

Coming Out

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Treatment Modality: Individual or Group

Age: 13+

Treatment Phase: working phase

Goal:

1. To support teen in coming out to parents or guardians
2. Identify expected or unexpected reactions of parents or guardians
3. Learn how to navigate or handle varied reactions to increase confidence
4. Provide examples of various outcomes and role play these outcomes with client
5. Develop a safety plan

Materials

- Computer with internet access
- Que the following videos:
 - Positive reaction: "Coming out – Live Reaction"
<https://www.youtube.com/watch?v=2NF6n9Z6ZA0>
 - Neutral reaction: "Coming out to My Conservative Christian Mom"
<https://www.youtube.com/watch?v=Dp1TgnUR2aU>
 - Negative reaction: "Coming out to my dad – live reaction"
<https://www.youtube.com/watch?v=z3VHpciaTts>
 - Consider other videos

Procedure:

1. Explore teen's ideas about parent/guardian's reaction to their coming out
2. Explore fears and hopes
3. Watch video of positive reaction; process this reaction and role play this reaction with teen
4. Watch video of neutral reaction; process this reaction and role play this reaction with teen
5. Watch video of negative reaction; process this reaction and role play

Processing Question:

- These questions may differ depending on how the teen is feeling, thinking and responding to the role play and reactions. Consider the following:
 - What surprised you about this video?
 - How do you think this will be like your parents/guardian?
 - What do you think might be different?
 - What are you most confident with? Least confident with?
 - How will you begin this conversation?
 - What do you plan to share with your parents/guardian
 - What would a negative reaction look like for your parents?

Coming Out as LGBTQ+ Safety Plan

1) If I decide to leave home/shelter/friend's place for a short or long time, places where I feel safe are:

2) I will contact _____ and _____ (*trusted persons*) to let them know where I am.

3) I will contact _____, a trusted adult at my school. My school's phone number is _____.

4) I will keep an extra copy of all important numbers so I will be able to call for help when I need it. This includes _____ (*organization*) at _____ (*organization's phone number.*)

5) If I am leaving or thinking of leaving a relationship, I know I am more at risk of violence, so I will call _____ before taking action, and also afterwards if I feel scared or threatened or am hurt.

6) I need to carry ID/documentation with me at all times I will make extra copies of ID/Documentation to keep in a safe place or with _____.

7) Do I have access to any bank accounts? Do I have access to financial resources? My bank's phone number is: _____.

8) Do I have enough doses of the medications I take? The medications I take and their doses are:

9) I will choose a safety strategy or strategies from the list provided and try to practice it to keep myself safer. The strategy that I want to use in my life is

MY PERSONAL EMERGENCY CONTACTS

List up to three names and phone numbers of people or organizations you trust and can call when you're thinking about using your Safety Plan. You may want to look for names and contact information of organizations that offer counseling, safety, and support services.

Name	Phone number/E-mail or best way to contact them

STRATEGIES FOR SAFER LIVING

- Practice *awareness* in the street and when hanging out with friends and/or working.
- Trust my *instincts* when I feel I am in danger or I need to act.
- Remember I can *say no* when I need to, and refuse to get involved with a person or situation that does not feel safe.
- Try to *negotiate* so I can move myself out of danger.
- Get someone I trust to walk with me when I am drunk or high, not able to make decisions well, or in a neighborhood I know to be “unfriendly.”
- **Tell** someone if I feel I am in danger or have been hurt, whether I think it is my fault or not.
- Remember no one deserves to be attacked, abused, or disrespected, and that includes me.

Packing List:

- | | |
|---------------------------------|--|
| _____ Money | _____ ID/Documentation/Birth Certificate |
| _____ Cell Phone | _____ Contact Info for organizations or trusted adults |
| _____ Chargers | _____ Good shoes |
| _____ List of Emergency Numbers | _____ Bank Account information |
| _____ Medications | _____ Contact Info for local emergency clinic |
| _____ Spare set of clothing | _____ Warm Coat |
| _____ Healthy snack | _____ Water bottle |
| _____ Backpack/School items | _____ Hygiene supplies |