO
AHFS Consumer Medication Information	Library Information Science & Technology Abstracts	Race Relations Abstracts
American Doctoral Dissertations	MAS Ultra - School Edition	Regional Business News
Business Source Premier	MasterFILE Premier	Social Work Abstracts
CNAHL	MEDLINE	SocINDEX
eBook Collection (EBSCOhost)	Military & Government Collection	Teacher Reference Center
ERIC, Family Studies Abstracts	National Criminal Justice Reference Service Abstracts	Urban Studies Abstracts
Funk & Wagnalls New World Encyclopedia	Primary Search	Violence & Abuse Abstracts

Some programs and practices identified through the search of peer-reviewed literature are supported by sufficient research evidence to qualify as evidence-based or promising according to the standards associated with the reviewed EBP registries. The term “evidence-informed practice (EIP)” is applied to programs that had at least one peer-reviewed, quasi-experimental study indicating that the program has a positive effect on either the permanency, stability, or well-being of the children and youth in the program. Other programs that did not have extensive research to qualify as an EBP or EIP are noted as promising practices.

Grey Literature

Grey literature includes data and information produced by organizations such as professional associations, government agencies, or think tanks, and which is usually unpublished or noncommercial. Grey literature is not a formal part of “traditional publishing cycles,” such as those that produce peer-reviewed journals. However, especially in the digital era, many organizations, agencies, and individuals are publishing their own in-house reports on their websites or through other media outlets without going through traditional academic channels. Due to the general dearth of research on LGBTQ2S children and youth in foster care available through traditional academic avenues, a search of the grey literature is vital for developing a complete scope of the subject matter. Grey literature searches were completed by entering keywords and keyword categories in the search engines for Google and Google Scholar.

Programs uncovered through the grey literature search were classified as promising practices if: 1) they focus on LGBTQ2S children and youth involved in foster care; 2) they focus on youth who are either LGBTQ2S or who are involved with the child welfare system; 3) they focus on services and/or supports for well-being, permanency, or stability of the children and youth they serve; and 4) the reviewed data indicate positive outcomes for LGBTQ2S children and youth in foster care, LGBTQ2S children and youth, or foster care youth more generally.

Results

Numbers of relevant programs, practices, and interventions uncovered through the systematic review process vary substantially by the type of search completed. None of these registries included evidence-based designed specifically to address the unique needs of LGBTQ2S children and youth or LGBTQ2S youth involved in foster care. The academic database search resulted in identifying two programs, Family Acceptance Project (FAP) and Green Chimneys, as EIPs that address the needs of LGBTQ youth involved in foster care. Finally, a review of grey literature sources revealed nine promising practices and/or programs for LGBTQ2S children and youth in foster care.

The systematic review also uncovered a more expansive list of programs and practices that were developed for broader foster care populations but which have neither been adapted to support, nor researched with respect to, the unique needs of the LGBTQ2S children and youth population. This includes an extensive list of EBPs and promising practices identified through the search of the EBP registries, as well as two EIPs that were identified through the academic database search. Three additional promising practices were identified through the grey literature search.

The tables that follow summarize the programs and practices identified through the systematic review process. The first three tables summarize the identified programs and practices that specifically address LGBTQ2S populations. Tables are separated based on the program’s population of focus, with Table 3 summarizing interventions for *those who work with children and youth with diverse SOGIE*, Table 4 providing summaries of interventions that focus on *the families* of these children and youth, and Table 5 describing those that focus on *children and youth with diverse SOGIE* themselves. The three subsequent tables (Tables 6, 7, 8) are similarly divided by population of focus but focus on those interventions developed and tested for broader foster care populations.

Table 3. Programs and Practices for Those Who Work with LGBTQ Children and Youth in Foster Care

Practice	Level of Evidence	Source / Research Support	Overview	Additional Information
All Children-All Families: Training Curriculum	Promising Practice	Human Rights Campaign Website	As part of the broader All Children-All Families initiative, the curriculum is intended to provide expert LGBTQ competency support that can be customized based on the needs of the organization. The curriculum includes 1) An Introduction to LGBTQ Competency for Child Welfare Professionals, 2) Best Practices for Serving LGBTQ Families, and 3) Best Practices for Serving LGBTQ Youth in Foster Care. The training is supported through a fee-for-service with an average cost approximately \$1,500 per trainer per day.	www.hrc.org/resources/all-children-all-families-training-curriculum
Moving the Margins: Training Curriculum for Child Welfare Services with LGBTQ Youth in Out-of-Home Care	Promising Practice	National Association of Social Workers and Lambda Legal (<i>Kelly & Clark, 2009</i>) Website	This train-the-trainer curriculum includes a 101 and a 201 section. Aimed at increasing providers' sensitivity and enhancing their skills, the modules within the curriculum provide definitions, values clarifications, and a learning lab on LGBTQ youth in out-of-home care.	www.socialworkers.org/images/practice/hiv/NASW%20LGBT%20Youth%20moving-the-margins.pdf
Reaching Higher: Increasing Competency in Practice with LGBTQ Youth in Child Welfare System	Promising Practice	National Center for Child Welfare Excellence (n.d) Website	The Reaching Higher curriculum includes nine modules designed to increase the skills of child welfare staff working with LGBTQ youth, regardless of where (e.g., kinship care, foster care or adoption) they are in the child welfare process.	www.nccwe.org/downloads/LGBTQ-CaseworkerFacilitatorGuide.pdf
Suicide Prevention Among LGBT Youth: A Workshop for Professionals Who Serve Youth	Promising Practice	Suicide Prevention Resource Center (<i>SPRC; 2011</i>) Website	This is a free workshop kit to help staff in schools, youth-serving organizations, and suicide prevention programs take action to reduce suicidal behavior among LGBT youth. Topics covered include suicidal behavior among LGBT youth, risk and protective factors for suicidal behavior, strategies to reduce the risk, and ways to increase school or agency cultural competence. The kit contains everything needed to host a workshop: a Leader's Guide, sample agenda, PowerPoint presentations (in PDF), a sample script, and handouts.	www.sprc.org/sites/default/files/LGBT-Workshop-Kit.zip

Table 4. Programs and Practices for the Families of LGBTQ Children and Youth in Foster Care

Practice	Level of Evidence	Source / Research Support	Overview	Additional Information
Family Acceptance Project™ (FAP)	EIP	<ol style="list-style-type: none"> 1. <i>American Academy of Pediatrics</i> (Ryan et al., 2009) 2. <i>Applied Developmental Science</i> (Toomey et al., 2011) 3. <i>Developmental Psychology</i> (Toomey et al., 2010) 4. <i>Journal of Child & Adolescent Psychiatric Nursing</i> (Ryan et al., 2010) 5. <i>Journal of School Health</i> (Russell et al., 2010) 	FAP is a research, intervention, education, and policy initiative targeting families of LGBTQ youth and young adults to prevent health and mental health risks and promote well-being. FAP has developed a research-based family intervention model to help diverse families learn to support their LGBT children to promote permanency and reconnect LGBTQ youth and families. FAP produces multilingual family education materials and videos that are “Best Practice” resources for LGBTQ youth, with assessment tools, key practice guidelines, and training for human service workers and families. FAP’s model provides services and supports for LGBTQ youth in the context of their families, cultures, and faith communities.	https://familyproject.sfsu.edu
Los Angeles LGBT Center: Recognize. Intervene. Support. Empower (RISE)	Promising Practice	Key Word Search, study published on agency website (<i>Wilson et al., 2016</i>)	RISE offers comprehensive care coordination through a Care and Coordination Team (CCT). The CCT partners with families of LGBTQ youth ages 5 and older and focuses on barriers to permanency. RISE also includes an outreach and relationship-building component to support public and private agencies in working with LGBTQ youth. This component includes a three-hour LGBTQ foundation training, a three-hour social work practice with LGBTQ training for foster parents and kinship care, and organizational coaching.	https://lalgbtcenter.org/riase
Reaching Higher: A Curriculum for Foster/Adoptive Parents and Kinship Caregivers Caring for LGBTQ Youth	Promising Practice	National Center for Child Welfare Excellence (n.d) Website	Designed as a full-day facilitation, the curriculum was developed to help foster, kinship, adoptive, and biological families enhance their skills in supporting LGBTQ youth. The curriculum includes nine modules that provide participants with information on the impact and scope of LGBTQ youth in the foster care system and help participants to assess their own values and beliefs.	www.nccwe.org/downloads/LGBTQ-FosterParentFacilitatorGuide.pdf
Supporting Your LGBTQ Youth: A Guide for Foster Parents	Promising Practice	Child Welfare Information Gateway (2014) Website	This guide is designed to improve foster parents’ skills in supporting LGBTQ youth in the child welfare system. The guide emphasizes the unique role that foster parents can play in reducing risks and stigma while improving youths’ health and well-being in the community.	www.childwelfare.gov/pubs/lgbtqyouth/

Table 5. Programs and Practices LGBTQ Children and Youth in Foster Care

Practice	Level of Evidence	Source / Research Support	Overview	Additional Information
Comprehensive Services' Model	Promising Practice	<i>Journal of Social Service Workforce (Ferguson & Maccio, 2012)</i>	With the Comprehensive Services' Model, LGBTQ-affirming drop-in centers serve as a one-stop shop. Using a strengths-based case management model, youth at the drop-in center have access to a comprehensive array of LGBTQ-affirming services within the center. Some of the service providers available include Medicaid enrollment specialists, physicians, and attorneys. Staff and peers offer group skills training throughout the day.	n/a
Green Chimneys	EIP	<i>1. Child Welfare (Nolan, 2006)</i>	Green Chimneys is a previous transitional living program that operates in the state of New York. No longer operating in New York City, the program provided beds to homeless or at-risk LGBTQ youth between the ages of 17 to 21.	www.greenchimneys.org/
Our Space & beFIERCE	Promising Practice	Key Word Search: Our Space & beFIERCE	Our Space is a LGBTQ youth community center operated in Hayward, Calif., that serves LGBTQ youth between the ages of 14 to 24. Our Space supported the development of beFIERCE, a tool kit for providers working with LGBTQ foster care youth. beFIERCE walks providers through the needs of LGBTQ youth and how their organizations can better support the population.	www.sunnyhillsservices.org/our-space.html
Gay Affirmative Cognitive Behavioral Therapy for Sexual Minority Youth	EIP	Craig, S.L., & Austin, A., The AFFIRM open pilot feasibility study: A brief affirmative cognitive behavioral coping skills group intervention for sexual and ..., <i>Children and Youth Services Review (2016)</i> , http://dx.doi.org/10.1016/j.childyouth.2016.02.022	Cognitive Behavior Therapy that has been adapted to ensure (a) an affirming stance toward LGBTQ+ identities, (b) recognition and awareness of LGBTQ+-specific sources of stress, and (c) the delivery of CBT content within an affirming, developmentally relevant and trauma-informed framework. AFFIRM helps clients to identify and challenge internalized stigma and negative core beliefs in a safe and supportive clinical context.	https://scholar.google.com/scholar?lookup=0&q=gay+affirmative+cognitive+behavioral+therapy&hl=en&as_sdt=0,5&as_vis=1

Table 6. Programs and Practices for Those Who Work with Youth in Foster Care (Broad Population of Child Welfare)

Program	Level of Evidence	Registry/ Source/ Research Support	Overview	Additional Information
Preliminary Protective Hearing Benchcard (PPH Benchcard)	Promising Practice	CEBC-3	The PPH Benchcard charges judges to reflect on the decision-making process to identify and attempt to minimize institutional bias and to consider key inquiries, analyses, and decisions relating to removal, placement, services, and supports.	Margo Weaver mweaver@ncjfcj.org
Solution-Based Casework (SBC)	Promising Practice	CEBC-3	SBC is a case management approach to assessment, case planning, and ongoing casework that is designed to help the caseworker focus on the family to support their safety and well-being. The target population of the model are families with youth between the ages of birth to 17 who have an open child welfare case due to allegations of abuse and neglect.	www.solutionbasedcasework.com
Structured Decision Making (SDM)	Promising Practice	CEBC-3 MPG	SDM is a case management system that supports child welfare staff in the utilization of objective assessment procedures at case decision points from intake to reunification. The target population is families with youth between the ages of birth to 17 who have been referred and assessed by child welfare agencies.	www.nccdglobal.org/assessment/structured-decision-making-sdm-model



Table 7. Programs and Practices for the Families of Children and Youth in Foster Care (Broad Population of Child Welfare)

Program	Level of Evidence	Registry/ Source/ Research Support	Overview	Additional Information
Attachment-Based Family Therapy (ABFT)	EIP	1. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> (Diamond et al., 2002). 2. <i>Clinical Child and Family Psychology Review</i> (Diamond et al., 2003) 3. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> (Diamond et al., 2010)	The ABFT model aims to strengthen or rebuild parent-child relationships, with the therapist focusing on the relationship repair as the goal of therapy. ABFT is a manualized treatment approach for adolescents between the ages of 13 to 18 who are struggling with depression.	Guy Diamond, PhD diamondg@email.chop.edu
Child and Family Traumatic Stress Intervention (CFTSI)	Promising Practice	CEBC-3	CFTSI is a brief intervention for youth between the ages of 7 to 18 that is implemented soon after exposure to a potentially traumatic event, or in the wake of a disclosure of physical or sexual abuse. The recommended duration of the program is four to six weeks.	Hilary Hahn hilary.hahn@yale.edu
Child Focused Recruitment	Promising Practice	CEBC-3	Child Focused Recruitment has a target population of youth from 9 to 18 years of age who have been cleared for adoption or with a plan for adoption without a current identified adoptive family. The program places emphasis on older youth or younger youth with special needs. No youth can be denied services based on sexual orientation or any other characteristics. The model provides current foster parents, potential adoptive parents, and fictive kin in the program with support as they go through the recruitment process. Program typically lasts 18 to 24 months.	info@davethomasfoundation.org
Clinician-Based Cognitive Psychoeducational Intervention for Families (Family Talk)	Promising Practice	NREPP	Family Talk, also known as the Clinician-Based Cognitive Psychoeducational Intervention for Families, is designed for families in which the caregivers or parents have depression. A self-paced model, it is designed to be conducted over six to 11 sessions with both individual and family sessions.	www.fampod.org
Combined Parent-Child Cognitive-Behavioral Therapy (CPC-CBT)	Promising Practice	CEBC-3	CPC-CBT is a short-term therapy program for youth between the ages of 3 to 17 and their parents or caregivers and where the families have a history of substantiated physical abuse or have had multiple unsubstantiated referrals to child welfare. The program model includes weekly 1 ½-hour individual and two-hour group sessions over the span of approximately four to five months.	www.caresinstitute.org/services_parent-child.php
Coordination, Advocacy, Resources, Education and Support (C.A.R.E.S)	Promising Practice	CEBC-3	C.A.R.E.S. targets families at high risk for abuse, neglect, or abandonment that have children between the ages of birth to 17. It uses an intensive care coordination model structured within the Wraparound care coordination model. Within this model, the team works with the youth and family between five to 10 hours per week with an average time in the program of approximately six months.	ncfie.net/cares-replication
Familias Unidas	Promising Practice	BHYD	Familias Unidas is a multilevel, family-based intervention targeting the families of Hispanic	http://familias-unidas.info/

Table 7. Programs and Practices for the Families of Children and Youth in Foster Care (Broad Population of Child Welfare)

Program	Level of Evidence	Registry/ Source/ Research Support	Overview	Additional Information
		MPG NREPP Legacy Program	youth between the ages of 12 and 18. Led by a trained facilitator, multi-parent groups meet for eight to nine two-hour sessions. The groups are limited to 10 to 15 parents and include discussions aimed at increasing parents' understanding of their role in protecting their youth from harm. The model also includes four to 10 one-hour family visits.	
Family Centered Treatment (FCT)	Promising Practice	CEBC-3	Targeting families of youth between the ages of birth to 17 who are at risk of out-of-home placement or returning from out-of-home placement, FCT utilizes an intensive peer and individual supervision process (approximately five hours per week) to support staff in the delivery of services to support families. The length of treatment averages around six months.	www.FamilyCenteredTreatment.org
Family Connections (FC)	Promising Practice	CEBC-3	Guided by nine practice principles, the program is manualized and targets families with youth between the ages of birth to 17 who are either involved in or at risk of involvement in the child welfare system. The program lasts between three and four months with a minimum of one hour of weekly face-to-face time between the social worker and family.	www.family.umaryland.edu/fc-replication
Family Group Decision Making (FGDM)	Promising Practice	CEBC-3	Recognizing the importance of involving family groups in decision-making about youth who are involved in the child welfare system, FGDM uses a trained coordinator who is independent to the case. The coordinator brings together the family group and agency personnel to create and carry out a plan. Targeting youth involved in foster care between the ages of birth to 17, the program lasts as long as is necessary to ensure the plan is being achieved.	www.fgdm.org
Family Preservation Program (FPP)	Promising Practice	NRCPPFC-TK (<i>Ferguson & Maccio, 2012</i>)	FPP provides home-based, intensive case management for families at risk of or involved with the child welfare system in San Francisco and Alameda counties in California. Family preservation specialists meet with parents in their homes and provide skills training and case management support to stabilize the family structure.	http://fssba.org/our-services/family-preservation
Foster Parent College (FPC)	Promising Practice	CEBC-3	Targeting parents and caregivers of youth between the ages of birth to 18, the FPC model includes Advanced Parenting Workshops and a self-paced online training venue for foster, adoptive, and kinship parents. Each of the self-paced courses can be completed in one to two hours, with the Advanced Parenting Workshops taking from four to six hours to complete. All training must be completed within 30 days.	www.FosterParentCollege.com
Homebuilders	Promising Practice	CEBC-2	<i>Homebuilders</i> is a community-based intensive family preservation program that engages families by partnering with them and delivering services in their natural environment. The program targets families with youth between the ages of birth to 18 who are at risk of placement or are returning from out-of-home placement. In this model, master's level therapists carry a caseload of two to five families with an average of eight to 10 hours of intensive work with the family per week. The average length of time in the program is four to six weeks.	www.institutefamily.org

Table 7. Programs and Practices for the Families of Children and Youth in Foster Care (Broad Population of Child Welfare)

Program	Level of Evidence	Registry/ Source/ Research Support	Overview	Additional Information
Keeping Foster and Kin Parents Supported and Trained (KEEP)	Promising Practice	CEBC-3	This program targets youth between the ages of 4 and 12 who are in foster or kinship care placements and their caregivers. Using a skills training model, foster/kinship parents are taught methods of dealing with a youth's externalizing or other behavioral needs using specific implementation tools. The program typically lasts around 16 weeks, with one 90-minute meeting and one 10-minute phone call with the foster/kinship parent each week.	www.keepfostering.org
Managing and Adapting Practice (MAP)	EIP	<i>Journal of Clinical Child and Adolescent Psychology</i> (Southam-Gerow et al., 2014)	MAP is a direct service model that uses resources to organize and coordinate care for children, youth, and families. MAP offers structure and training for workforce development, system development, and direct service provision. MAP can help identify best trainings, best treatments and youth, families, and providers can select and personalize treatment approaches.	www.Practicewise.com/Community/MAP
Multidimensional Family Therapy (MDFT)	EBP	MPG NREPP Legacy Program	Delivered across 12 to 16 weekly or twice-weekly 60- to 90-minute sessions, MDFT is a manualized family-based treatment and substance abuse prevention program for adolescents between the ages of 13 to 17 with substance abuse-related behavioral problems. There are two intermediate intervention goals: 1) helping the adolescent achieve an interdependent, developmentally appropriate attachment bond to parents and family, and 2) helping the youth build strong connections to critical systems outside the family.	www.mdft.org
Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)	Promising Practice	CEBC-2	This practice targets families with youth between the ages of 6 and 17 in which the youth is either at home or in foster care with a permanency plan of reunification. MST-CAN teams include three therapists, a crisis caseworker, and a part-time psychiatrist. Therapists can carry a caseload of up to four families. The recommended duration of the practice is six to nine months with sessions ranging from three to five times a week.	www.mstcan.com
Neighbor to Family Sibling Foster Care Model	Promising Practice	CEBC-3	Neighbor to Family Sibling Foster Care Model is a child-centered, family-focused foster care model designed for youth ages from birth to 17. Youth older than 14 must be in a sibling group of two or more. The program includes a structured community-based team approach that includes the foster family, biological family, and youth. Within the model, weekly case management, clinical and advocacy supports and services are provided. Program duration is approximately 12 months.	www.ntf.org
Parenting with Love and Limits (PLL)	Promising Practice	NREPP	PLL targets families with youth between the ages of 10 to 18 who are at risk of out-of-home placement. The average length of the program is three to six months. The program model includes six multifamily group sessions conducted by two facilitators and one- to two-hour family therapy sessions either weekly or biweekly.	www.gopll.com
Positive Youth Development (PYD)	Promising Practice	National Clearing House on Families & Youth Website Youth.Gov Website	PYD is a policy perspective for developing opportunities to support youth in developing a sense of competence, usefulness, belonging, and empowerment. While not a specific intervention, the interagency working group on youth programs (comprised of 12 federal agencies) has endorsed this model	

Table 7. Programs and Practices for the Families of Children and Youth in Foster Care (Broad Population of Child Welfare)

Program	Level of Evidence	Registry/ Source/ Research Support	Overview	Additional Information
			as an intentional, pro-social approach toward engaging communities, organizations, peer groups, and families.	
Project Connect	Promising Practice	CEBC-3	The target population for Project Connect is high-risk, substance-affected families involved in the child welfare system that experience poly-substance abuse and dependence, domestic violence, or child abuse and neglect and with youth between birth to age 17. The program offers home-based counseling, substance abuse monitoring, nursing, and referrals to other services. The program typically includes two home visits per week and lasts an average of 13 months	www.cfsri.org/projectconnect.html
Strengthening Families Program (SFP)	EBP	MPG NREPP Legacy Program	SFP was originally developed and evaluated in 1982-1986 in a National Institute on Drug Addiction (NIDA) randomized controlled trial (RCT) for youth with addicted parents. Consisting of 14 weekly, two-hour, skill-building sessions, SFP was originally developed as a parenting and family training program for parents of youth between the ages of 3 to 5, but it has since been adapted to expand to youth up to the age of 17.	www.strengtheningfamiliesprogram.org
Teaching-Family Model (TFM)	Promising Practice	CEBC-3 NREPP	TFM uses a married couple or other “teaching parents” to offer a family-like environment in a residence. The “teaching parents” help the biological parents of youth between the ages of birth to 17 with learning living skills and positive interpersonal interaction skills. For youth within residential settings, the program duration is typically nine months. Home-based services and supports last six to 10 weeks.	www.teaching-family.org
Together Facing the Challenge	Promising Practice	CEBC-2	Designed as a train-the-trainer model, Together Facing the Challenge is a training and consultation approach to improving the practice of treatment foster care (TFC). Class sizes are limited to 15 to 20 participants. Training for foster parents occurs as a six-week course with one two-hour session per week.	Maureen Murray murra024@mc.duke.edu
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)	EBP	MPG NREPP Legacy Program	TARGET is a manualized, trauma-focused psychotherapy program for adolescents and adults suffering from post-traumatic stress disorder. The program focuses on increasing skills for processing and managing trauma-related reactions to stressful situations. TARGET may be delivered in a brief form with 12 weekly sessions or may last as long as six months to several years.	www.advancedtrauma.com/services.html
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	EBP	CEBC NREPP MPG	TF-CBT is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in youth between the ages of 3 to 18. The conjoint youth and parent model begins with weekly independent 30- to 45-minute sessions with the youth and the parent. Toward the end of treatment, those sessions can be conducted conjointly. The treatment duration is 12 to 18 sessions.	https://tfcbt.org/
Treatment Foster Care Oregon – Adolescents (TFCO- A) Formerly: Multidimensional	EBP	CEBC BHYD - Model MPG	TFCO–A, formerly MTFC-A, is a multi-modal treatment program that includes a formalized cooperative treatment team for youth between the ages of 12 and 18. In this model, foster families from the community are recruited, trained, and closely supervised to provide youth with treatment and intensive	www.tfcOregon.com/

Table 7. Programs and Practices for the Families of Children and Youth in Foster Care (Broad Population of Child Welfare)

Program	Level of Evidence	Registry/ Source/ Research Support	Overview	Additional Information
Treatment Foster Care – Adolescents (MTFC-A)			support in the foster home. Individual and family therapy is provided, and case managers closely supervise and support the youth and their foster families through daily phone calls and weekly foster parent group meetings. Placement in foster parent homes typically lasts about six months. Aftercare services remain in place for as long as the parents want, typically about one year.	



Table 8. Programs and Practices for Youth in Foster Care (Broad Population of Child Welfare)

Program	Level of Evidence	Registry/ Source/ Research Support	Overview	Additional Information
ACTION	Promising Practice	CEBC-3	ACTION is a treatment program for youth struggling with depression and includes 20 group and two individual sessions lasting approximately 60 minutes. Skills application is measured through completion of workbook activities and therapeutic homework.	Kevin D. Stark kstark@austin.utexas.edu
Adolescent Coping with Depression (CWD-A)	Promising Practice	BHYD NREPP Legacy Program	CWD-A is a 16-session treatment program targeting youth between the ages of 15 to 18 and aimed at reducing or preventing major depression or dysthymia. Youth meet with their therapists over an eight-week period for 16 two-hour sessions. Groups consist of seven to 14 youth.	http://www.saavsus.com/adolescent-coping-with-depression-course
Better Future Program	EBP/ Promising Practice	MPG (EBP) CEBC-2	Guided in self-determination theory, Better Futures is delivered over a 10-month time frame and has three key components: 1) a three-night and four-day Summer Institute on a university campus, 2) bimonthly individual peer coaching sessions and 3) five mentoring workshops with peer coaches and professionals. Participants are youth who are in the state foster care system, in their final year of high school or GED completion, interested in postsecondary education, and allowed to go into the community with a Better Futures coach.	www.pathwaysrtc.pdx.edu Laurie E. Powers, PhD powersl@pdx.edu
Cognitive Behavioral Therapy for Adolescent Depression (CBT)	Promising Practice	NREPP Legacy Program	CBT for Adolescent Depression is delivered in 12- to 16- week sessions and is an adaptive cognitive therapy model based on the CBT model developed by Aaron Beck and colleagues. The program was last reviewed by NREPP in 2006.	David Brent, MD brentda@upmc.edu
Fostering Healthy Futures (FHF)	EBP/ Promising Practice	NREPP (EBP) CEBC-2 NREPP MPG	Fostering Healthy Futures is a nine-month youth development program for those ages 9 to 11 who have been placed in out-of-home care due to abuse and/or neglect. It uses a combination of mentoring and group-based skills training. Enrolled youth are matched with a mentor for the academic year. The mentor and youth meet for two to four hours a week. Enrolled youth also attend a weekly 1 ½-hour skills group. The program also has been listed with OJJDP but not at the level set by the criteria established for this literature review.	www.fosteringhealthyfutures.org
Healthy Relationship Plus Program (HRRP)	Promising Practice	MPG	HRRP, formerly known as the Youth Relationship Program, is a prevention program targeting youth between the ages of 14 to 16 who have a history of maltreatment. The program includes 18 weekly two-hour group sessions with six to 10 participants per group.	https://youthrelationships.org/hrrp
Formerly: Youth Relationships Project (YRP) Independent Living Program (ILP)	EIP	1. <i>Child Welfare</i> (Mallon, 1998)	ILP targets youth who are in transition to independent living from the foster care system. The primary focus of independent living programs is to provide youth with the skills they need to prepare to live their lives on their own.	
Integrative Treatment of Complex Trauma for Adolescents (ITCT-A)	Promising Practice	CEBC Registry	ITCT-A is a multi-component therapy for multi-traumatized adolescents. ITCT-A focuses on social and cultural issues with a range of cultural and sexual minority youth, as well as unaccompanied minors from Mexico. Treatment is adapted to the adolescent's sociocultural environment. Publicly available information indicates there is an operations manual that includes information on how to implement the model. ITCT-A was reviewed by CEBC and determined to lack the type of published, peer-reviewed criteria for rating.	John Briere, PhD jbriere@usc.edu
KEEP SAFE	Promising	MPG	Targeting girls 12 to 14 years of age, the KEEP	

Table 8. Programs and Practices for Youth in Foster Care (Broad Population of Child Welfare)

Program	Level of Evidence	Registry/ Source/ Research Support	Overview	Additional Information
	Practice	BHYD	SAFE program is a multi-component intervention to prevent delinquency and substance abuse among girls in foster care and who transitioning from elementary school to middle school. Beginning during the summer prior to middle school entry, two paraprofessionals hold six group-based sessions for the foster care youth and six group-based sessions for the foster parents.	
Positive Youth Development (PYD)	Promising Practice	National Clearing House on Families & Youth Website Youth.Gov Website	Positive Youth Development is a policy perspective for developing opportunities to support youth in developing a sense of competence, usefulness, belonging, and empowerment. While not a specific intervention, the interagency working group on youth programs (comprised of 12 federal agencies) has endorsed this model as an intentional, pro-social approach toward engaging communities, organizations, peer groups, and families.	
Residential Student Assistance Program (RSAP)	Promising Practice	CEBC-3	RSAP is designed to prevent and reduce alcohol and other drug (AOD) use among youth between ages 12 to 18 who have been placed in a residential child care facility. The program is designed to be delivered over 20 to 24 weeks via full integration into the youth's residential program.	sascorp@aol.com
Risk Detection/ Executive Function Intervention (RD/EF)	Promising Practice	MPG	The RD/EF program targets female youth between the ages of 12 to 19 who have been involved with the child welfare system and who have a history of maltreatment exposure. The program model includes two co-facilitators using a program manual to facilitate weekly group sessions lasting approximately 90 minutes over 12 sessions.	Anne DePrince Anne.Deprince@du.edu
Social Learning/Feminist Intervention (SL/F)	Promising Practice	MPG	The SL/F program targets female youth between the ages of 12 to 19 who have a history of exposure to violence, abuse, and involvement in the child welfare system. The goal of the program is to reduce re-victimization in teen dating situations. The program includes 12 weekly 90-minute sessions.	Anne DePrince Anne.Deprince@du.edu
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)	EBP	MPG NREPP Legacy Program	TARGET is a manualized, trauma-focused psychotherapy program for adolescents and adults suffering from post-traumatic stress disorder. The practice focuses on increasing skills for processing and managing trauma-related reactions to stressful situations. TARGET may be delivered in a brief form with 12 weekly sessions or may last as long as six months to several years.	www.advancedtrauma.com/services.html
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	EBP	CEBC NREPP MPG	TF-CBT is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in youth between the ages of 3 to 18. The conjoint youth and parent model begins with weekly independent 30- to 45-minute sessions with the youth and the parent. Toward the end of treatment, those sessions can be conducted conjointly. The treatment duration is 12 to 18 sessions.	https://tfcbt.org/
Youth Villages YVLIFESET	Promising Practice	BHYD	YVLIFESET is a community-based program targeting youth between the ages of 15 to 18 who have a history of foster care or juvenile justice involvement and are trying to transition to adulthood. The training to implement this program includes a highly structured two-week staff process and an initial four-day clinical training. Ongoing support includes quarterly	http://www.youthvillages.org

Table 8. Programs and Practices for Youth in Foster Care (Broad Population of Child Welfare)

Program	Level of Evidence	Registry/ Source/ Research Support	Overview	Additional Information
Wraparound	Promising Research Evidence	CEBC 3	<p>clinical booster trainings, weekly clinical consultation, team supervision, and individual supervision.</p> <p>Wraparound is a care coordination process designed for children and youth with emotional, behavioral, or mental health difficulties and their families where the child or youth has involvement with or is at risk of involvement with multiple systems or a restrictive institutional setting (e.g., residential placements, juvenile detention). Wraparound is an intensive, holistic method of engaging with children, youth, and their families so that they can live in their homes and communities and realize their hopes and dreams. Wraparound is a team-based planning approach intended to provide individualized and family-drive care. The process requires that families, providers, and key members of the child, youth, and family network collaborate to build a plan that responds to the specific needs of the youth and his/her family. Team members implement the plan, monitor progress, and make adjustments as needed.</p>	www.nwi.pdx.edu



Summary

The results of the systematic review suggest that only a small number of evidence-based, evidence-informed, and promising practices have been specifically designed and researched for children and youth with diverse SOGIE. In fact, no LGBTQ-specific programs were identified on any of the EBP registries searched as part of the systematic review, and only two interventions were identified through searches of academic databases; a majority of the identified practice interventions were identified through the grey literature search. Four promising practices were identified to support those who work with children and youth in foster care with diverse SOGIE. This list includes three training curriculums specifically designed for child welfare system practitioners, as well as a workshop designed to help staff in schools and other youth-serving organizations take action to reduce suicidal behavior. The systematic review also identified four interventions targeting the families of children and youth in foster care, as well as three interventions targeting LGBTQ children and youth in foster care themselves. The purpose of the QIC-LGBTQ2S is to shift the resources in the field to include more evidence-based and evidence-informed practices for children and youth with diverse SOGIE in foster care.

The systematic review identified a more extensive list of programs and practices more broadly targeting foster care children and youth, their families, and the practitioners who work with them. The extent to which these programs have been adapted to address the needs of diverse SOGIE children and youth is not known, and it is noted that the systematic review did not uncover many peer-reviewed or grey literature discussing such adaptations. Given that a significant proportion of the children and youth in the child welfare system identify as LGBTQ2S, research on effective EBPs for these children and youth must be expanded so that practitioners are more aware of tested, effective programs that can then be included in EBP registries. Guidelines for providing services to LGBTQ2S children and youth in child welfare are a starting point for EBPs looking to adapt their model for LGBTQ2S children and youth, and a review of these guidelines is provided below.

Section Two: National Guidelines for Foster Children and Youth with Diverse SOGIE

National LGBTQ2S organizations and federal agencies have propelled the public health concern regarding the quality of care provided to diverse SOGIE children and youth in the child- and family-serving systems. These organizations and federal agencies have identified best practice guidelines for supporting children and youth with diverse SOGIE in the child welfare, juvenile justice, behavioral health, and education systems, as well as those dealing with homelessness. Much of the existing work related to children and youth with diverse SOGIE in foster care or other child-serving systems has been focused on making practice, policy, and research recommendations and on creating curricula designed to improve practice. During the systematic review process, any national policy or program guidelines and tool kits (best practice guidelines) were cataloged. The 38 nationally recognized best practice guidelines uncovered during this process are listed in Appendix A in alphabetical order.

To develop an organizational framework for reviewing the best practices for LGBTQ2S children and youth in foster care, the research team used the Positive Youth Development (PYD)

¹ model and the Human Rights Campaign's (HRC) All Children-All Families² project to categorize the strategies advocated in the guidelines. Accordingly, best practices are discussed in the sections that follow based on the practice area they address. These include: 1) Safety and Supportive Relationships, 2) Organizational Partnerships, 3) Supportive Environment and Structure, 4) Client Services and Referrals, and 5) Youth Efficacy and Opportunities to Belong.

Safety and Supportive Relationships

To meet the unique needs of children and youth with diverse SOGIE, child welfare staff and foster care parents must work to establish safe and supportive relationships with the children and youth charged in their care. This means not only placing children and youth in supportive environments that encourage healthy development, but more generally developing a better understanding of LGBTQ culture, reducing the transmission of biases, and supporting children and youth as they “come out.”

There are general misconceptions about what being identified as LGBTQ actually means to youth and adolescents in the foster care system (*Clements & Rosenwald, 2007*). Accordingly, the HRC has supported the publication of guides with tips and resources to assist child welfare staff and foster families to be more effective in supporting LGBTQ children and youth (*Child Welfare Information Gateway, 2013*). One of the critical components recommended by these guidelines is diversity training for foster care parents and kinship care providers that includes sexual orientation and gender identity. This training and support is designed to ensure that foster parents are connecting foster youth to typical teenage activities that enhance social and emotional development. In addition, it is critical that child welfare agencies recruit foster parents who are accepting of LGBTQ youth (*Martin, Down & Erney, 2016*) and ensure that LGBTQ children and youth are placed in gay-affirming placements with trained foster parents (*Mallon, 2002*).

To decrease the translation of biases or stereotypes about LGBTQ children and youth, the National Center for Child Welfare Excellence (*NCCWE, 2014*) recommends that LGBTQ diversity training include caseworkers and other human service staff who support LGBTQ children and youth in foster care. Training and other technical assistance supports should ensure that the worker is able to explore options and brainstorm situations with children and youth in an unbiased way (*Ragg, Patrick & Ziefert, 2006*). Child welfare staff also should assess and reflect on their own attitudes, beliefs, and biases about LGBTQ children and youth (*Poirier, Fisher, Hunt &*

¹ A descendent of the research on youth resiliency that began in the early 1980s (*Rutter, 1985; Werner & Smith, 1992*), the PYD model is grounded in the core concept that youth have more positive outcomes when they are developmentally supported across all sections of the community with whom they interact or by which they are influenced (e.g., schools, social service organizations, etc.). The PYD seeks to include youth and adolescents in developing a continuum of opportunities within their community while also fostering relationships with caring adults (*National Clearinghouse on Families & Youth, 2001*). PYD includes key elements of safety, structure, supportive relationships, opportunities to belong, and support for efficacy (*Leffert et al., 1996; Benson et al., 2000; Whitlock, 2004*).

² The HRC Foundation's All Children-All Families project provides a framework for both public and private agencies to promote well-being for LGBTQ youth in out-of-home care. In addition to comprehensive training, the project requires agencies to complete online agency self- and staff assessments. Based on the results of these assessments, the HRC provides technical assistance to participating organizations to help them meet 10 key benchmarks of LGBTQ cultural competency: client non-discrimination, employment non-discrimination, agency forms, staff training, staff advocates, client advisory boards, agency environmental and external communications, training and support resources for families, and client services and referrals (*HRC, 2016*).

Bearse, 2014). For child welfare staff working with AI/AN children and youth, it can be helpful to learn about: the impact of historical and intergenerational trauma, local culture of the tribes in the area, and current issues impacting two-spirit people in the community (*NRCDFC and NRC4T, 2014*). Essentially, child welfare staff need to be able to protect children and youth as they are “coming out” to various people and to help them manage their feelings of systemic vulnerability (*Ragg, Patrick & Ziefert, 2006; Poirier, Fisher, Hunt & Bearse, 2014*). In addition, child welfare staff need to be comfortable talking with foster families and families of origin about SOGIE (*Mallon, 2002*).

To support individuals who serve children and youth and young adults, SAMHSA published *A Practitioner’s Resource Guide: Helping Families to Support Their LGBT Children* in 2014. The guide is intended to serve as a tool to help the child-/youth-serving workforce and others to proactively engage families as allies with LGBT children and youth so that the youth are supported, not to change families’ values or deeply held beliefs. Much of the content is based on lessons learned from the Family Acceptance Project. Some of the recommendations from that guide for the child-/youth-serving workforce are:

1. Meet families where they are and view them as an ally.
2. Give families respectful language that they can use to talk about sexual orientation and gender identity.
3. Let LGBTQ children and youth know that you will keep information they share in confidence and that you support them.
4. Use appropriate and inclusive language such as asking if they [the LGBTQ youth] are seeing anyone versus asking if they have a boyfriend/girlfriend.
5. Educate families about how rejecting behaviors could affect their child.
6. Educate families on how supporting their LGBTQ child can affect the child or youth.

Organizational Partnerships

Partnerships with LGBTQ2S-affirming agencies, stakeholders, and service providers, such as medical doctors, health care providers, peer health educator programs, therapists, other foster care provider organizations, and tribal governments are essential (*Ferguson, 2012*). LGBTQ2S foster care agencies should ensure that referral or contract agencies’ intake forms and other assessments ask about gender identity and leave an “other” option, and they should question these organizations about whether they can be LGBTQ2S allies and contribute to an LGBTQ2S-affirming environment (*Ferguson, 2012*). Agencies also should constantly update forms with appropriate terms based on what information youth provide (*Ferguson, 2012*). In AI/AN communities, child welfare staff can collaborate with tribal governments and local cultural leaders or organizations to help create visible roles for LGBTQ2S people in the community, as well as encourage youth to connect with LGBTQ2S mentors who are also AI/AN (*NRCDFC and NRC4T, 2014*). The *Tribal Equity Toolkit: Tribal Resolutions and Codes to Support Two-Spirit and LGBT Justice in Indian Country* provides guidance for tribal code revisions to support LGBTQ2S tribal members (*Tribal Equity Toolkit 2.0*).

Supportive Environment and Structure

Child welfare agencies should take concrete steps such as including visual reminders throughout the organization and the community that support the messaging that the agency is LGBTQ2S-affirming not just LGBTQ2S-accepting. This may include displaying rainbow pride flags, posting anti-discrimination policies, using LGBTQ2S-affirming messaging, announcing upcoming LGBTQ events or media, and posting agency assurance statements in key locations across the organization.

In addition to visual reminders, agencies should take steps to ensure volunteers, collaborators, and other external stakeholders are LGBTQ2S-affirming by implementing screening procedures to assess their knowledge and attitudes. Such screening procedures will help agency partners think through their attitudes on heterocentrism, heterosexism, racism, classism, ableism, HIV/AIDS, and white privilege (*Ferguson, 2012*). These measures also help to create a supportive environment for children and youth by working to implement standards of care (*Poirier, Fisher, Hunt & Bearnse, 2014*) that create an inclusive organizational structure where everyone is worthy of dignity and respect (*Martin, Down & Erney, 2016*). Standards of care should promote anti-discrimination policies (*Martin, Down & Erney, 2016*), protect youths' freedom to access appropriate services and providers with which they feel comfortable (*Martin, Down & Erney, 2016*), and create a system where agency policies are youth-driven and guide appropriate interactions between staff and youth. Organizations and agencies should display these policies prominently throughout offices (*Ferguson, 2012*).

Client Services and Referrals

The primary goal of any agency attempting to be LGBTQ2S-affirming for children and youth should be to create individualized service plans that ensure safety in foster care and other child-serving systems. Service plans should include items such as limiting isolation of LGBTQ youth, using affirming language throughout all communication, and making thoughtful placement decisions (*Martin, Down & Erney, 2016*). This includes ensuring that youth and family voice and choice are a part of the service delivery model and the decisions being made on behalf of the youth (*Martin, Down & Erney, 2016*).

Agencies also should assist with the transition from foster care to independent living for older youth (*Martin, Down & Erney, 2016*). Strategies to support older youth should include a focus on relational processing, logistical or physical causes of distress connected with aging out of foster care, and concerns that are unique to each youth to ensure individually tailored services. The importance of positive language is important to remember when working with LGBTQ2S transition age youth, particularly in ethnically diverse settings. For example, instead of talking about "aging out," child welfare staff can use terms like "young relatives" to emphasize "connection and belonging [and that the community has a responsibility for its members]" (*NRCPPFC and NRC4T, 2014*).

Additionally, guidelines provided consistent messages about how to provide more culturally responsive services to children and youth with diverse SOGIE. These include:

1. Decrease use of congregate care and target family placements (*Martin, Down & Erney, 2016*)
2. Create and support group homes that are respectful and affirming of LGB, transgender, and gender non-conforming youth (*Marksamer, 2011*)
3. Refer to youth using their preferred name and pronoun and allow them to express their gender identity through clothing, hairstyles, and mannerisms at a point in time where they are comfortable to do so
4. Provide individualized placement and classification assessments for LGBTQ children and youth that recognize the young person's gender identity and/or sexual orientation and ensure emotional and physical safety
5. Respond appropriately to harassment, and provide diversity training to youth and staff in the home setting
6. Do not attempt to change child or youth's SOGIE
7. Do not treat youth as "sexually abusive" because of their SOGIE
8. Assure safety when in bathrooms, showers, changing clothes, etc.
9. Work with schools to ensure children and youth are safe when at off-site schools

10. Inform youth about local and national resources and how to access them
These guidelines can be applicable to any program serving children and youth with diverse SOGIE and are important in the provision of culturally responsive service delivery.

Youth Efficacy and Opportunities to Belong

One of the models that has been supported in the foster system is the Youth-Driven Space (YDS) model. The YDS model is framed from self-determination social work philosophy, whereby youth are seen as the experts of their own lives. Organizations using YDS as a guiding framework create and support opportunities for youth to have authentic opportunities to have a voice in the governance of the organization and to serve as leads in programs and services.

Craig's (2011), analysis of community needs to support LGBTQ youth, found that community outreach programs often lend strong support to youths' self-efficacy and sense of belonging. Outreach should include an overview of LGBTQ2S youth development and facilitate honest and community-tailored conversations around concerns for the LGBTQ2S community. These community opportunities should include a youth speaker training component that empowers LGBTQ2S youth and provides them with skills to share their stories during staff and community training events. Finally, agencies should support youth enrichment events that support safe socialization, along with skills-building programs in which highly trained care coordinators help youth develop leadership and self-expression. These events may even expand into community outreach for youth with diverse SOGIE who experience homelessness. With such outreach, the agency supports teams of youth and supporting adults who inform youth who experience homelessness about the services available and invite them to learn more about the agency or organization.

Community outreach also can include culturally specific efforts, such as those in AI/AN communities. It may be helpful to remember that extended family systems in tribal communities form a "natural helping network" to protect children and support young adults (*NRC PFC and NRC4T, 2014*). However, it also is important to keep in mind that AI/AN LGBTQ2S children and youth may have experienced rejection by some members of their cultural community. As a result, child welfare staff need to "be aware that well-intended efforts to support cultural connection may have a hurtful impact if they add to a sense of separation. It may be helpful to connect the youth with a role model or mentor, particularly someone who is Two-Spirit or LGBT Native, Native, and/or has experience with the child welfare system" (*NRC PFC and NRC4T, 2014*).

Adaptation of Evidence-Based Practices

As previously referenced, the purpose of this literature review is to provide guidance to sites interested in applying to be a local implementation site with the QIC-LGBTQ2S. Applicants will have the decision of implementing evidence-informed or promising practices that have some evidence behind the models, developing their own practice models, or adapting evidence-based practices (EBP) designed to address the needs of the broader child welfare population. If an applicant determines that adapting an EBP best meets the goals for their system, it is important to follow specific guidelines in adapting the practice model. In general, it is critical to maintain fidelity to the original model and add the new program elements to the fidelity process, adhere to the core components of the model, and use literature to guide the design of the adaptation.

Applicants may choose to focus on a cultural adaptation, which has been defined as "the systematic modification of an evidence-based treatment (EBT) or intervention protocol to consider language, culture, and context in such a way that it is compatible with the client's cultural patterns, meanings, and values" (*Bernal et al., 2009*). Barrera et al. (2013) found interventions that were culturally enhanced were more effective in improving health outcomes. Aspects of the

culture of children and youth with diverse SOGIE can have an impact on the effects that risk factors have, which influences the design of a culturally responsive adaptation to an intervention (Goldbach & Holleran Steiker, 2011). Goldbach and Holleran Steiker (2011), using a grounded theory approach, developed a model for how interventions and curricula could be adapted to be culturally responsive to the needs of LGBT youth. When adapting an EBP for children and youth with diverse SOGIE in foster care, it is imperative that the interventions “reflect the culture of the individuals receiving the interventions” (Hecht et al., 2003). Applicants can utilize best practice guidelines and tool kits referenced in this literature review to guide that process. Youth recipients should be engaged in the design of the adaptation as well.

Conclusion

To provide quality care, safety, permanency, and well-being for these children and youth, ongoing, methodologically rigorous research is needed to understand their unique needs, challenges, and experiences. A review of the literature indicates that LGBTQ2S children and youth have different permanency, placement, stability, and well-being outcomes than their non-LGBTQ2S counterparts. Because of their diverse SOGIE, these youth are often placed in group care settings. Additionally, these children and youth may be at an increased risk of threats to safety and well-being due to their diverse SOGIE, placement experiences and settings, or interactions with their peers or caregivers. Although additional research comparing the experiences of LGBTQ2S children and youth with their non-LGBTQ2S counterparts is a priority, future research also should recognize that children and youth with diverse SOGIE are not a homogeneous group. For example, there are likely widely different experiences in the child welfare system for children and youth who identify as lesbian versus transgender. Additionally, greater research attention should be focused on the child welfare experiences of racial and ethnic minorities who also have diverse SOGIE. There is scant evidence of the experiences for minority LGBTQ2S children and youth; however, evidence that does exist suggests differing outcomes and experiences.

Another area of research need is to understand the role adults play in the lives of LGBTQ2S children and youth. Children and youth with diverse SOGIE need the support of committed adults with concerted efforts to provide children and youth with safe, permanent, and supportive placements. Additionally, there is a need to look at the role of intersectionality in the lives of children and youth with diverse SOGIE. Addressing these research areas of need will help to improve the lives of LGBTQ2S children and youth and their families, their experiences with the child welfare system, and will help to allocate appropriate resources and support within the child welfare system. The QIC-LGBTQ2S provides the opportunity for further research inquiry into the efficacy of programs that address the needs of LGBTQ2S children and youth. This includes both those programs that have been specifically designed for and researched with respect to LGBTQ2S children and youth and the group of programs that were developed for the wider foster care population. Little research for these programs has included LGBTQ2S children and youth and even less has discussed culturally appropriate services for racial and ethnic minority LGBTQ2S children and youth. There is a need to develop, research and replicate EBPs, EIPs, and promising practices that will enhance permanency, stability, and well-being for children and youth with diverse SOGIE in foster care.

Again, the purpose of this review is to provide resources to potential applicants who are interested in applying to become a QIC-LGBTQ2S local implementation site. Though this is an in-depth look into the literature on EBPs, EIPs, and promising practices designed to meet the needs of children and youth with diverse SOGIE in foster care, there are also other programs

nationally that have been implementing programs for LGBTQ2S children and youth for years. Many of these programs have not yet engaged in a rigorous evaluation process or taken the steps toward manualizing their practice model. These programs also can serve as a resource or may plan to partner with their local child welfare system to apply to be a local implementation site. Successful implementation requires a systematic approach to implementation. There are a tremendous amount of passionate and committed organizations and individuals who continue to work to support the multifaceted needs of children and youth with diverse SOGIE in foster care. We look forward to continuing to build on these efforts through the work of the QIC-LGBTQ2S.

Appendix A: 38 Identified National Guidelines and Tool Kits for LGBTQ2S Children and Youth in Foster Care

Best Practice Guideline	Agency	Contact
Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide	The Joint Commission (<i>Techurtz & Burke, 2014</i>)	https://www.jointcommission.org/lgbt/
Affirming and Supporting LGBTQ Children and Youth in Child Welfare	Children's Bureau, Capacity Building for States (n.d)	https://capacity.childwelfare.gov/states/
All Children-All Families Benchmarks of LGBT Cultural Families	Human Rights Campaign (n.d)	http://www.hrc.org/
Bending the Mold: An Action Kit for Transgender Students	Lambda Legal & National Youth Advocacy Coalition	http://www.lambdalegal.org/publications/bending-the-mold http://www.metgroup.com/portfolio/national-youth-advocacy-coalition/ http://www.nclrights.org/
Breaking the Silence: LGBTQ Youth Tell Their Stories, A Tool for Training Care Providers on Working Effectively with LGBTQ Youth	National Center for Lesbian Rights (NCLR) (n.d)	http://www.nclrights.org/
Caring for LGBTQ Children & Youth: A Guide for Child Welfare Providers	Human Rights Campaign (n.d)	http://www.hrc.org/
CWLA Best Practice Guidelines: Serving LGBTQ Youth in Out-of-Home Care	Child Welfare League of America (2006)	http://www.cwla.org/
Ensuring Competent Residential Interventions for Youth with Diverse Gender and Sexual Identities and Expressions	American Association of Children's Residential Centers (2014)	http://togetherthevoice.org/
Expanding Resources for Children III: Research-Based Best Practices in Adoption by Gays and Lesbians	Evan B. Donaldson Adoption Institute (2011)	http://www.adoptioninstitute.org/
Getting Down to Basics- Tools to Support LGBTQ Youth in Care	Child Welfare League of America & Lambda Legal (2013)	http://www.cwla.org/ http://www.lambdalegal.org/
Guidelines for Managing Information Related to the Sexual Orientation & Gender Identity and Expression of Children in the Child Welfare System	Family Builders, Legal Services for Children, National Center for Lesbian Rights, Center for the Study of Social Policy (2013)	http://www.familybuilders.org/ http://www.lsc-sf.org/ http://www.nclrights.org/ http://www.cssp.org/
Guidelines for Psychological Practice with Transgender and Gender Nonconforming People	American Psychological Association (2015)	https://www.apa.org
How to Gather Data on Sexual Orientation and Gender Identity in Clinical Settings	The Fenway Institute (2012)	http://fenwayhealth.org/
Information Packet: Transgender Youth in Child Welfare Settings	National Center for Child Welfare Excellence (<i>Sikerwar & Rider, 2015</i>)	http://www.nccwe.org/

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Best Practice Guideline	Agency	Contact
In-Home Resources for Families of LGBTQ Youth	National Resource Center for In-Home Services (n.d)	https://uiowa.edu/nrcihs/
Lesbian, Gay, Bisexual and Transgender Youth in the Juvenile Justice System: A Guide to Juvenile Detention Reform	Annie E. Casey Foundation; Juvenile Detention Alternatives Initiative (<i>Wilber, 2015</i>)	http://www.aecf.org/
Model Anti-Harassment and Nondiscrimination Policy for Child Welfare or Juvenile Justice Agencies	National Center for Lesbian Rights (2006)	http://www.nclrights.org/
Out of the Shadows: Supporting LGBTQ Youth in Child Welfare Through Cross-System Collaboration	Center for the Study of Social Policy (2016)	http://www.cssp.org/
A Place of Respect: A Guide for Group Care Facilities Serving Transgender and Gender Non-Conforming Youth	National Center for Lesbian Rights and Sylvia Rivers Law Project (2011)	http://www.nclrights.org/ http://srlp.org/
Practice Brief: Providing Services and Supports for Youth Who Are LGBTQI2-S	National Center for Cultural Competence (<i>Poirer et al., 2008</i>)	https://nccc.georgetown.edu/
A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children	Substance Abuse Mental Health Services Administration (<i>SAMHSA; 2014</i>)	https://www.samhsa.gov/
Promising Practices in Adoption and Foster Care: A Comprehensive Guide to Policies and Practices that Welcome, Affirm, and Support Lesbian, Gay, Bisexual, and Transgender Foster and Adoptive Parents	Human Rights Campaign (2012)	http://www.hrc.org/
Recommended LGBTQ Children, Youth, and Families Cultural Competence Tools, Curricula, and Resources	American Institutes for Research	http://www.air.org/
Recommended Practice Guidelines: To Promote the Safety and Well-Being of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth and Youth at Risk of or Living with HIV in Child Welfare Settings	Child Welfare League of America & Lambda Legal (2012)	http://www.cwla.org/ http://www.lambdalegal.org/
Sharing Our Lived Experiences: 22 Tips for Caring for Two-Spirit and Native LGBTQ Youth in the Child Welfare System	National Child Welfare Resource Center for Tribes & National Resource Center for Permanency and Family Connections	http://www.nrc4tribes.org/ http://www.nrcpfc.org/about-us.html
Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People	The World Professional Association for Transgender Health	http://www.wpath.org/
The Model Standards Project: Creating Inclusive Systems for LGBT Youth in Out-of-Home Care	Legal Services for Children & National Center for Lesbian Rights (2006)	http://www.lsc-sf.org/ http://www.nclrights.org/
Teen SENSE: Model Sexual Health Care Standards for Youth in State Custody	The Center for HIV Law and Policy (2012)	http://hivlawandpolicy.org/
Tips for Child Welfare Professionals: Talking About LGBT-Headed Families	National Resource Center for the Permanency and Family Connections (2012)	http://www.nrcpfc.org/about-us.html
Tool Kit for Practitioners/Researchers Working with Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning Runaway and Homeless Youth	National Resource Center for Permanency and Family Connections (2012)	http://fenwayhealth.org/
Tool Kit to Support Child Welfare Agencies in Serving LGBTQ Children, Youth, and Families	Children's Bureau, Child Welfare Information Gateway	https://capacity.childwelfare.gov
Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People	The National Gay and Lesbian Task Force	http://www.thetaskforce.org/ http://nationalhomeless.org/

Appendix A: 38 Identified National Guidelines and Tool Kits for LGBTQ2S Children and Youth

Best Practice Guideline	Agency	Contact
The Tribal Equity Tool Kit: Tribal Resolutions and Codes to Support Two-Spirit and LGBT Justice in Indian Country	Institute & National Coalition for the Homeless (2003) Collaboration of the Native American Program of Legal Aid Services of Oregon, the Indigenous Ways of Knowing Program at Lewis & Clark College, Basic Rights Oregon, and the Western States Center.	https://graduate.lclark.edu/live/files/12737-tribal-equity-toolkit
Twenty Things Supervisors Can Do to Support Workers to Competently Practice with LGBTQ Children, Youth, and Families	National Resource Center for Permanency and Family Connections (n.d)	http://www.nrcpfc.org/about-us.html
Working with Lesbian, Gay, Bisexual, Transgender, and Questioning/Queer Youth	National Resource Center for Permanency and Family Connections (2012)	http://www.nrcpfc.org/about-us.html
Working with Lesbian, Gay, Bisexual, Transgender Families in Adoption	Children’s Bureau Child Welfare Information Gateway (2011)	https://www.childwelfare.gov/



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