

## Brief Cognitive Behavioral Family Therapy Following a Child's Coming Out: A Case Report

Brian L.B. Willoughby, *Massachusetts General Hospital and Harvard Medical School*  
Nathan D. Doty, *Massachusetts General Hospital and Harvard Medical School*

*Few interventions have been proposed for the treatment of families following a child's disclosure of nonheterosexuality. To address this gap in the literature, the current paper outlines a brief cognitive behavioral family treatment (CBFT) for families negotiating the coming-out process and illustrates this approach with a case example. Parents' attributions, beliefs, and expectations are explored and challenged. The family is exposed to increasingly salient topics and directed to increase the frequency of positive family experiences. Lastly, the family is taught specific listening and problem-solving skills to bolster adaptive family communication. This paper is among the first to apply an empirically supported therapeutic framework to support family adjustment following a child's disclosure of sexual orientation. The potential usefulness and limitations of this CBFT application are discussed.*

**D**ISCLOSURE of one's nonheterosexual identity (e.g., lesbian, gay, bisexual) to parents represents one of the most difficult developmental milestones faced by sexual minority young people (Mallon, 1998; Savin-Williams, 2001; Willoughby, Doty, & Malik, 2008; Willoughby, Malik, & Lindahl, 2006). Coming out to parents typically involves a high degree of anticipation and marked anxiety, as young people fear rejecting and unsupportive reactions to their sexual orientation. The parents of sexual minority children may also face significant distress and discomfort during the coming-out process, as they struggle to understand and negotiate their child's nonheterosexual identity. Parents may experience a range of emotional and behavioral reactions, including denial, depression, shame, anger, and guilt (Savin-Williams, 2001; Willoughby et al., 2008), and research suggests that approximately half of parents will respond in rejecting or unsupportive ways following their child's coming out (Robinson, Walters, & Skeen, 1989; Savin-Williams & Ream, 2003). Willoughby and Malik (2006) found that some parents may even respond with extreme negativity, such as calling their child derogatory names (9%), asking their child to leave the home (5%), or withdrawing financial support (8%). A

small but growing body of research suggests that these negative parental reactions relate to poorer psychological and behavioral health among sexual minority young people (e.g., Floyd, Stein, Harter, Allison, & Nye, 1999; Savin-Williams, 1998). In particular, unsupportive reactions from parents have been linked to lower self-esteem (e.g., Savin-Williams, 1989), internalizing problems (e.g., Elze, 2002), substance use behaviors (e.g., Willoughby, 2008), and high-risk sexual activity (e.g., Vincke, Bolton, Mak, & Blank, 1993). Despite growing evidence of the adverse psychological and behavioral consequences of parental rejection, clinical researchers have yet to develop empirically based interventions targeting parental adjustment to coming out. To address this need, this paper outlines a cognitive-behavioral family treatment (CBFT) focused on promoting parental adjustment following a child's disclosure of nonheterosexual identity.

### Parental Reactions to Their Child's Coming Out

There is a growing body of literature examining the coming-out process from family-based perspectives (e.g., Heathrington & Lavner, 2008; Willoughby et al., 2008). This research is largely guided by an overarching question: Why do some families deteriorate upon learning of a child's nonheterosexual orientation, while other families adapt and strengthen? Considering the heterocentric social climate of the United States, it is not surprising that parents, like most Americans, may develop core value and belief systems that are incompatible with the notion of homosexuality. It is theorized that these parental belief systems may, in part, account for parental reactions to their child's sexual orientation disclosure

DOIs of the original articles: [10.1016/j.cbpra.2009.08.002](https://doi.org/10.1016/j.cbpra.2009.08.002), [10.1016/j.cbpra.2009.04.008](https://doi.org/10.1016/j.cbpra.2009.04.008), [10.1016/j.cbpra.2009.04.007](https://doi.org/10.1016/j.cbpra.2009.04.007), [10.1016/j.cbpra.2009.04.009](https://doi.org/10.1016/j.cbpra.2009.04.009)

1077-7229/09/37-44\$1.00/0

© 2009 Association for Behavioral and Cognitive Therapies.  
Published by Elsevier Ltd. All rights reserved.

(e.g., Armesto & Weisman, 2001; Willoughby et al., 2008). For instance, in an investigation of 27 gay adolescents' perceived parental reactions to coming out, Newman and Muzzonigro (1993) found that the more parents were reported to have traditional family values (e.g., placing importance on marriage and having children), the less supportive they were of their child's sexuality. In another study, Armesto and Weisman (2001) found evidence supporting the importance of causal attributions in predicting parental reactions to coming out. That is, parents attributing a child's sexual orientation to uncontrollable causes (e.g., biology, genetics) may respond more favorably to the disclosure compared with parents attributing sexuality to more controllable causes (e.g., lifestyle choice). While there is clear evidence that values, beliefs, and attributions predict parental reactions to their child coming out, these findings have yet to translate into clinical practice and intervention efforts, which is the focus of the current paper.

### Existing Treatments

Very few interventions have been proposed for the treatment of families following a child's coming out. Within existing case reports, therapists have typically relied on supportive approaches, which facilitate family adjustment through active listening, reflection, and validation. While, anecdotally, supportive approaches appear to have some utility, these interventions lack a clearly articulated theoretical framework. Additionally, the lack of standardized treatment protocols for these supportive approaches makes it difficult to ascertain their effectiveness. We could identify only one theoretically grounded article addressing the treatment of families following a child's coming out. Based on family systems theory and case examples, Lasala (2000) articulated several possible interventions to aid therapists in supporting families thorough the coming-out process, including parent education and strategies aimed at helping the family avoid the topic of sexuality while some time passes. A large part of Lasala's intervention focuses on the child, with individual sessions aimed at helping young people understand their parent's need to grieve. Although Lasala's work has been criticized for its overly narrow focus and lack of empirical support (Green, 2000), it remains the only theoretically grounded approach for assisting parents with their child's coming out. The dearth of existing literature in this area highlights the need for empirically based intervention strategies that target parental adjustment to a child's nonheterosexual identity.

### A Cognitive-Behavioral Family Therapy Approach

Researchers have conceptualized coming out as a family-based crisis that has the potential to disrupt family boundaries, beliefs, and expectations (e.g., Crosbie-Bur-

nett, Foster, Murray, & Bowen, 1996; Willoughby et al., 2008). In fact, the disruptions arising from a child's coming out appear to closely resemble those of other family-based crises, such as a parental divorce, sudden geographical relocation, or disclosure of a teenage pregnancy. Existing evidence supports CBFT as an effective intervention for these types of family crises (e.g., Dattilio & Freeman, 2000). CBFT focuses on "the reciprocal interaction of family members' cognitions, emotions, actions, and relationships" (Friedberg, 2006, p. 2). According to CBFT, family members' cognitions (e.g., attributions, expectancies, standards) intrude upon and influence virtually every aspect of family life. Thus, a CBFT approach presumes that addressing the cognitive aspects of a problem represents the most effective means of modifying dysfunctional family patterns (Friedberg, 2006). CBFT seeks to help family members identify distress-causing cognitions and replace unhealthy patterns of thinking with healthy ones (Dattilio, 2000; Schwebel & Fine, 1994).

Dattilio (2007) outlined a series of key CBFT principles to employ when treating a family in crisis. These strategies have been successfully employed in treating a variety of family-based crises, including unexpected medical emergencies (Dattilio, 2000), parental divorce (e.g., Spillane-Grieco, 2000), and family violence (e.g., Hamberger & Holtzworth-Munroe, 2000). The suggested steps for treating a family in crisis include the following: (a) ascertaining automatic thoughts and schemas of family members and identifying attributions, expectations, and standards from parents' families of origin that have filtered down into immediate family members; (b) testing automatic thoughts and challenging family members' underlying belief structures; (c) providing direct suggestions for alternative behaviors and ways of increasing the frequency of positive family interactions; and (d) bolstering family communication and problem-solving skills. Using this framework, the current paper outlines the application of CBFT in the treatment of families negotiating the coming-out process. It was expected that the empirically supported, goal-focused, and time-limited nature of CBFT would make it an ideal approach for intervening with families adjusting to a child's sexual orientation disclosure. The present report describes a case example of a family that responded favorably to the application of a CBFT approach.

### Method

#### Family Characteristics and Referral Issue

Wendy and Angelo Marano<sup>1</sup>, a married couple of Italian decent in their early 50s, presented at the child and adolescent psychiatry outpatient clinic seeking support in coping with their 18-year-old son's (Peter)

<sup>1</sup> Pseudonyms are used to protect patient anonymity.

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات