Risk and Resilience for Depression and Suicide in Gay, Lesbian, and Bisexual Teens

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Presentation Topics

1) Common definitions of sexual orientation
2) Current scientific evidence for mental health disparities
3) How to discuss sexual orientation with clients
4) Common themes in therapy when working with LGB teens
5) How to conceptualize problems and approaches to treatment using the CBT framework
6) Suggestions for how to navigate psychotherapy treatment with LGB teens.
1. Common definitions of sexual orientation

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<tr>
<th>ATTRACTION</th>
<th>Opposite Sex</th>
<th>Multiple Sexes</th>
<th>Same Sex</th>
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<tr>
<td>Heterosexual</td>
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<td>Bisexual</td>
<td>Homosexual</td>
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<th>BEHAVIOR</th>
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<th>Bisexual</th>
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<tr>
<th>IDENTITY</th>
<th>Opposite Sex</th>
<th>Bisexual</th>
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The Influence of Discrimination

- Heterosexism – omits natural occurrence of LGB experiences
- Homophobia – fear of homosexuals, disgust, application of negative beliefs
- Internalized Homophobia – self doubt, self disregard
2. Current evidence for mental health disparities

1) Four major domains have been studied using meta-analysis techniques:
   A. Substance use and abuse
   B. Risky sexual behavior
   C. Violence/Victimization
   D. Depression and Suicide
LGB youth across multiple studies and methodologies are:

1) 3 times more likely to report substance use,

2) Almost twice as likely to report substance use during last sexual encounter, and

3) More likely to report:
   A. Childhood sexual abuse
   B. Parent physical abuse
   C. Missed school due to fear
   D. Being assaulted at school

2. Current evidence for mental health disparities
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**Depression and Suicidality Meta-Analysis:**

1) LGB youth reported higher rates of depression symptoms, on average, than did heterosexual youth.

2) LGB youth were over three times more likely to report a history of suicidality:

   A. Overall ~28% of LGB youth and ~12% of heterosexual youth
   B. No gender differences in the size of the disparity
   C. As the severity of the suicidality increased, the disparity increased
   D. LGB youth were over 4 times more likely to make a serious suicide attempt, one that required medical attention...
3. Discussing Sexual Orientation with clients

- **Must Ask**
  - Attraction
  - Behavior
  - Identity

- **The Role of the Closet**
  - Protections from outside
  - Protections from inside

- **Let youth be in charge of closet door**
4. Common themes in therapy

1) Relationships with family
   - Socially conservative families and religious beliefs

2) Relationships with friends
   - Identifying “safe” friends and friendship networks

3) Coming out
   - Anticipation of negative reactions

4) Establishing romantic and sexual relationships
   - Fears of rejection; fears of intimacy; internalized homophobia

5) Self-Esteem, Sense of Self, and Hope for Future

Finally, when working with LGB youth, discuss and emphasize your privacy and confidentiality policies!
A couple of disclaimers...

Despite the robust mental health disparities among LGB youth:

1) There are no targeted effectiveness studies with LGB youth
2) We are not intending to “pathologize” LGB youth
3) Most LGB youth DO NOT report depression symptoms or suicidality
Basic CBT Model

- Situation or Event
- Automatic Thoughts
- Emotion or Behavior
- Intermediate Thoughts
- Core Beliefs

Most fundamental beliefs about the self and the world that are:

1. Global
2. Rigid
3. Over-generalized

Basic CBT Model

1. Attitudes
2. Rules and Expectation
3. Assumptions

Basic CBT Model

- **Situation or Event**
- **Automatic Thoughts**
- **Intermediate Thoughts**
- **Core Beliefs**
- **Emotion or Behavior**

Words or images that come to one’s mind in response to a situation

Basic CBT Model

Situation or Event ➔ Automatic Thoughts ➔ Emotion or Behavior

Intermediate Thoughts

Core Beliefs

5. Conceptualizing LGB Youth Experience Using the CBT Framework

- Situation or Event
- Automatic Thoughts
- Emotion or Behavior
- Intermediate Thoughts
- Core Beliefs
5. Conceptualizing LGB Youth Experience

Early experiences w/ homophobic culture:
1. Parent attitudes and beliefs
2. Church doctrine and anti-gay messages
3. Peers teasing others for being gay or gender-role non-conforming
4. Predominant heterosexual norms

Situation or Event → Automatic Thoughts → Emotion or Behavior

Intermediate Thoughts

Core Beliefs
5. Conceptualizing LGB Youth Experience

Early experiences w/ homophobic culture:
1. Parent attitudes and beliefs
2. Church doctrine and anti-gay messages
3. Peers teasing others for being gay or gender-role non-conforming

In response, some youth may develop a negative self image: Because I am gay...
1. I am not as good as others
2. I am not lovable
3. I am not normal
4. I am a “sinner”
5. Conceptualizing LGB Youth Experience

Situation or Event

Automatic Thoughts

Emotion or Behavior

“If I tell people that I’m gay...”

1. My parents won’t love me
2. My friends will reject me
3. I will go to hell
4. I will never have a normal life
5. I will always be an outcast

Intermediate Thoughts

Core Beliefs

“Because I am gay...”

1. I am not as good as others
2. I am not lovable
3. I am not normal
4. I am a “sinner”
5. Conceptualizing LGB Youth Experience

Maladaptive automatic thoughts that are due to:
1. Fundamental beliefs about self-worth as a person
2. Rules, attitudes, and assumptions about self and the world

“If I tell others...”
1. My parents won’t love me
2. My friends will reject me
3. I will go to hell
4. I will never have a normal life
5. I will always be an outcast
5. Conceptualizing LGB Youth Experience

- Situation or Event
  1. Parents asking about opposite sex dating
  2. School dances or parties
  3. Having a secret crush on someone
  4. Church sermon

- Automatic Thoughts

- Intermediate Thoughts

- Core Beliefs

- Emotion or Behavior
Margaret:
17 Years Old
Senior in H.S.
Honors Student
Chemistry Major
Applying to colleges

Family:
Two Bio Parents
Two Bio Siblings
Father is a minister
Mother violin teacher
Parents are “progressive”

Conceptualizing LGB Youth Experience: A Case Study
Conceptualizing LGB Youth Experience: A Case Study

**Psychiatric History:**
- Family history of anxiety
- Reason for seeking treatment: Suicidality
- Moderate MDD & GAD
- Suicidal thoughts but no plans or intent, and no history of attempts
- Average mood is 4/10
- Difficulties concentrating
- Low Energy
- Moderate Insomnia

**Situation or Event** → **Automatic Thoughts** → **Emotion or Behavior**

**Intermediate Thoughts**

**Core Beliefs**
Conceptualizing LGB Youth Experience: A Case Study

Psychosocial History:

• Has experienced same-sex attraction for several years

• Is “out” to parents and they are supportive

• Never been in a romantic or sexual relationship

• No kissing, no hand-holding, no love letters (with same-sex teen)
Traditional CBT Interpretation Focused on Surface-Level Automatic Thoughts

Situation or Event
Mother “nags” patient about getting her college applications submitted

Automatic Thoughts
“I am a constant disappointment to her and always letting her down”

Emotion or Behavior
Sadness and hopelessness
Deeper Meaning Related to Sexual Orientation

**Situation or Event**
Mother “nags” patient about getting her college applications submitted

**Automatic Thoughts**
“I am a constant disappointment to her and always letting her down”

**Emotion or Behavior**
Sadness and hopelessness

**Intermediate Thought**
“I have to prove to people that I am as good or better than everybody else”
Deeper Meaning Related to Sexual Orientation

Situation or Event
Mother “nags” patient about getting her college applications submitted

Automatic Thoughts
“I am a constant disappointment to her and always letting her down”

Emotion or Behavior
Sadness and hopelessness about being accepted unconditionally

Intermediate Thought
“I have to prove to people that I am as good or better than everybody else”

Core Belief
“I am not as good as other people because I am gay”
6. Suggestions for navigating therapy w/ LGB teens

For LGB teenagers in which gay-related issues are influential:

1) Gay-related stressors and influences may not be obvious
2) Core beliefs may be unconscious and deeply entrenched
3) Automatic thoughts may not appear to be gay-related
4) Using the “vertical arrow” technique can help identify core beliefs that are feeding into automatic thoughts
5) Identifying, challenging, and changing core beliefs may the key to success!
Reasons to be hopeful!

1) Most gay youth are resilient and do not report histories of depression symptoms or suicidality

2) Strength-based approaches to protecting teens

3) Some evidence for the power of positive parent relationships

4) Most gay youth do not report mental health problems

5) Society and acceptance of homosexuality is changing
6. Suggestions for navigating therapy w/ LGB teens

- Nondiscrimination policies
- Inclusive forms and assessment questions
- Visible signs of diversity
- Training for all staff positions
- Confront discrimination when displayed
- Include diverse examples and stories
- Don’t assume youth want to discuss
- Emphasize privacy policies
- Know community resources
6. Resources

- National
  - PFLAG – www.pflag.org
  - GLSEN – www.glsen.org
  - GLMA – www.glma.org
  - The Trevor Project- www.thetrevorproject.org
    - 866-488-7386

- Local
  - Persad Center – www.persadcenter.org
  - GLCC – www.glccpgh.org
  - Dreams of Hope – www.doh.org