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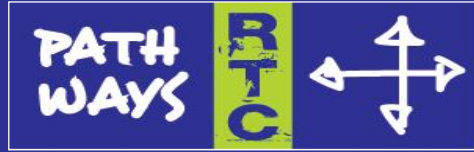


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The screenshot shows the Pathways RTC website with a green and blue color scheme. The header includes the logo and the text "PATHWAYS 2 POSITIVE FUTURES". A large orange arrow points to the "RTCUPDATES" section on the right, which contains a sign-up form for the newsletter. The form includes fields for "Email Address", "First Name", and "Last Name", and a "Sign Up!" button. Below the form is a section for "RECENT PUBLICATIONS" featuring a "Tipsheet (Spanish version)". The main content area displays a "NEWS" section with an upcoming webinar titled "Implementing Early Psychosis Intervention in the Real World" and a "Recruiting Teams for Free Fall Online Training Program". The left sidebar contains a "MISSION" statement, social media links, and a "YOUTH MOVE NATIONAL" logo.

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AFFIRMative CBT: Supporting the Mental Health of LGBTQ+ Youth

Presenters:

Ashley Austin, LCSW, PhD

Shelley L. Craig, LCSW, PhD

Emmie Hinkle, BS





Let's ask the audience...



Emmie Hinkle



Having experienced and survived conversion therapy, Emmie Hinkle shares her story here.

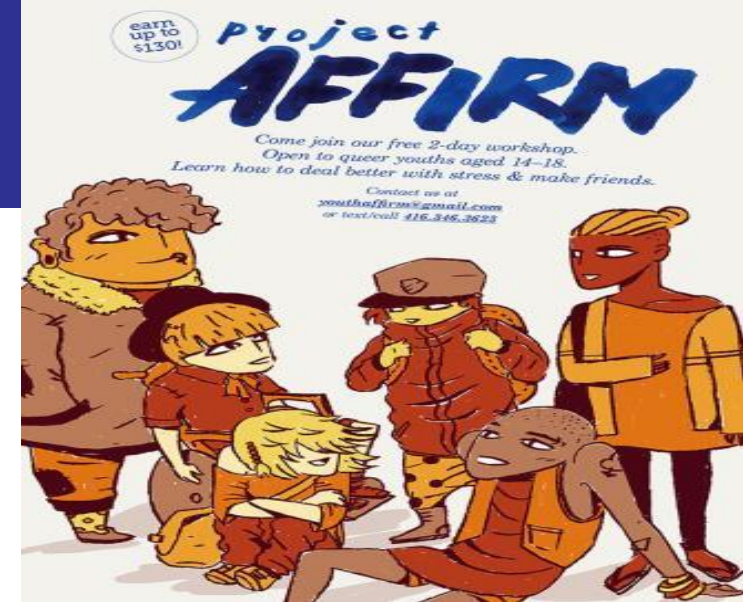
Find more information at:
www.fosterclub.com/article/emmies-story



AFFIRMative CBT: Supporting the Mental Health of LGBTQ+ Youth

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Objectives

- Introduction to AFFIRM, an affirmative Cognitive Behavioral Therapy intervention for LGBTQ+ youth.
- Understand clinical considerations relevant to effective implementation of AFFIRM
- Presentation of data demonstrating that AFFIRM holds the promise of reducing depression and improving coping skills and sexual self efficacy among LGBTQ+ young people.
- Next Steps



AFFIRM FAST FACTS

- **AFFIRM:**

- is an 8 session cognitive behavioral intervention developed to target the unique needs of diverse LGBTQ+ youth
- promotes positive change and healthy coping through the creation of a safe, affirming, and collaborative therapeutic experience
- is rooted in the tenets of CBT and aims to improve emotional and behavioral functioning by targeting underlying, problematic cognitions (Beck, 1970; Beck, 2011)
- was developed to counter the harmful and unethical ‘reparative’ or ‘conversion’ therapies which pathologize LGBTQ+ identities and coercively aim to change minority sexual orientations and/or gender identities



Systematic Development of AFFIRM

- **Developed using an *Adapt & Evaluate Framework***
 - Enhances cultural congruence of interventions targeting minority subgroups
- **Steps:**
 - ✓ Focus groups with youth and providers to generate affirmative content and procedures
 - ✓ Creation/adaptation of intervention/manual (infusion of queer affirmative content)
 - ✓ Open pilot feasibility study
 - ✓ “Living” manual refinement
 - ❑ RCT/Quasi-experimental design

Austin, & Craig, 2015; Interian et al. 2010



AFFIRMative Tenets

- Using community member and youth input, AFFIRM was developed and adapted to ensure:
 - ✓ an affirming stance toward sexual and gender diversity,
 - ✓ recognition and awareness of sexual and gender identity specific sources of stress (e.g., transphobia, homophobia, cissexism, heterosexism),
 - ✓ a youth-centric orientation that recognizes and attends to the unique experiences of navigating sexual and gender minority identities during adolescence/young adulthood, and
 - ✓ the delivery of cognitive behavior therapy (CBT) content within an affirming framework that attends to the intersectionality of identity-based experiences.

(Craig, Austin & Alessi, 2013; Austin & Craig, 2015)



Context: Intersecting Vulnerabilities

- Multiple mental health stressors, low levels of coping, health-risk sexual behaviors
- Identity-based vulnerabilities often rooted in unfriendly or hostile climates and pervasive stigma in homes, schools and communities—known as minority stress
 - A critical component of AFFIRM is that it is grounded in an understanding of identity-based stigma and prejudice and the harmful consequences.

Benibgui, M (2011); Craig & Austin, 2016; Russell & Fish, 2016; Scourfield et al., 2008; Taylor et al., 2011



Context: AFFIRM – Community-based Intervention

- Lack of evidence-informed interventions for LGBTQ+ that are:
 - Created in partnership with community
 - Grounded in the realities of contemporary mental health service delivery
 - Systematically developed through practice-based research to enhance the practice “toolbox”
 - “Holistic”-focused on the intersection between psychosocial factors and mental health

(Craig & Austin, 2016; Austin & Craig, 2015)

LGBTQ+ living with depression may be better served by school or community-based programs created specifically to minimize their distress.

- Many programs for LGBTQ+ naturally occur in community-based groups
- Skills training should be delivered in natural settings because community-based approaches are cost-effective and efficacious for vulnerable youth
- Community-based interventions may capture LGBTQ+ that are not in other systems of care

(King et al., 2008; Weersing & Weisz, 2002; Weisz et al., 2009; UNAIDS, 2008)



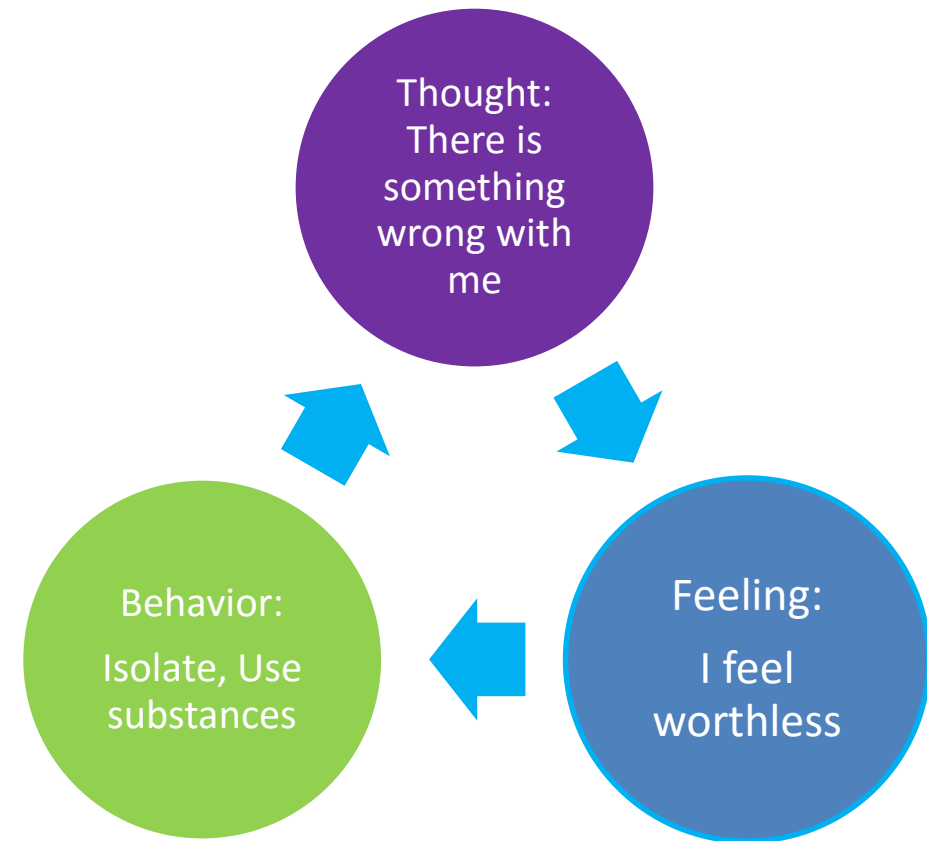
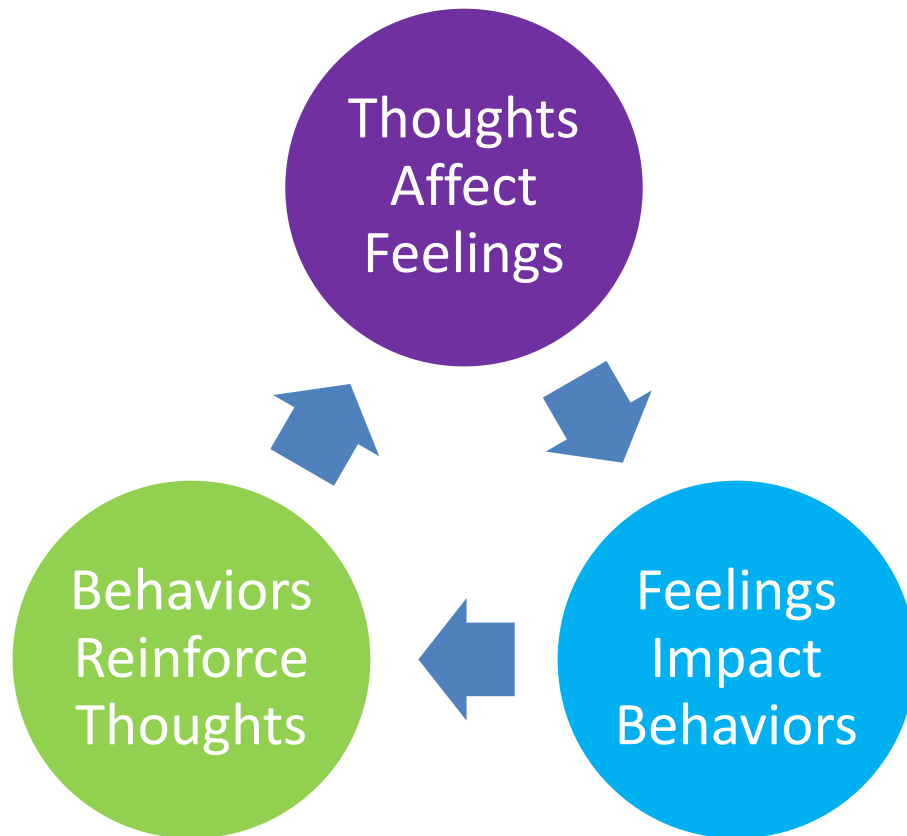
The CBT Model

- Cognitive Behavioral therapy (CBT) is based on the cognitive model.
- That is, people's emotions and behaviors are influenced by the way in which they perceive events.
- The situation in itself does not determine how we feel.
- It is the way we interpret and think about it

(Beck, 2011)



Thoughts, Feelings and Actions





Basic Principles of CBT

(J. Beck, 2011)

- based on conceptualizing the client and problems in cognitive terms.
- requires a therapeutic alliance.
- emphasizes collaboration.
- is goal-oriented.
- initially focuses on the present.
- teaches patients how to be their own therapist.
- is time-limited.
- sessions are structured.
- helps clients to identify, evaluate, and respond to unhelpful thoughts and beliefs.
- uses a number of techniques to change mood, thoughts, and behavior.



Goals Of AFFIRM



Decrease
unhelpful
thoughts

Feel better about
ourselves and our
lives

Cope in ways that
support healthy
behaviors/actions



AFFIRMative Framework

- A non-pathologizing approach to clinical practice which accepts and validates all sexual orientations and gender identities/expressions.
 - Creates space for clients to safely explore, understand, and inhabit their own sexual and gender identities.
 - male-female gender binary is rejected in favor of a multidimensional understanding of gender.
 - All ways of experiencing and expressing sexual and gender identities are acknowledged as equally valuable
 - Recognizes interpersonal, social, institutional, cultural and political barriers to safety and well-being experienced by LGBTQ+ individuals
 - Openly acknowledges and works to disrupt heterosexism and cisgender privilege across systems

(Austin & Craig, 2015; Craig, Austin & Alessi, 2013)



Clinical Considerations in the Development of AFFIRM

- Recognizes that LGBTQ+ youth may develop patterns of negative thinking about themselves as a result exposure to transphobic and homophobic attitudes, beliefs, and behaviors
- Utilizes CBT strategies to target identity-based stressors (e.g., homophobic and transphobic bullying, family rejection) that contribute to emotional distress among LGBTQ+ young people.
- Engages LGBTQ+ youth in CBT strategies aimed at improving coping related to both internal and external sources of distress.



Overview of AFFIRM Strategies and Clinical Techniques

Session	Theme	Activity
1	Introduction to CBT and understanding minority stress	Introductions Discussing the theory and purpose of CBT approaches Exploring stress and minority stress Understanding the causes of stress in our lives
2	Understanding the impact of anti-LGBTQ attitudes and behaviors on stress	Check in and review Examining homophobia, heterosexism, transphobia at the individual, institutional and cultural level Identifying how these experiences impacts thoughts, feelings, and behaviors Fostering strategies for both coping with and combating anti-LGBTQ discrimination at all levels
3	Understanding how thoughts affect feelings	Check in and review Distinguishing between thoughts and feelings Exploring how thoughts influence feelings and behaviors Identifying counterproductive thinking patterns Recognizing negative self-talk and feelings of hopelessness Learning thought stopping
4	Using thoughts to change feelings	Check in and review Increasing positive thinking and feelings of hope Changing negative thoughts to positive thoughts Challenging negative thinking and internalized homophobia/negative feelings through the ABCD method <div>(Craig & Austin, 2016; Austin & Craig, 2015)</div>

Session	Theme	Activity
5	Exploring how activities affect feelings	Check in and review Examining the impact of various activities on feelings Identifying supportive and identity affirming activities The impact of LGBTQ affirming activities on feelings
6	Planning to overcome counterproductive thoughts and negative feelings	Check in and review Distinguishing between clear and unclear goals Identifying short, mid and long term goals Fostering hope for the future
7	Understanding the impact of minority stress and anti-LGBTQ attitudes/ behaviors on social relationships	Check in and review Anti-LGBTQ discrimination can lead to feelings of discomfort around others Responding to discrimination or harassment in social situations Learning to be assertive
8	Developing safe, supportive and identity affirming social networks	Check in and review Maintaining a healthy social network: Attending to thoughts, expectations, feelings, and behaviors within relationships Identifying a plan for building a supportive network <div>(Craig & Austin, 2016; Austin & Craig, 2015)</div>



Cognitive Conceptualization (Interactive Assessment in CBT) (J. Beck, 2011)

- What early learning experiences contribute to the current problems? (not always used)
- What are the client's underlying beliefs and thoughts?
- How does the client cope with dysfunctional (not helpful) beliefs?
- How does the client view self and others?
- Does the client have hope for the future?
- What stressors interfere with the client's ability to solve current problems?



Strategies for Responding Affirmatively to LGBTQ+ Specific Discrimination

Sample Scenarios	Response Strategies to Avoid	Response Strategies to Embrace
Client reports people stared and laughed while at grocery shopping	Universalizing experiences of discrimination: “Everyone gets stared at sometimes”	Acknowledge and validate feelings: “it must be painful to be stared and gawked at when you are just trying to go about your day”
Client reports being systematically ignored by a professor	Searching for alternative reasons for the perpetrator’s behavior: ““Have you considered that maybe he just didn’t see your hand raised?””	Honor client resilience: “It is a testament to your strength that you continue to get up and go to class each day prepared to do your best even though your professor behaves that way toward you”
Client reports that once she started presenting as female at work she was told she must use the private restroom in the Human Resources office (a separate building) rather than the multi-stall women’s restroom in her own office building.	Minimizing the consequences of discriminatory behavior “Perhaps this is a good thing because you get to use the cleaner restroom with more privacy”	Recognize and attend to the emotional and other consequences of discriminatory treatment: “I can tell how isolating and ostracizing it feels for you to be the only one not allowed to use the restrooms in your own building; how have you been handling this?”
Client shares his feelings that he has not been called back for second interviews for several jobs because potential employers noted that his legal name is not consistent with his gender presentation.	Normalizing transphobic discrimination “Finding a good job is tough for many folks these days.”	Acknowledge and name transphobic specific barriers: “It feels really unfair and discouraging to you that you continue to be passed over for jobs because of other people’s transphobic attitudes and hiring practices.”

(Austin, Craig & Alessi, in press)

Challenging negative thinking and internalized homo/transphobia through the ABCD method

- A: is the Activating event; what happened.
- B: is the Belief or the thought that you are having; that is, what you tell yourself about what is happening.
- C: is the Consequence of your thought; that is, the feeling you have as a result of your thought.
- D: is the way in which you Dispute or talk back to your thought.

Example 1

- A: I am genderqueer.
- B: “No one can be happy if they are genderqueer,” or “Being genderqueer is going to ruin my life,” and “I won’t be able to handle the discrimination and stigma associated with being genderqueer.”
- C: I feel hopeless and worried
- D: "There are people who are genderqueer who are as happy as people with other identities." "Discrimination against genderqueer people happens and it is awful, but it won’t ruin each minute of my life." “I am a strong and determined person, who can have a good life in spite of discrimination.” “Instead of wasting energy doubting myself and feeling anxiety, I can use my energy to figure out the best way to live an authentic life.”

Example 2

- A: My father told me that I am going to hell because I am gay.
- B: “My father hates me and wishes I wasn’t born.” “Maybe I am going to hell for being gay.” “There is something wrong with me.”
- C: I feel sad, scared, and angry.
- D: “I am not going to hell and there is nothing wrong with me.” “There are many religions and religious viewpoints that honor, validate, and embrace all people and identities.” “Gay people are as worthy and valuable as people with all other sexual identities.” “My father is angry and confused about me being gay because he doesn’t understand. He may need some time and help to figure things out.”

(Austin, Craig & Alessi, in press)

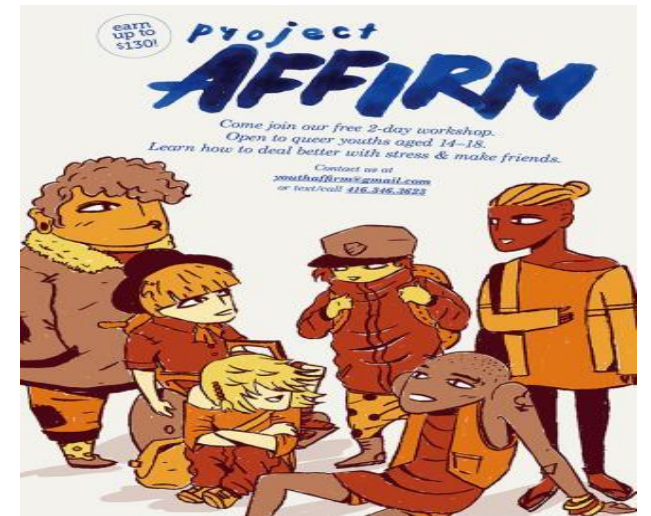


“Activities that Support Me” Activity

Affirming Activity	Examples
Schedule time with affirming people	<ul style="list-style-type: none">• Facetime with a LGBTQ+ friend• Coffee date with supportive ally• Phone call with affirming family member
Visit LGBTQ+ affirming places	<ul style="list-style-type: none">• Attend local LGBTQ+ support group,• Spend time in LGBTQ affirming neighborhoods• Visit the local trans or LGBTQ community center
Schedule identity affirming activities	<ul style="list-style-type: none">• Spend time visiting LGBTQ+ specific Facebook pages, blogs, YouTube channels• Stream LGBTQ+ specific movies or documentaries• Read a memoirs about other LGBTQ+ people• Plan for and attend local, regional, or national LGBTQ+ specific conference or workshop
Engage in LGBTQ+ specific community building activities	<ul style="list-style-type: none">• Join a local or regional LGBTQ+ equality group and go to meetings• Participate in the Day of Silence, Trans Day of Remembrance, or Day of Visibility Events



Emerging Evidence Supporting the Effectiveness of AFFIRM





The Open Pilot Feasibility Study

A pilot implementation of the 8 module AFFIRM intervention was delivered at an LGBTQ+ Center in Toronto in Summer 2014



(Funded by CIHR to PI Craig 2014)

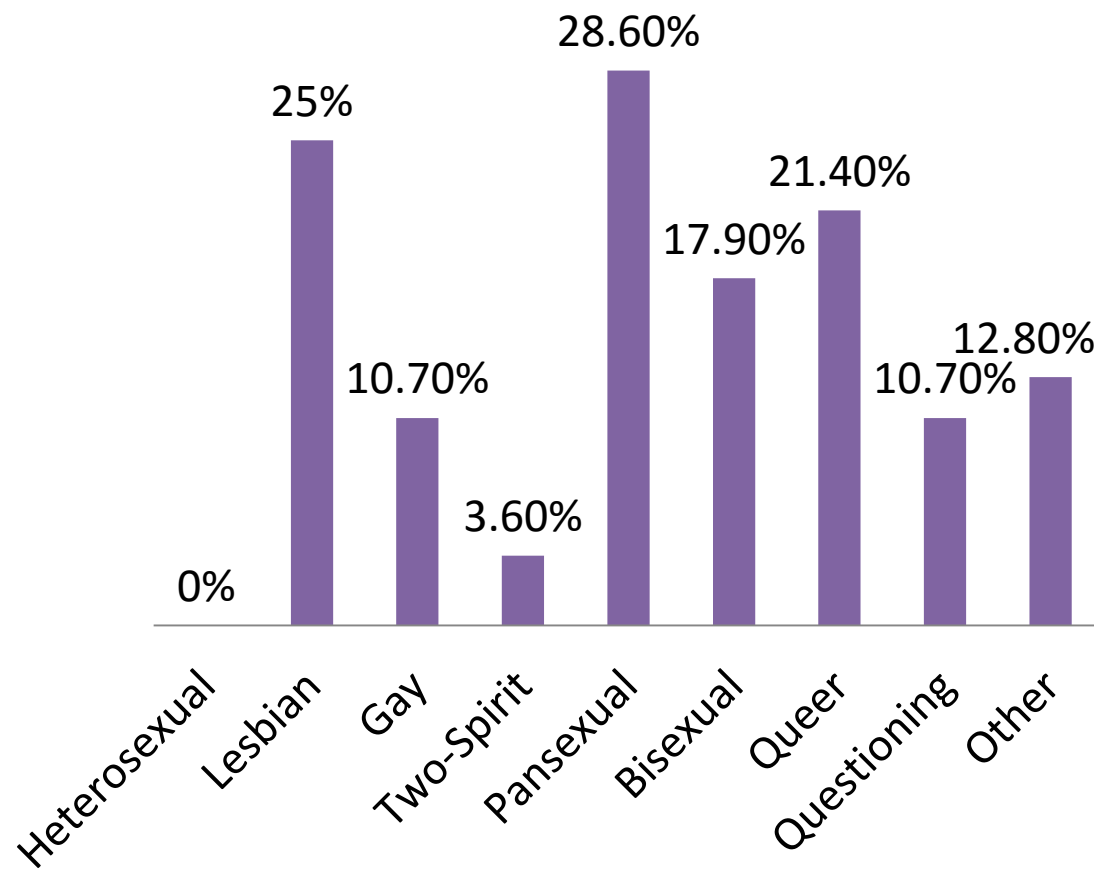
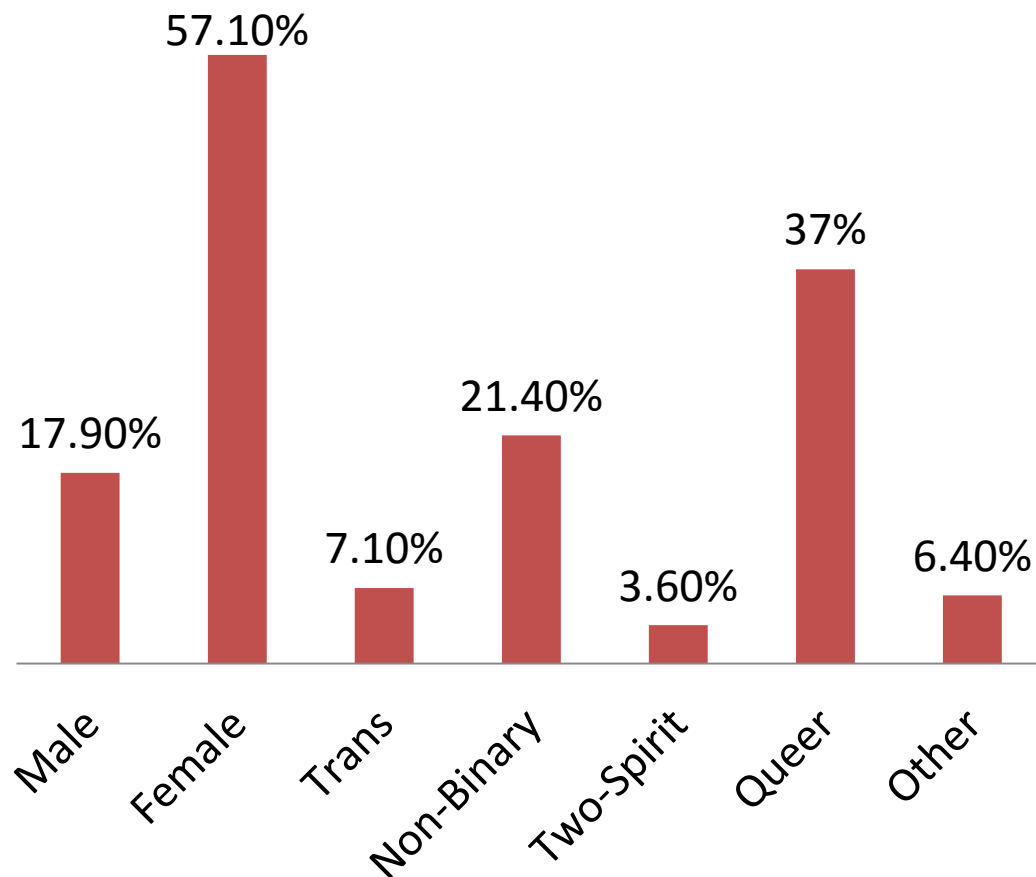


Participant Data (N=30)

- Youth between the ages of 15 – 18
- 82% were born in Canada
- 71% reported at least 1 newcomer/immigrant parent
- Most were accessing other queer youth services
- High rates of self reported depression (82%)
- Nearly one-third of participants (31%) previously attempted suicide



DEMOGRAPHICS: GENDER IDENTITY & SEXUAL ORIENTATION

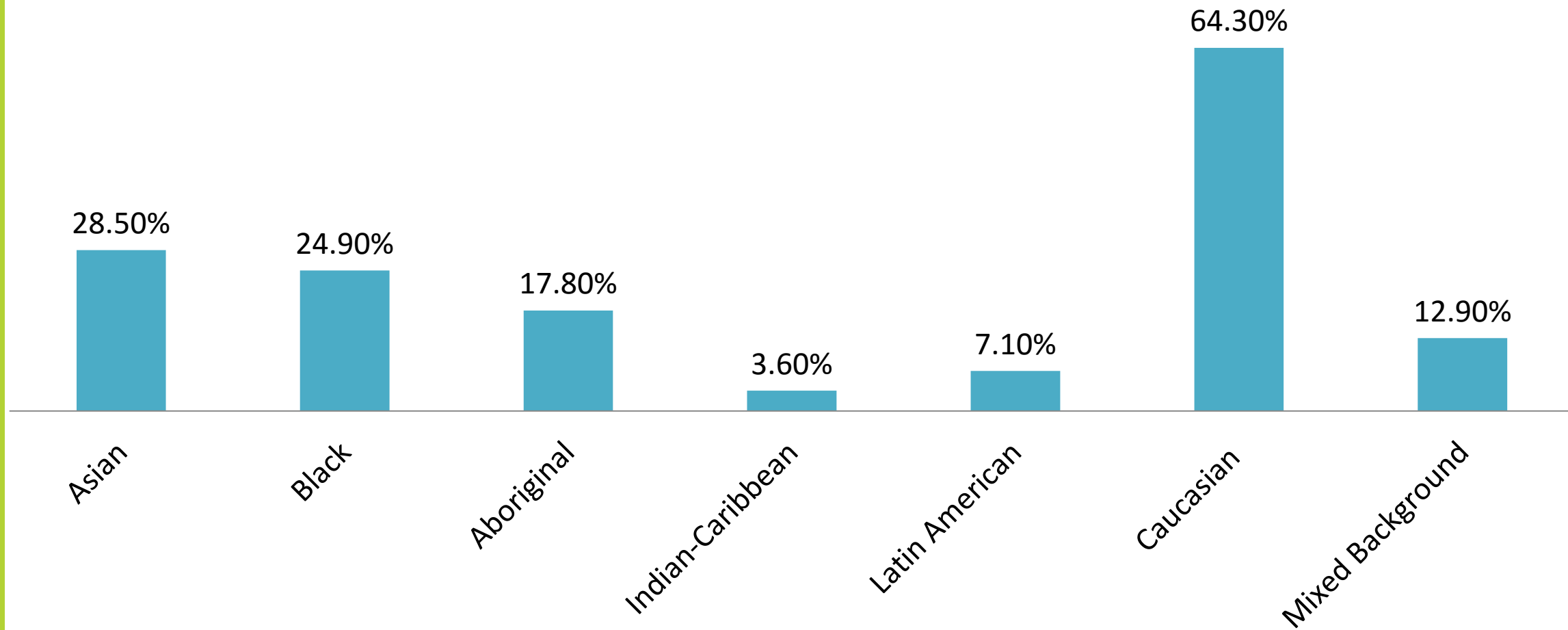


- Categories are non-mutually exclusive



DEMOGRAPHICS: ETHNICITY/RACIALIZED STATUS

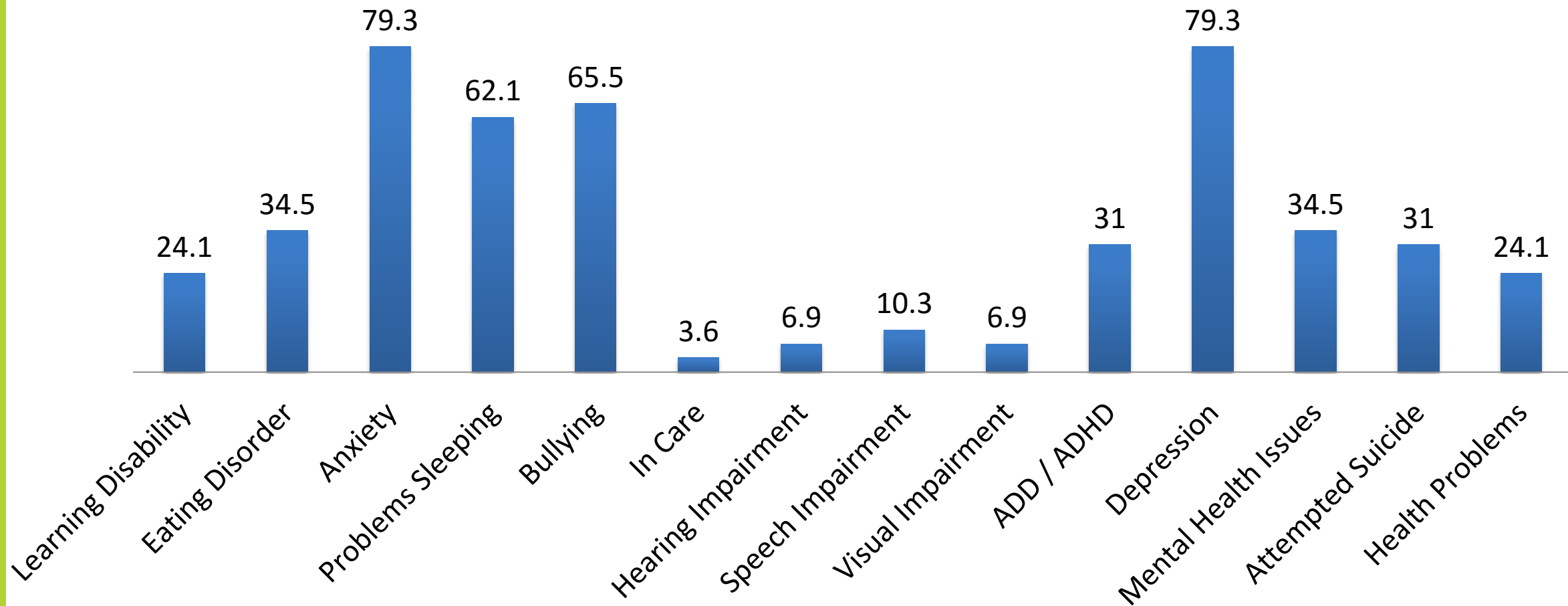
RESEARCH & TRAINING CENTER FOR PATHWAYS TO POSITIVE FUTURES



- Categories are non-mutually exclusive



RISK FACTORS

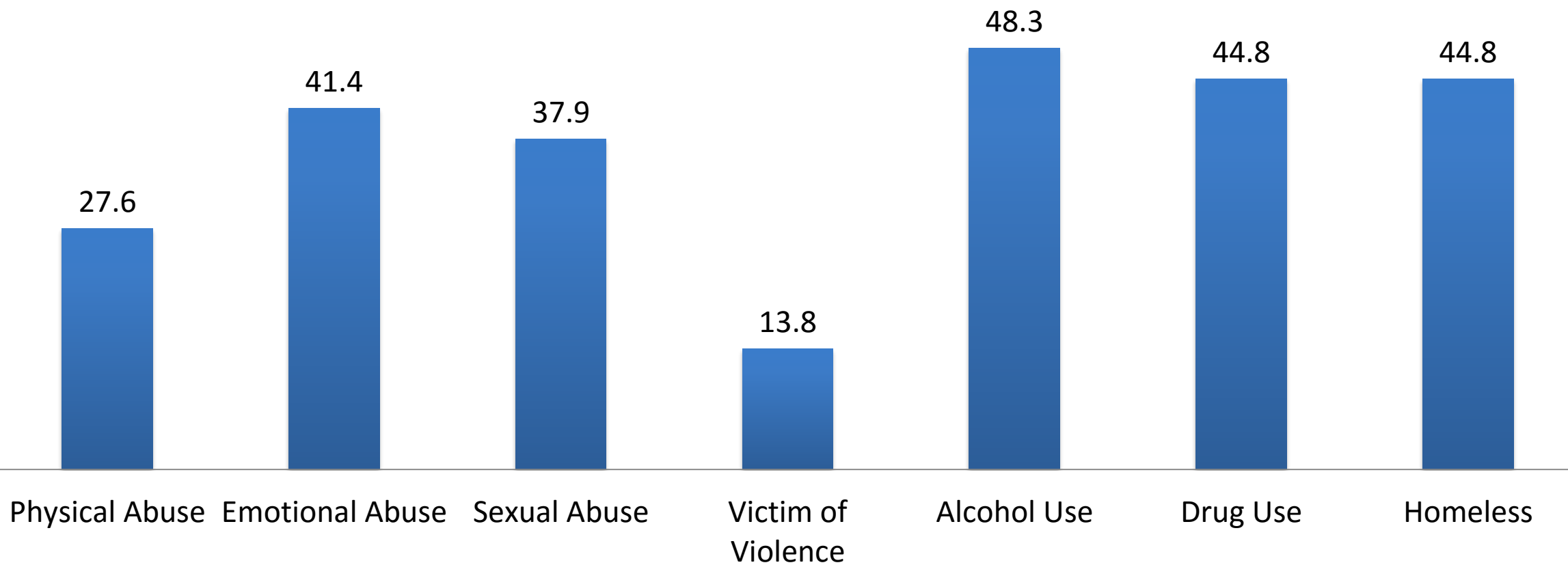


- Categories are non-mutually exclusive



RISK FACTORS

RESEARCH & TRAINING CENTER FOR PATHWAYS TO POSITIVE FUTURES



- Categories are non-mutually exclusive



AFFIRM RESULTS



Depression

Significant reduction in depression



Stress Appraisal

- *Threat appraisal* decreased significantly
- *Challenge appraisal* increased significantly
- *Resource appraisal* increased significantly



Reflective Coping

Increased significantly



(Craig & Austin, 2016)



Results: Acceptability and Satisfaction Data

- Participants had high levels of satisfaction:
 - ✓ 97% participants indicated that they learned how to deal with stress and could apply what they learned from AFFIRM to deal with some of their problems
 - ✓ 90% reported topics were relevant to LGBTQ+ youths' lives
 - ✓ 90% felt AFFIRM helped them understand how feelings, actions and thoughts are connected.
 - ✓ 100% stated that they were comfortable participating and discussing information
 - ✓ 97% would recommend AFFIRM to other LGBTQ+ youth.
- Qualitative data illustrate the “most” helpful aspects of AFFIRM:
 - ✓ “Learning tools to deal with stress”,
 - ✓ “Seems to be made for queer youth and our lives”
 - ✓ “Restoring my faith in humanity”,
 - ✓ “learning from others’ lives”,
 - ✓ “The manual”,
 - ✓ “Coping methods”,
 - ✓ “Learning to validate feelings”,
 - ✓ “Everyone was so positive about being queer”.



Implications

- Preliminary data suggest AFFIRM is an effective, as well as, acceptable and feasible intervention for addressing critical mental health concerns
 - AFFIRM is one of the only LGBTQ+ youth specific interventions with demonstrated empirical support
 - Sets a standard for LGBTQ+ interventions—
 - underscoring the importance of an affirmative framework that is inclusive of and attendant to the spectrum of diverse gender and sexual identities,
 - as well as a commitment to empirically supported strategies for positive change



Strategies for Implementing AFFIRMative CBT in Practice

- Assess whether an Affirmative CBT Intervention might be helpful in your setting
- Seek out additional training on Affirmative CBT, CBT and LGBTQ+ youth and young adults
- Article links and further information found here:

<http://www.affirmativeresearch.com>



Gratitude to:

- ✓ **The fierce AFFIRM youth participants**
- ✓ **Affirm Team/Community Advisory Board**

Warda Ashraf, Sandra D'Souza, Lance McCready, David J. Brennan, Maura Lawless, Edward Alessi, Celeste Joseph, Sarah Flicker, David Udayasekaran, Carmen Logie, Lisa Duplessis, Ranjith Kulatilake, Cheryl Dobinson, Gio lacono

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Funders





Questions? Ideas?

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Question and Answer Session

Q & A



Thank you

- Thank you for participating in this webinar
- The Powerpoint slides and recorded webinar will be available at
<http://pathwaysrtc.pdx.edu/webinars-previous>