LGBTQ+ Affirming Mental Health for Adolescents

Kristen L. Eckstrand, MD, PhD
Assistant Professor, Department of Psychiatry
Medical Director, UPMC LGBTQIA+ Health Quality

Layne Filio, MS, LPC
Behavioral Health Therapist II,
UPMC Center for Children and Families

Olivia Leonard, MA, LPC
Behavioral Health Therapist II,
UPMC Center for Children and Families

Learning Objectives

1. Define affirming mental health for LGBTQ+ adolescents

2. Identify components of adapted interventions to address mental health in LGBTQ+ youth

3. Discuss strategies for including affirming mental health practices into current practice at WPH
Framework for Understanding

- Lesbian
- Gay
- Bisexual
- Queer
- Straight
- Pansexual
- Asexual

- Male / Female
- Difference of sex development
- Intersex

- Cisgender
- Transgender
- Nonbinary
- Genderqueer / fluid

- Gender nonconforming
- Gender conforming

Sexual Orientation

Gender Identity

Sex Development

Gender Expression

Disparities at a Glance

- 45% of LGBTQ youth seriously considered suicide in the past year including more than half of transgender and nonbinary youth (53%) and 1 in 3 cisgender youth (33%).

- 14% of LGBTQ youth attempted suicide in the past year including nearly 1 in 5 transgender and nonbinary youth (19%) and nearly 1 in 10 cisgender youth (9%).

- 73% of LGBTQ youth reported experiencing symptoms of anxiety including more than three-quarters of transgender and nonbinary youth (78%) and nearly two-thirds of cisgender youth (65%).

- 58% of LGBTQ youth reported experiencing symptoms of depression including nearly two-thirds of transgender and nonbinary youth (65%) and nearly half of cisgender youth (47%).

Current State of Treatment

Eliminating / reducing stigma, bias, and discrimination will improve LGBTQ+ mental health

&

Access to gender-affirming and trauma informed health care will improve trans mental health

More effective strategies are needed for LGBTQ+ people struggling with mental health, particularly those navigating un-affirming environments or who lack access to care

Minority Stress Theory

Minority Stress Theory describes the process by which levels of stigma (i.e. stressors) are related to health disparities in minority communities

[Diagram showing the relationship between environmental circumstances, general stressors, minority stress processes, and allostatic load.

Credit: K. Tetzlaff]
What do we do with this clinically?

Part 1: Enhancing History Taking

Step 1: Environmental Safety

- Recognizes signs and symptoms of trauma
- Recognizes the widespread effect of trauma
- Prevents further negative trauma reactions
- Responds by applying knowledge into systems and practice
Step 2: Therapeutic Safety

**Affirmative Treatment Approach**
Approach to care that embraces a positive view of LGBTQ+ identities and relationships and addresses the negative influences of homo/bi/transphobia and cis/het-sexism

- Avoids harm by validating feelings and emphasizing individual value
- Avoids discrimination by embracing and individuals identity, attraction and behavior
- Acknowledges lack of data while treating the patient in an ethically appropriate manner

Step 3: Minority Stressors

**Environmental Circumstances**
- Minority Status
  - Sexual orientation
  - Race/ethnicity
  - Gender identity

**Minority Identity**
- Gay
- Lesbian
- Bisexual
- Transgender
- Genderqueer

**General Stressors**
- Distal Minority Stress Processes
  - Prejudice
  - Discrimination
  - Violence

**Proximal Minority**
- Expectation of Rejection
  - Concealment
  - Internalized LGBTQ+ negativity
  - Gender incongruence

**Resilience**
- Coping Strategies
- Social Support
- Community Resources

**Allostasis**
- Stress
  - Repeated Hits
  - Lack of Adaptation
  - Prolonged Response
  - Inadequate Response

**Allostatic Load**
- Physical Health
- Mental Health
Step 3: Minority Stressors

Distal Stressors

• What, if any, harassment, discrimination, or stigma have you experienced…

• Has anyone ever threatened you…

• How often do you hear someone, or a loved one, use slurs …

…as a result of your sexual orientation, sex assigned at birth, gender identity, or [identity]?

Proximal Stressors

• How do you feel about your…

• What is your level of comfort with your friends, family, or coworkers knowing about your…

• How concerned are you that people will treat you differently, look down on you, or think less of you because of your…

• How often do you conceal your…

…sexual orientation, sex assigned at birth, gender identity, or [identity]?
What do we do with this clinically?

Part 2: Developmental history taking

Adapted Minority Stress Model for Youth

Identity Development Models

Identity Realization
Understanding that one is “different”

Conformity
Preference for majority identity over one’s own identity

Dissonance
Accepted majority values and beliefs are challenged

Resistance and Immersion
Rejection of non-minority views and immersion in minority culture

Introspection
Conflict/confusion over constraints of resistance stage

Synergetic Articulation & Awareness
Identity confidence; ability to emotionally and intellectually appreciate / evaluate other views

Atkinson’s Minority Identity Development Model

Step 1: Discussing Identities

1. Identities you think about most often
2. Least often?
3. Which identities have the strongest effect on how you perceive yourself
4. How others perceive you?

Program on Intergroup Relations and the Spectrum Center, University of Michigan
Step 2: Assessing Social Context

- Family
- School
- Peers & Social Media
- Race & Ethnicity
- Religion
- LGBTQ+ Community

Stressors

What are the harder parts of being [identity] for you?

Who/what supports you when you are dealing with those hard things?

Coping Resources

What do we do with this clinically?

Part 3: Adapted treatment models

Translation to Mental Health Practice

HOW ARE YOU FEELING TODAY?

- Panicky
- Frantic
- Highly stressed
- Very anxious
- Uncertain
- Nervous
- Irritable or agitated
- Distracted
- Confident
- Handling things
- Solution-focused
- Calm
- Accepting
- Alone
- Avoiding
- Withdrawing
- Passive
- Depressed
- Cannot focus at all
- Irritated or fearful
- Flustered
- Confused
- Frustrated
- Insecure
- Restless
- Alert
- Hopeful
- Brave
- Content
- Debilitated
- Helpless
- Lost
- Despair

Translation to Mental Health Practice

Trauma-Informed Care

DBT

TF-CBT

CBT

Mindfulness

Treatment Progression
DBT

Accept

Mindfulness
Focuses on improving the ability to accept and be present in the current moment

Emotion Regulation
Covers strategies to understand, manage and change intense emotions that are causing problems in a person's life

Change

Distress Tolerance
Strives to increase tolerance of negative emotions rather than trying to escape from them with problem behavior

Interpersonal Effectiveness
Consists of techniques to communicate with others in a way that is assertive, maintains self-respect and strengthens relationships

TF-CBT

Implementing Trauma-Focused Cognitive Behavioral Therapy for LGBTQ Youth and their Caregivers

Judith Cohen, M.D.
Anthony Marazzano, Ph.D.
Kelly Wilson, LCSW
Arturo Ziny, LFC, M.A.

Stabilization Phase

Psychoeducation
Relaxation
Affect Modulation
Cognitive Coping

Trauma Narration and Processing

In vivo
Conjoint sessions
Enhancing safety

Time: 8-16 sessions

Parenting Skills
Gradual Exposure

Integration/Consolidation Phase

CBT (e.g. AFFIRM Program)

- Distinguish issues based on structural causes and those rooted in dysfunctional thoughts
- Question the helpfulness off the thought or belief
- Develop cognitive appraisal skills
- Build their skills for interacting with the social environment
- Increase supports
- Identify “minority” strengths
- Assign homework that is congruent with stage of identity development / coming out

https://www.projectyouthaffirm.org/
Recruitment

- Fliers
- Other clinic's treatment teams
- Mass emails
- Press

Structure of Group

- Lethality screener
- Check in
- Mindfulness
- Topic and discussion
- Check out
Introduction to group
Psychoeducation
CBT
Identity
DBT
Coming out
Strengths and resilience
Wrap up

Two rounds completed – Summer 2022, Spring 2023
5-6 members in each group with consistent attendance
All members gender diverse
Most popular sessions include identity, coming out, psychoeducation
CBT and DBT was not as popular/engaging
Survey results
Changes for next round starting summer 2023
Adaptation in Individual Work

- Respect of identity - pronouns, names, fluidity
- Utilize skills to specifically address LGBTQIA+ topics
- Systemic mindset and cultural competence
- Minority stress model
- Coming out safety plan
- Identity pie chart

Questions?