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Piloting *Lead with Love*: A film-based intervention to improve parents' responses to their lesbian, gay, and bisexual children

David M. Huebner¹, Jordan E. Rullo², Brian C. Thoma¹, Larissa McGarrity¹, and Jenny Mackenzie³

¹University of Utah, Department of Psychology

²University of Minnesota, Department of Family and Community Medicine, Program in Human Sexuality

³Jenny Mackenzie Films

Abstract

Lesbian, gay, and bisexual youth are at increased risk for a variety of poor health outcomes, relative to their heterosexual counterparts, and recent research implicates family responses to a child's sexual orientation as an important predictor of these health difficulties. *Lead with Love* is a 35-minute documentary-style preventive intervention created to improve parents' behaviors toward their lesbian, gay, and bisexual (LGB) children, by providing parents with support, information, and concrete behavioral guidance. The film was made available free online, and was promoted widely with a multi-media marketing campaign. In this paper we describe the theoretical and empirical rationale for the intervention, and report findings from pilot data collected in the first year after the film's release. Specifically, we gathered data to examine the feasibility of reaching parents of LGB youth with this intervention, to determine whether it was acceptable, and to provide preliminary indicators of its potential efficacy. In the first 12 months after launch, 10,949 individuals viewed the film online. The film successfully reached parents of LGB youth ($n = 1,865$), including the hardest to reach parents: 21% had only learned about their child's sexual orientation in the past month, 36% reported having an LGB child was "very" or "extremely" hard for them, and 86% had never obtained any other formal support for having an LGB child. Parents who completed a follow-up assessment immediately after the film reported significant pre- to post-film increases in self-efficacy for parenting an LGB child.

Introduction

Lesbian, gay, and bisexual (LGB) youth are at high risk for a number of poor health outcomes relative to their heterosexual counterparts. In its comprehensive review of the literature on LGB health, the Institute of Medicine recently concluded that there was clear scientific evidence indicating that LGB adolescents are at greater risk for depression and attempting suicide, and emerging evidence that they are more likely to use alcohol and other substances (Institute of Medicine, 2011). These findings are mirrored in the mainstream media, where reports of tragic suicides among LGB adolescents have become commonplace in recent years.

Minority stress remains the most widely accepted theoretical explanation for these disparities (Meyer, 2003). Because of the stigma that homosexuality still carries in modern society, LGB youth are subjected to varied forms of mistreatment, all of which create a

stressful experience that has the potential to harm health. Recent empirical research has supported this notion. In particular, studies have highlighted the important role that family responses play in shaping the health of LGB adolescents (Bouris et al., 2010). In one study, researchers found that LGB young adults ages 21–25 who reported that their families were highly rejecting of their sexuality during their teenage years were roughly eight times as likely to report having attempted suicide, three times as likely to have tried illegal drugs, and twice as likely to have engaged in recent unprotected intercourse, relative to youth from families who were less rejecting (Ryan, Huebner, Diaz, & Sanchez, 2009).

Despite the profound impact that parental responses have on a child's health, preventive interventions to guide parents with an LGB child are limited and currently lack empirical support. The most common existing resources are local organizations (or local chapters of national organizations) that offer opportunities for parents to meet with other parents to obtain support and comfort when a child comes out (e.g., Parents and Friends of LGBs, or *PFLAG*). While anecdotal evidence suggests that these efforts can be extremely helpful to parents, we are not aware of any empirical evidence for their efficacy. Moreover, in order to benefit from these services, parents must be motivated and able to identify and attend one of these groups, and comfortable disclosing to other people that they have an LGB child. Many parents of LGB youth report that they themselves remained “closeted” for months or even years after learning about their child's sexual orientation (Phillips & Ancis, 2008; Saltzburg, 2004). These issues constitute extreme barriers to participation in such groups, particularly when parents have only recently learned that they have an LGB child. Indeed, in data we have from 504 LGBT youth ages 14–19 from three different US cities, only 10% reported that their parents have ever attended any form of support group for parents of LGB youth (unpublished raw data available from first author).

Given these challenges, we developed an intervention format more consistent with public health approaches designed to reach large numbers of individuals with relatively low-dose preventive interventions. Specifically, we created a documentary film entitled *Lead with Love*, which we made available for anyone to view free online (www.leadwithlovethefilm.com). We combined this with a media and social networking campaign to draw attention to the film. Evidence suggests that film-based interventions can change individual behaviors across a variety of domains (Chiasson, Shaw, Humberstone, Hirshfield, & Hartel, 2009; Downs et al., 2004; Janda, Stanek, Newman, Obermair, & Trimmel, 2002; Singhal & Rogers, 2002; Wilkin et al., 2007). Moreover, in regards to this particular target population, a film accessible online has the potential to reach large numbers of parents, including those who wish to remain anonymous, or who do not have the time or resources to access more intensive interventions.

The goal of the current paper is to describe the empirical and theoretical foundation for the film and its content. In addition, we present process evaluation data from the first year following the release of the film, with an emphasis on understanding whether it is feasible to use this intervention medium to reach the target population (i.e., diverse parents of LGB youth who are not already fully accepting of their child's sexual orientation) and whether the intervention is acceptable to them. Moreover, we also sought to provide preliminary data on the film's potential to be efficacious in increasing parents' feelings of self-efficacy for parenting an LGB child.

Intervention

Overview

Lead with Love was conceived as a means for providing comfort, information, and behavioral guidance to parents of LGB adolescents and young adults aged 25 and under,

with the goal of reducing rejecting behaviors and increasing positive family interaction. The film was designed to appeal specifically to parents of teens and young adults because of the relatively greater influence that parents have over their children during these years; however, the guidance provided in the film might certainly have relevance for parents with older children. Within the population of parents of LGB youth, we were most interested in reaching parents who had newly learned about their child's sexual orientation and/or who were not already in a place of complete acceptance, reasoning that youth in these families were likely at some risk. Given the low-dose nature of a brief, film-based intervention, we did not anticipate that we would be able to completely "turn around" families whose rejection of homosexuality was extreme and potentially deeply rooted in their cultural or religious beliefs. Rather, we created intervention content relevant for families in what we conceptualized as the "movable middle" – those who might reasonably benefit from a brief intervention. Indeed, research has shown a graded association between parent rejection and risk (Ryan et al., 2009), suggesting that (a) even modest levels of rejection can be harmful, and (b) rejection need not be eliminated entirely to benefit LGB children's health.

Education Entertainment

Lead with Love is an "Education Entertainment" (EE) video. EE has been defined as "the process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience members' knowledge about an educational issue" (Singhal & Rogers, 2004, p. 5). The designs of EE interventions differ widely, from bi-weekly television soap operas (Papa et al., 2000) to one-time video interventions lasting less than ten minutes (e.g., Chiasson et al., 2009; Love, Mouttapa, & Tanjasiri, 2009; Will, Sabo, & Porter, 2009). They also greatly differ in regards to their subject matter, from sexually transmitted infection awareness (Downs et al., 2004), to breast cancer awareness and screenings (Borrayo, 2004; Jibaya et al., 2000), to the use of booster seats for children (Will et al., 2009). Despite the wide variety of EE designs and content, research has consistently shown that EE has effectively increased viewers' knowledge (Hether, Huang, Beck, Murphy, & Valente, 2008; Jibaya et al., 2000; H. A. Wilkin et al., 2007; Will et al., 2009), facilitated communication (Chiasson et al., 2009; Pappas-DeLuca et al., 2008; Wilkin et al., 2007), increased participants' intention to act (Pappas-DeLuca et al., 2008; Will et al., 2009), and increased participants' action (Chiasson et al., 2009; Will et al., 2009). The medium was appropriate for this target population, given that we wanted to connect with parents in an emotional way to demonstrate our understanding of their struggles, and then use that resulting alliance as an opening to provide education about sexuality and the harms of parent rejection, and to offer concrete behavioral guidance.

The efficacy of EE has traditionally been conceptualized through Bandura's social cognitive theory, which posits that modeling (particularly by models similar to the audience) and vicarious learning affect one's self-efficacy and behaviors (Bae & Kang, 2008; Bandura, 2001; Singhal & Rogers, 2002; Slater & Rouner, 2002). Consistent with the precepts of this theory, EE typically involves modeling behaviors from characters believed to be similar to the video audience (e.g., Borrayo, 2004; Lapinski & Nwulu, 2008). In addition, given that Bandura's social cognitive theory specifically addresses behavioral change, other theories have been used to conceptualize the non-behavioral outcomes of EE (i.e., changes in attitudes and beliefs; Bae & Kang, 2008; Slater & Rouner, 2002). One such theory that has been used throughout the EE literature to account for cognitive change is the Transtheoretical or Stages of Change Model (e.g., Borrayo, 2004; Jibaya et al., 2000). Stages of Change posits that individuals engaged in the process of behavior change proceed through a series of predictable steps: individuals first begin without any awareness that change is necessary, then subsequently begin contemplating and preparing for change,

followed by a phase in which they firmly commit to actual behavior change, and finally, follow through with meaningful change and efforts to maintain their new behaviors.

Using Education Entertainment with Parents of LGB Youth

Consistent with stage-based models of change, previous research on parents of LGB children suggests that coming to accept a child who is LGB is indeed a process, characterized by shared phases that many parents commonly experience (Phillips & Ancis, 2008; Saltzburg, 2004). Thus, although our ultimate goal was to decrease rejecting behaviors among parents, in developing the story line for the film we aimed to meet parents at whatever phase they were in their process, and provide something that would be useful for each specific stage. In the beginning of their process, parents are often self-absorbed with their own grief, confusion, or concerns, and do not even recognize the need to step up and support their LGB child (i.e., pre-contemplators). For these parents, we aimed to provide support by having parents who are depicted in the film describe their own difficult reactions to having an LGB child, thereby demonstrating that we understand how painful this can be. Next, we posited that if parents have the opportunity to learn more about being LGB, they might gain insight into the true source of their pain (i.e., misinformation perpetuated through cultural stereotypes about homosexuality), and in releasing some of their own negative emotions, would become more open to the idea their child is vulnerable and in need of their support (i.e., contemplators). To help motivate these contemplators to move toward behavior change, we delivered emotionally charged information about the dangers of parental rejection. Finally, for those who desire to change their behaviors in a manner that will be supportive of their children (i.e., individuals in the preparation and action stages), we provide specific behavioral guidance, accompanied by modeling from the families portrayed in the film. The sequence of segments in the film is described in more detail in Table 1. To move parents forward in their process, throughout the film we drew from motivational interviewing approaches that highlight the importance of “rolling with” resistance and emphasizing clients’ motivations that are consonant with behavior change goals, even when behavior change itself is daunting (Miller & Rollnick, 2002). For instance, before asking parents to change certain behaviors toward their child – a step we anticipated might be challenging – we attempted to activate a motivation that would be more consonant with most parents’ goals: the desire to have a healthy child.

One of the final segments of the film provides concrete behavioral guidance for parents. This guidance is summarized by the acronym L.E.A.D., which stands for (1) Let your affection show, (2) Express your pain away from your child, (3) Avoid rejecting behaviors, and (4) Do good before you feel good. Each of these recommendations is grounded in empirical work on families and behavior change. “Let your affection show” aims simply to increase positive family interactions, a key ingredient of multiple evidence-based family interventions (Beardslee, Gladstone, Wright, & Cooper, 2003; Kumpfer, & Alvarado, 2003; Sanders, Markie-Dadds, Tully, & Bor, 2000; Taylor, & Biglan, 1998). “Express your pain away from your child” was modeled after interventions targeting divorcing and bereaved families, which recommend that parents minimize children’s exposure to parental conflict and stress (Cookston, Braver, Griffin, De Luse, & Miles, 2007; Haine, Ayers, Sandler, & Wolchik, 2008), as well as on research indicating that LGB youth feel rejected when they witness their parents’ expressions of sadness surrounding their sexual orientation (Ryan et al., 2009). We recommend that parents “Avoid rejecting behaviors” because of the strong associations between parental rejection and LGB health risks (Ryan et al., 2009). Finally, “Do good before you feel good” was based on behavioral approaches to intervention (Watson, 1924; Watson, Tolman, Titchener, Lashley, & Thorndike, 2009), which suggest that it is possible for individuals to initiate behavior change regardless of their current feelings, and that behavioral changes can be an effective starting point for initiating

subsequent emotional changes (Dimidjian et al., 2006; Jacobson, Martell, & Dimidjian, 2001). This may be particularly important for parents of LGB youth, given that studies suggest that parents' negative emotional reactions to coming out can last from months to years (Beeler & DiProva, 1999; Bernstein, 1990; Goodrich, 2009; Phillips & Ancis, 2008; Saltzburg, 2004; Wakeley & Tuason, 2011).

Although the film was infused with theory-based intervention content, we also ensured the documentary had a high production value and was both entertaining and emotionally engaging. Four ethnically diverse families constitute the primary characters in the film. Each family shares elements of their story of coming to understand their LGB son or daughter as a way of bringing the intervention material to life. Perspectives of both parents and LGB youth themselves are offered. In addition to the families depicted in the film, two psychologists, three clergy, and a high school teacher share relevant commentary and guidance.

Throughout the process of film production we sought the direct guidance of parents themselves. Before filming, we conducted two focus groups, each with ten parents of LGB youth. These parents offered suggestions about both the film's content (e.g., what are parents' most common questions and concerns; what kinds of experts would be most compelling to deliver guidance), and its form (e.g., the length of a film they would have been willing to watch shortly after learning their child had come out). During production of the film, we obtained further advice from approximately 20 different parents of LGB youth and other intervention experts, by holding screenings of "rough cuts" of the film and then conducting interviews with viewers to obtain feedback.

Promotion

Once we finalized the film and website, we embarked on a multi-level promotional campaign that included national media, online search optimization, social networking, and outreach to professional health organizations. The film and our website received national media coverage in outlets such as *USA Today*, *The New York Times*, ABC's *The View*, and National Public Radio. We increased our online presence by obtaining a Google Grant, so that when individuals use Google to search for relevant terms such as "my child is gay," an ad for our website is prominently displayed in the search results. Search advertising yielded an average of 1300 visitors per month to our website. We also created a Facebook presence for the film, and encouraged people to promote the film through their social networks. In an average month, 67 different Facebook users mentioned our film, resulting in 1215 "impressions" each month on other users' profiles.

Pilot Evaluation Methods

Each person who visits the website and watches the film is first directed to a series of brief questions, assessing their demographic characteristics, and for parents, their attitudes toward parenting an LGB child. Following the film, they are asked a series of follow-up questions regarding their satisfaction with the film, attitudes toward parenting an LGB child, and an open-ended request for feedback. We developed items by drawing from the existing literature (Johnston & Mash, 1989) and then tailoring items to minimize respondent burden and maximize face validity (see Tables 2 and 3 for exact wording of relevant items). All data collection procedures were approved by the IRB at the investigators' home institution. Below, we present data from all individuals who viewed the film in the first 12 months following its release (January-December 2011).

Results

Altogether, 10,949 individuals viewed the film online at least once (see Table 2 for demographics). Individuals learned about the film from a variety of sources, most commonly from links from other websites ($n = 3,437$, 30.5%), recommendations from friends or professionals ($n = 2,327$, 20.6%), and searching for information online ($n = 1,198$, 10.6%).

Inspection of the demographics of viewers who were parents of children age 25 or under ($n = 1,865$) reveals that more mothers than fathers viewed the film by a ratio of about 3:1. The film was successful in reaching parents of all prominent racial/ethnic backgrounds, although African American parents were underrepresented (5.9%) relative to the general population. Important for our goals, the film successfully reached significant proportions of parents who had very recently learned their child was LGB (21.3% had known for less than a month), who reported that having an LGB child was difficult for them (36% indicated that having an LGB child was either “very” or “extremely” hard for them), and who had not accessed other sources of support (85.5% had never been to a PFLAG meeting or other support group for parents of LGB youth).

After viewing the film, 57% of parents closed the website without completing the follow-up questions. Relative to those who did not complete follow-up questions, these parents tended (1) to be younger, (2) to have learned that their child was LGB more recently, (3) to report greater difficulty in having an LGB child, and (4) to be Latino or Asian/Pacific Islander. However, those who returned to complete follow-up questions were still diverse in relevant ways (e.g., 52% of responders reported that having an LGB child was “moderately” to “extremely” hard for them). After the film, 63% of youth left the website without completing follow-up questions; no demographic differences were observed among youth who did and did not complete these questions.

Table 3 summarizes the post-film responses from the two demographic groups of primary interest: parents of youth under age 25 who were known or suspected to be LGB, and LGB youth under age 25, who might share the film with their parents. Among parents, 71.8% indicated that they found the film either “very” or “extremely” helpful. Mothers found the film more helpful than fathers (mothers’ $M = 4.00$, fathers’ $M = 3.71$, $t = -2.73$, $p < .01$), but otherwise no demographic differences in parent responses were observed.

We developed a coding system to summarize open-ended feedback on the film that included 35 codes representing the most common categories of feedback. We coded all responses by using two separate team members who resolved discrepancies via discussion. Among parents, the most common responses were general positive comments (e.g., “a wonderful film!”), which were made by 66% of parents who left comments. The most common constructive comment was a request to see even more content included in the film (e.g., “It would have been helpful to learn more about talking to my child about dating”); 12.1% of parents who left comments made a suggestion of this nature. The other common feedback was to offer a positive response to some specific component of the film – most commonly, the families depicted and the LEAD guidance.

Self-efficacy for parenting an LGB child among parents who completed the follow-up questionnaire significantly increased from pre to post film; scores increased on average by just over a quarter of a standard deviation from pretest, which represented a small effect. We observed no significant demographic differences in the degree to which parents increased in self-efficacy after viewing the film.

Approximately half (49.8%) of LGB youth under age 25 indicated that they would “probably” or “definitely” recommend the film to their parents. Among youth, the most common qualitative feedback was also to make a general positive comment (64.4% of youth who commented made such a remark). As with parents, the most common constructive feedback among youth was a request for inclusion of additional content (14.5% of youth who commented). Additionally, some youth were sensitive to the representation of different groups in the film; 12.7% said they wanted to hear the perspective of a different type of family (e.g., “Why didn’t the film include an Asian family?”).

Discussion

The results of our pilot investigation indicate that it is possible to reach meaningful numbers of parents of LGB youth with an online documentary film that serves as an intervention. Parents included were those who are likely to benefit from intervention and who historically have been the most difficult to reach with other intervention methods (i.e., parents who have not accessed other resources, who have only recently learned of their child’s sexual orientation, and for whom having a gay child is difficult). Our experience disseminating the film suggests that social networking websites (e.g., Facebook), Internet searches, and word of mouth each sent considerable numbers of viewers to the film, suggesting that they are reasonable means for advertising an online intervention to this population.

In addition to demonstrating that this population can be reached through an online preventive intervention, we also found evidence that the intervention was acceptable and has the potential to be efficacious. Both qualitative and quantitative assessments suggest that parents found it helpful, and that they responded positively both to the film generally and to specific elements of it (e.g., our LEAD guidance). LGB youth also reported generally positive reactions to the film; half of this group reported that they would recommend the film to their parents. Finally, parents evidenced pre- to post-film improvements in their self-efficacy for parenting an LGB child. These findings are consistent with studies showing that film-based interventions can affect positive outcomes in a number of behavioral domains (Chiasson et al., 2009; Downs et al., 2004; Janda et al., 2002; Singhal & Rogers, 2002; Wilkin et al., 2007).

Limitations

The evaluation of this particular intervention posed a unique challenge, as we needed to carefully attend to issues such as respondent burden and privacy. Parents of LGB youth, particularly those who recently learned their child’s LGB status and are searching for immediate assistance, are reluctant to answer personal questions online, given the emotional nature of their situation and their wish to maintain secrecy. Thus, our assessment was extremely brief, which limited the domains that we could assess. Additionally, although improvements in parenting self-efficacy were observed, the design was uncontrolled, limiting our ability to attribute these changes to the specific content and format of the film. Finally, a considerable proportion of viewers did not return to complete follow-up questions. Although we know from our data that many parents responded positively to the film, we do not know to what extent they generalize to all parents who viewed the film.

Despite these limitations, the film we produced constitutes one of the first attempts to develop an intervention for parents of LGB adolescents that includes a systematic assessment of its feasibility, acceptability, and potential efficacy. To the best of our knowledge, these evaluation data contain the largest sample of parents of LGB adolescents ever obtained. Moreover, we obtained feedback from parents who are rarely represented in research (i.e., those who have known about their child’s sexual orientation for only a few weeks).

Future Research

Film-based interventions delivered online have the potential to reach considerable numbers of individuals who might otherwise be difficult to find. In the case of our intervention for parents of LGB youth, parents' qualitative and quantitative reports suggest they found the film helpful and that they benefited from viewing it. Building on these findings, we hope to expand the scope of this intervention in a number of directions. First, although the film was successful in reaching ethnically diverse parents, African American parents are underrepresented in our viewership. We went to great lengths to ensure ethnic diversity in our film – three of the six “experts” depicted in the film are African American, as is one of the four families. Thus, although we cannot rule out that the film's content is responsible for the relatively smaller African American viewership, the challenge is more likely finding appropriate media for outreach and advertising to African American families. Research suggests that both Latino and African American adults are less likely to access the internet and have a home broadband connection than are White adults (Livingston, 2011), and given our heavy reliance on the internet as a means for advertising and broadcasting the film, this could explain some of the lower viewership among African American parents. Future research should examine alternate ways of distributing the film among racially and ethnically diverse families, and should also explore other potential reasons for their decreased interest in this particular intervention. Second, many parents requested information on additional topics (e.g., HIV, sibling issues). In response, we plan to develop short “module” films on relevant topics to accompany the primary film. Finally, the current film dealt specifically with sexual orientation, and not with gender identity. Because parents of transgender youth experience unique challenges and face an extraordinary lack of support, we are exploring opportunities to develop a separate film-based resource for their parents.

In addition to the specific plans we have for further work with this intervention, our findings suggest a number of broader directions for future research. Although our intervention represents a promising first step in reaching out to parents of LGB youth, it is clear that more intensive interventions will be necessary to address challenges raised in families with extremely negative feelings about homosexuality and particularly high levels of rejecting behaviors (e.g., parents who throw a child out of the home upon learning of their sexuality). These interventions might drift from the realm of prevention into family treatment, but will nevertheless be required to address the needs of a key subset of LGB youth. In addition, existing interventions that have greater intensity (e.g., PFLAG groups) would benefit from more rigorous evaluation methods to determine the impact they are having on parent behaviors, and to explore how they should be adapted to best achieve this goal. Given that large portions of our sample had never attended more intensive interventions, further research will be required to determine how to best identify families in need of deeper intervention and to market those services to them. Finally, our findings also revealed that parents of older children (i.e., over age 25) were interested in viewing our film, and suggested that these parents might benefit from an intervention specific to their needs. Presently, we know little about how adult LGB individuals are affected by their parents' behaviors, or conversely, about how parents' well-being is affected by learning that their adult child is LGB. Once these dynamics are better understood, we will be in a position to develop appropriate preventive interventions for families across the lifespan.

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Table 1Overview of *Lead with Love* film content and rationale

<p>Segment 1: Depictions of parents (and grandparents) from four ethnically diverse families telling the story of how they learned that their child was LGB and describing their honest reactions of pain, grief, and concern.</p> <p>Rationale: In order to make parents more open to our subsequent recommendations, we first wanted to relate to them and communicate that we understood their struggles. This segment of the film contained no youth or experts, only parents, and provided no guidance or advice, consistent with motivational interviewing approaches to meeting clients where they are in their own process of change.</p>
<p>Segment 2: Parents and experts explain the realization that their initial negative reaction to having an LGB child resulted from misinformation they had learned throughout their lives. Parents and experts (i.e., psychologists, teachers, clergy) then provide factual answers to parents' most common questions.</p> <p>Rationale: This segment served to facilitate parents' insight into the true nature of their distress concerning having an LGB child (i.e., misinformation). Parents in focus groups reported needing answers to specific questions about homosexuality and indicated that having misinformation corrected was an essential part of coming to accept their LGB child.</p>
<p>Segment 3: Emotion-heavy stories about LGB youth who suffered while coming out and information regarding how parental rejection is associated with youth suicide, depression, and substance use.</p> <p>Rationale: Parents want to raise healthy children. Highlighting this common goal and connecting it directly to parents' behaviors can build the motivation necessary for behavior change.</p>
<p>Segment 4: Four concrete behavioral recommendations are described by experts and illustrated with families' stories. Behaviors are summarized using the LEAD acronym: (1) Let your affection show, (2) Express your pain away from your child, (3) Avoid rejecting behaviors, and (4) Do good before you feel good.</p> <p>Rationale: Providing concrete guidance with behavioral modeling is an essential piece of other film-based behavior-change interventions.</p>
<p>Segment 5: Families describe where they are currently – each in a unique place of acceptance with an ongoing healthy relationship with their successful children.</p> <p>Rationale: Provide hope that with appropriate parenting, children can be happy and successful, and families can remain connected.</p>

Table 2

Demographic Characteristics of Film Viewers

		<i>n</i>	%
Parents of youth (age 25) known or suspected to be LGB		1,865	17.1
Parent age	<i>M</i> = 48.6	-	-
	Under 30	16	1.0
	30–39	166	10.1
	40–49	680	41.4
	50–59	663	40.4
	60–69	104	6.3
	Over 70	13	0.8
Parent sex	Female	991	74.9
	Male	332	25.1
Parent race/ethnicity	Caucasian	1,230	73.8
	African American	98	5.9
	Latino	207	12.4
	Asian/Pacific Islander	77	4.6
	Native American	9	.5
	Mixed	45	2.7
Child age	<i>M</i> = 18.6		
	Under 10	59	3.4
	10–14	157	9.2
	15–18	602	35.1
	19–22	574	33.5
	23–25	322	18.8
Child sex	Female	623	35.0
	Male	1,157	65.0
Time known child is gay	Don't know, only suspect	388	21.4
	Known less than 1 month	387	21.3
	1–2 months	118	6.5
	2–6 months	165	9.1
	6–12 months	158	8.7
	1–2 years	206	11.4
	2–5 years	249	13.7
	5+ years	143	7.9
How hard is it for you, knowing you have an LGB child? ^b	Not at all hard	247	17.9
	A little bit hard	369	26.7
	Moderately hard	268	19.4
	Very hard	246	17.8
	Extremely hard	251	18.2

		<i>n</i>	%
Ever attended a PFLAG meeting or other support group for parents of LGB children ^b	No	1,151	85.5
	Yes	195	14.5
LGB Youth (age < 25)		2,509	22.9
Age	<i>M</i> =21, Range 10–25		
Sex	Male	1,394	56.5
	Female	1,021	41.4
Race/ethnicity	Transgender	51	2.1
	Caucasian	1,694	69.0
	African American	161	6.6
	Latino	252	10.3
	Asian/Pacific Islander	166	6.8
	Native American	5	0.2
	Mixed	170	6.9
Length of time parents have known LGB status	Do not know	536	37.5
	Known less than 1 month	32	2.2
	1–2 months	47	3.3
	2–6 months	90	6.3
	6–12 months	103	7.2
	1–2 years	202	14.2
	2–5 years	259	18.1
	5+ years	159	11.1
Parents of LGB adult (age > 25)		567	5.2
Helping professional (e.g., clergy, pediatrician, psychologist, teacher).		2,257	20.6
Other viewers		3,754	34.3
Total Viewers^a		10,949	100

^aDifferences in N's for each variable are due to missing data.

^bThese questions were asked only of parents who definitely knew their child was gay (i.e., excluding parents who only suspected).

Table 3Responses to Film Among Parents and Youth Post-Film Assessment ($n = 796$ parents, 934 youth)

		<i>n</i>	%
Parents of youth (age 18-25) known or suspected to be LGB			
How helpful did you find the film?	Not at all helpful	13	1.7
	A little bit helpful	70	9.3
	Moderately helpful	130	17.2
	Very helpful	285	37.7
	Extremely helpful	258	34.1
How confident are you that you can be a good parent to an LGB child? (1=not at all, 2=a little bit, 3=moderately, 4=very, 5=extremely) ^a	Pre film: $M = 3.7$ ($SD = 1.2$) Post film: $M = 4.1$ ($SD = 1.0$) Paired-sample <i>t</i> test comparing pre to post: $t(554) = 10.36, p < .0001$		
Most common qualitative reactions to the film ^b	General positive comment (e.g., "Thank you so much for this film!")	237	66.6
	Positive comment about families in the film (e.g., "The families were relatable/honest." Or "I liked Lauren's Mom.")	64	18.0
	Request for additional content (e.g., "I would like to see a movie made about siblings of gay youth.")	43	12.1
	Positive comment on LEAD acronym/content (e.g., "LEAD instructions for parents were very helpful.")	33	9.3
LGB youth (age 18-25)			
How likely is it that you will recommend the film to your parents?	Definitely not	44	4.9
	Probably not	139	15.4
	Maybe	270	29.9
	Probably yes	244	27.1
	Definitely yes	205	22.7
Most common qualitative reactions to the film ^c	General positive comment	177	64.4
	Positive comment on families in the film	47	17.1
	Request for additional content	40	14.5
	Want different demographic/group represented in the film (e.g., "Show a family that is more accepting." or "Why wasn't there an Asian youth in the film?")	35	12.7

^aPre and post questions on parenting self-efficacy were added approximately 1 month into data collection, resulting in smaller numbers of parents who received these questions.

^bA total of 754 comments were obtained from 356 parents. Percentages reflect the proportion of commenting parents who made a given remark (i.e., the denominator for calculating percentages was 356).

^cA total of 640 comments were obtained from 275 youth. Percentages reflect the proportion of commenting youth who made a given remark (i.e., the denominator for calculating percentages was 275).