We will begin soon

Settle into your space
Stretch and take some deep breaths
Grab a beverage
Introduce yourself in the chat box
We'll get started soon!

Center for Evidence to Practice

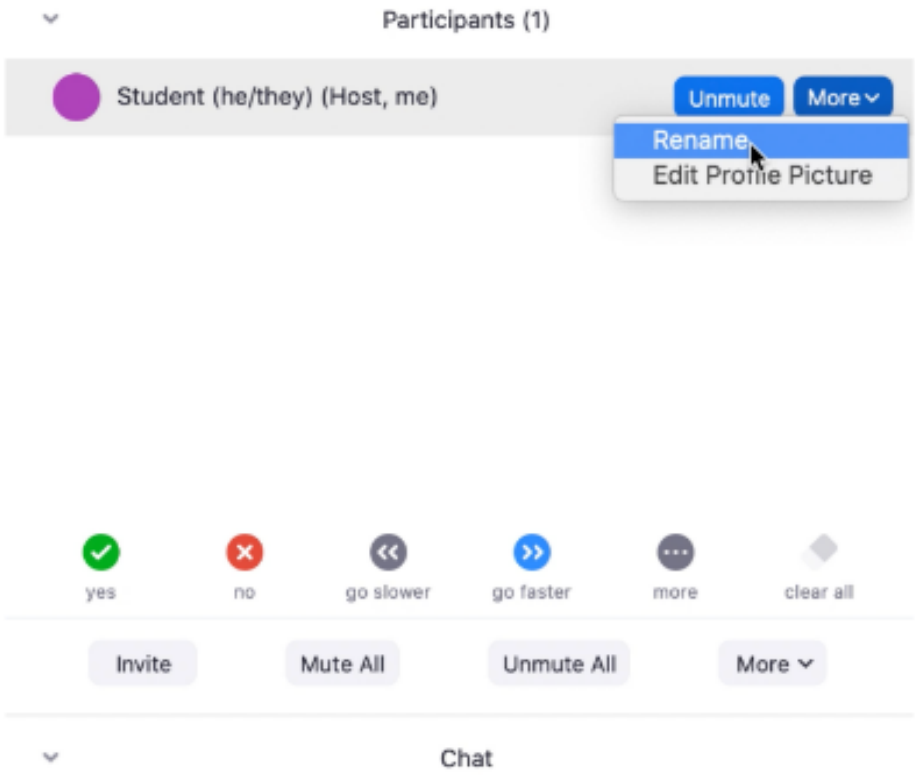
The Practice of Affirmative Psychotherapy with LGBTQ+ Youth and Families

Presented by Kelly Wilson (she/her)

Wilson Counseling & Consulting, LLC
Jabari Lyles Consulting
LSU Health New Orleans School of Public Health
Louisiana Department of Health

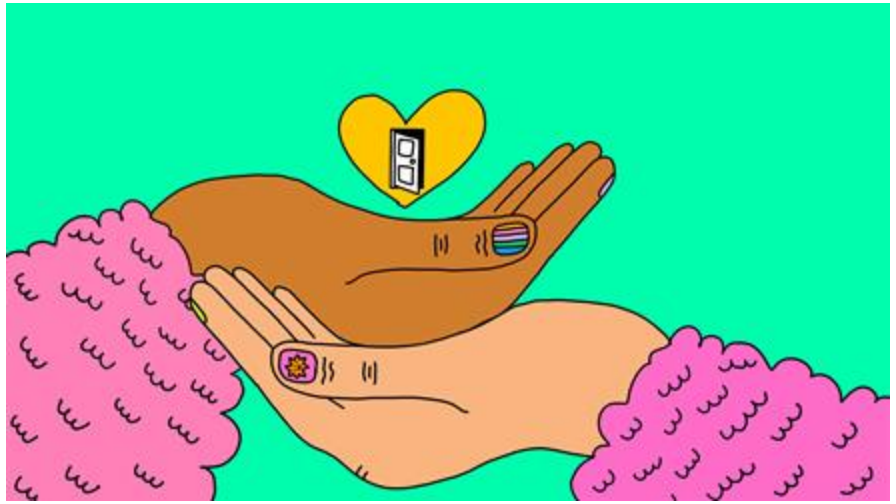
How to add your pronouns to your zoom name

1. Open the "participants" panel.
2. On the right side of your name, click the three dots and choose "Rename."
3. After your name, enter your pronouns in parentheses.
4. Click Save.



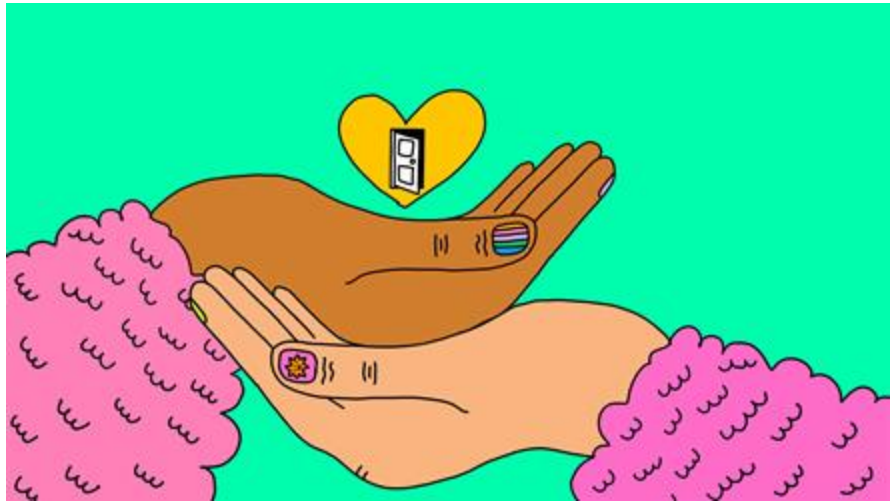
Virtual Space Guidelines

- Please stay muted until it's your time to speak
- When possible, have your camera turned on
- Use the 'raise hand' feature to be recognized
- Use the chat box
- Feel free to use the 'reactions' features
- Take care of yourself and listen to your body



Community Agreements

- Respect trust and confidentiality
- Inspire bravery and vulnerability
- Lean into discomfort & stay curious
- Share the power
- Speak for yourself, from your own perspective
- Take space, make space
- Keep the goal in mind
- Avoid over-analyzing, over-complicating, over-quantifying
- Center on the joy and safety of LGBTQ+ people



About the Presenter

Kelly Wilson, LCSW *(she/her)*

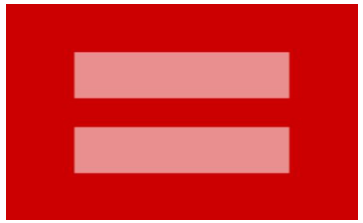
- 25+ years of experience as a clinician, trainer and consultant specializing in the treatment of child traumatic stress.

- Roles include:
  - Private Practice
  - Faculty on multiple learning collaboratives spreading evidence-based treatment models for traumatized youth and families
  - Co-author: TF-CBT LGBTQ Implementation Manual

- Areas of focus:
  - Trauma assessment and case conceptualization
  - Treatment foster care
  - LGBTQ+ affirming mental health care
  - Recognition and treatment of racialized trauma

Create a Positive Physical Environment that Welcomes and Affirms LGBTQ+ People

- Recognizable symbols of support
- Literature



Affirming Clinicians

- Strive to educate themselves and others on relevant psychological issues
- Use that knowledge to improve training programs and educational systems
- Strive to take an affirming stance toward SOGIE diversity in all aspects of research to reduce health disparities and promote psychological health and well-being

Affirming Clinicians

- Strive to be knowledgeable about and respect diverse relationships
- Recognize the importance and complexity of sexual health
- Strive to understand relationships with families of origin and families of choice
- Strive to understand experiences, challenges, and strengths faced by parents of their LGBTQ+ children

Affirming Clinicians

- Self-awareness about one's own attitudes and biases about sexual orientation and gender identity
- Skills and sensitivity for interviewing youth and caregiver's about their perspectives and responses
- Know and follow your code of ethics (NASW, ACA, AAMFT, APA,…)

Know What to Do if a Client Discloses Being LGBTQ+

- Anticipate feelings of vulnerability
- Affirm, validate and show acceptance
- Start where the client is
- Avoid labeling
- Follow the youth's lead in terminology
- Provide accurate information that avoids stereotypes
- Do not assume their problem issues are related to sexual orientation or gender identity

Treat LGBTQ+ Clients with the Same Dignity and Expectations as all Others

- Don’t assume all problems are related to sexual orientation or gender identity
- Don’t address sexual orientation or gender identity questions as deviant or pathological
- Ground rules for behavior the same as heterosexual youth
- Respect privacy – never disclose confidential information without client’s permission

The Basics

- Confidentiality
  - Clearly define parameters
  - CLEARLY define parameters with youth and parents/guardians
  - Review confidentiality at every encounter
  - Respect privacy – never disclose confidential information without client's permission

It Is Important to ACT before Doing

Assessment
Case Conceptualization
Treatment Planning

Goals of Trauma-Focused Treatment

- Reduce trauma related symptoms/behavior problems
- Help youth/family place trauma in perspective
  - A bad experience
  - In the past
  - Effects but does not negatively determine life course
- Restore/maintain normal developmental functioning
- Restore or create youth/family routines

Phases of Trauma Treatment

Parent/Caregiver Support

Mastery of Trauma Material

Stabilization Phase (now focused)

Enhancement of coping skills:
- Psychoeducation
- Relaxation
- Affect Modulation
- Cognitive Coping

Trauma Narration Phase (past focused)

Trauma containment and processing

Integration Phase (future focused)

In vivo mastery of fears and enhancing safety & resilience

Acute vs. Complex Trauma

- Acute Trauma
  - Single incident
  - Later onset
  - Adequate early development
  - Normal stress response
  - Absence of co-morbidity
  - Less personal in nature
  - Limited stigma/shame

- Complex Trauma
  - Multiple/extended/severe
  - Early onset
  - Disrupts early development
  - Excessive stress response
  - Presence of co-morbidity
  - More personal in nature
    - "Attachment trauma"
  - High stigma/shame

Acute Trauma Outcomes

- **Temporary *<u>interruption</u>*** in previously established developmental competencies
  - Symptoms of posttraumatic stress
  - Emotional distress (e.g., fear, anger, anxiety, depression)
  - Behavior difficulties (e.g., inattention, noncompliance, aggressiveness, clingy)
  - Physical symptoms (e.g., sleep, eating, pain)
  - Regressive behaviors

Complex Trauma Sequelae

- Chronic *disruption* in the growth of developmental competencies
- Domains of impairment:
  - Attachment disruptions
  - Affective dysregulation
  - Behavioral dysregulation
  - Biological vulnerabilities
  - Cognition and learning challenges
  - Unstable self-concept
  - Dissociation

Common Challenges with Complex Trauma Population

- Can initially present as highly guarded or avoidant for weeks to months
- Attunement and consistency may be anxiety provoking
- Youth may crave supportive relationship but may view such relationship as threatening
- Previous breaches of the social contract

Core Components of Complex Trauma Interventions

- Safety
- Self-regulation
- Self-reflective information processing
- Integration of traumatic experiences
- Relational engagement
- Positive affect enhancement

*(*NCTSN, Complex Trauma Workgroup)*

Keep In Mind

If you don't ask about trauma, they won't tell.

Assessment Considerations

- Trauma screen – best practice is for anyone entering mental health services be screened for potential trauma history

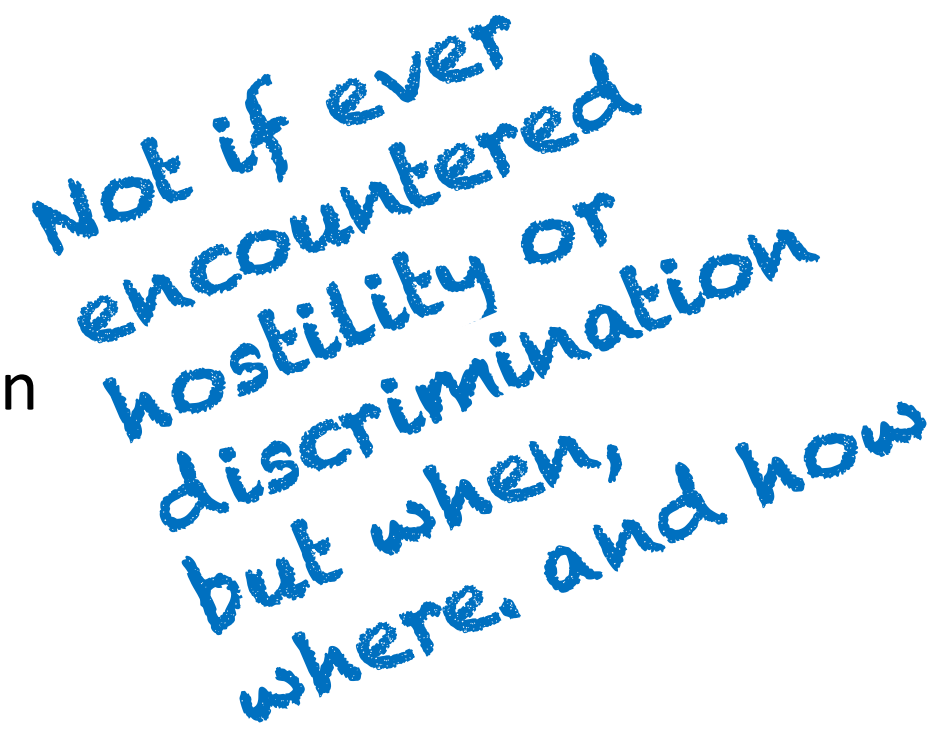
- Youth may initially minimize or deny trauma experiences, especially if disclosing might lead to questions about sexual orientation and/or gender identity

Assessment Considerations

- If trauma is indicated or suspected, proceed with standardized assessment
  - Complex trauma youth may have normalized trauma and trauma responses
  - Youth do not need to meet full PTSD criteria to receive trauma-specific treatment
- Assessment should examine caregiver knowledge, attitudes, and behavior related sexual orientation and gender identity
  - Assessments available on the Family Acceptance Project website

Assessing Trauma

- LGBTQ youth are at heightened risk for experiencing traumas
- May minimize or deny for fear that disclosure would entail revealing SI and/or GI
- Timeline is a valuable tool for working with LGBTQ youth, and can include the identification and coming out process
- Increased risk for suicidal ideation and/or attempts



Complex Trauma Assessment: Key Steps

- Assess for a wide range of traumatic events
- Assess for a wide range of symptoms (beyond PTSD)
- Gather information using a variety of techniques
- Gather information from a variety of perspectives
- Try to make sense of how each traumatic event might have impacted development
- Try to link traumatic events to trauma reminders that may trigger symptoms or avoidant behavior.

NCTSN Complex Trauma Workgroup

Complex Trauma Assessment

- Requires integration of many knowledge areas…
  - Trauma
  - Child development
  - Neurodevelopment
  - Attachment
  - Family systems
  - Child welfare
  - and more…

Complex Trauma Assessment: Helpful Hints

- Reassess history of trauma exposure over time
- Informant accuracy can vary by topic
- Develop a trauma exposure/symptom development timeline
- Query all assessment measures
- Use structured approaches to make sense of symptoms
  - Functional Behavior Analysis
  - Chaining
  - Cognitive Triangle
- Diagnose <u>strategically</u>

Complex Trauma Assessment

- Identify problems/strengths impacting the youth's ability to:
  - Identify/prepare for triggers/reenactments and develop coping skills to prevent harm to self or others.
  - Develop or restore emotion regulation
  - Accurately monitor bodily sensations and arousal.
  - Develop or restore cognitive and behavioral self-regulation
  - Experience safety and attunement in relationships.
  - Develop an identity of resiliency and self-determination

Ford, Nader, & Fletcher (2013)

LGBTQ+ and Complex Trauma

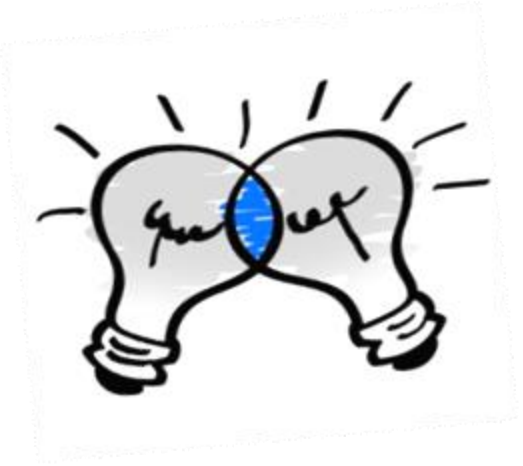
Center for Evidence to Practice

Common SOGIE Related Outcomes

- PTSD
- Damaged sense of self
- Compromised boundaries
- Distrust of others
- Suicidality
- Anxiety and depressions
- Substance abuse
- Social isolation
- High risk behaviors
- Dissociation

Complex Trauma Domains

- Relationships
- Physiology
- Emotions
- Dissociation
- Behavior
- Learning
- Self-Concept



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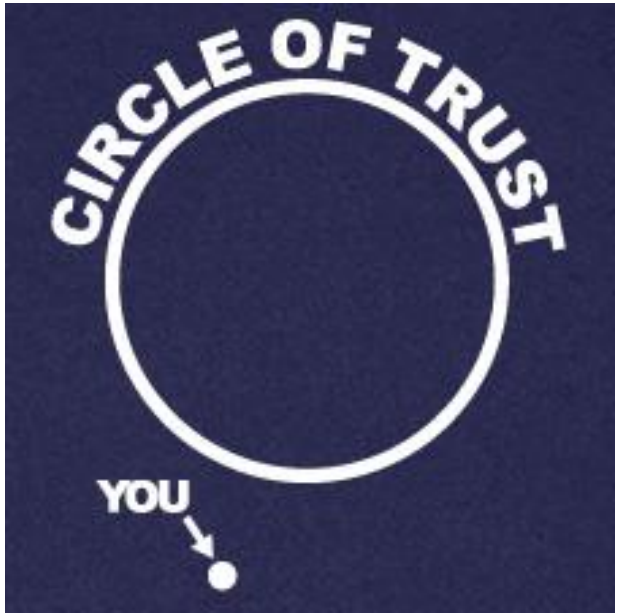
Complex Trauma Assessment

- …while developing a therapeutic alliance with youth (and caregivers) who are often…
  - Poorly regulated
    - Emotion
    - Behavior
    - Thinking
    - Awareness
  - Distrustful
  - Limited in interpersonal skills
  - At risk for further victimization
  - Lacking appropriate social/familial support

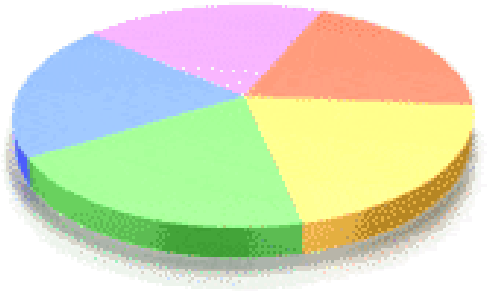


Recognize Increased Risk for Victimization for LGBTQ+ Youth

- Significantly more likely to be bullied or threatened with a weapon
- About 30% of lesbians and gay men report harassment or physical violence from family members related to sexual orientation
- Surveys of transgender persons indicates 78% have been verbally harassed and 48% have been victims of assault (threatened with weapon, sexual assault, rape)

Case Conceptualization

- Further assessment necessary if the youth whose self-identified orientation suddenly changes after a traumatic sexual assault
- Recognize that LGBTQ youth are at greater risk for ongoing traumas (e.g., bullying, assault by peers, etc)



Awareness of Minority Intersectionality

(Crenshaw, 1990)

- Individuals who are members of two or more marginalized groups
- Complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experience of marginalized individuals or groups

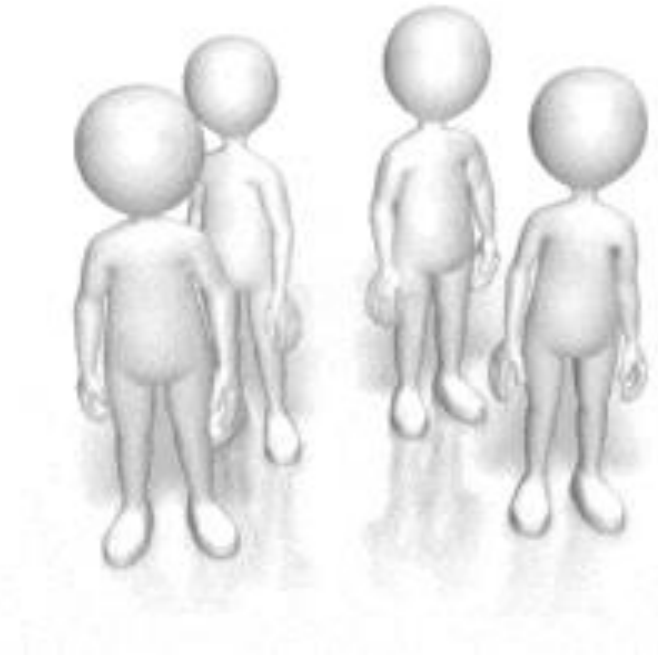
Case Conceptualization

Person – In – Environment

- Biological
- Psychological
- Emotional
- Social
- Ecology
- Family
- Culture
- Experiences

Inclusion of Parents/Caregivers

Implementation must, whenever possible, address issues of enhancing acceptance and support of traumatized LGBTQ youth.



Remember

If everything is trauma, nothing is trauma.

It’s not always about coming out.

Coming Out is Personal

- Not our job to decide which side of the closet is best for the youth
- Define benefits and risks of coming out/staying in
- Ensure skills to manage
  - Support system

Cohen, Killen-Harvey, Hill, Stern-Ellis, Soloski (2013) Empowering Therapists to Work with LGBTQ Youth and Families. Transforming Trauma in LGBTQ Youth Speaker Series. NCTSN Learning Center.

Invisibility

- Fear of loss of love and support of families
- Fear of bullying, harassment, violence
- Fear of social and economic consequences
- How do we as helping professionals contribute to this sense of isolation and invisibility?

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Safety, Stabilization, and Engagement

Trauma happens in relationships, so it can only be healed in relationships. (Alanis Morissette)

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Safety, Stabilization and Engagement: Rationale and Goals

- Therapeutic relationship is crucial to the healing process.
- Safety is paramount. Need to address severe and potentially dangerous crises and behaviors.
- Stabilization prepares for Phases 2 and 3 by laying groundwork for regulation of emotional and behavioral problems.

SAFETY FIRST
Enhancing Safety: Address Real Safety Threats

Goal: Increase ability to recognize and accurately appraise and respond

- Focus on safety concerns does not mean the youth must put off treatment for PTS problems until total control is achieved
- Therapy is not all or nothing
- Safety planning is an ongoing process
- Focus on youth AND family's safety
- Ensuring safety is the first requirement of trauma therapy

SAFETY FIRST
Enhancing Safety: Address Real Safety Threats

- Acknowledge, validate ongoing danger/trauma in home, school, community (e.g., parental rejection)
- Address relationship to risk-taking behaviors and reality basis for these responses
- Engage the youth in safety planning—"your safety is the most important thing to me"; collaborative strategies to keep youth safe
- Negotiate with youth and parent to develop realistic plan—address parental rejection, parent as advocate
- Provide and practice specific alternative coping skills
- Continue to monitor and tweak throughout treatment

FAMILY REJECTION

- Victimization
- Homelessness
- Substance Abuse
- Depression and Anxiety - Suicidality
- Risky Sexual Behavior
- Vulnerability to Involvement with Juvenile Justice System and Child Welfare System

Heterosexism

- Assumption that everyone is heterosexual
- Blindness to the existence of others who are not heterosexual
- Sends the message “you don’t belong”

Homophobia

- "Fear of" Homosexuals
  - Dislike, Distrust, Hatred
- Negative portrayals combined with hidden positive examples
- Trains individuals to have negative reaction to
- Reactions range from avoidance to violence
- Gives the message "you are bad"

Cohen, Killen-Harvey, Hill, Soloski (2013) Welcoming Environments for LGBTQI Consumers. Transforming Trauma in LGBTQ Youth Speaker Series. NCTSN Learning Center.

Internalized Homophobia or Internalized Heterosexism

- Living in the context of negative messages the individual begins to take it in
- Self-disregard or hatred
  - Believe you are the bad things that are said
- Can lead to negative choices, risk-taking, self-harm

Impact of Stigma, Discrimination, and Sexual Minority Stress

- Recognize the influence of institutional discrimination and need to promote social change
- Understand the influence of distal minority stressors
- Understand the influence of proximal minority stressors
- Recognize the positive aspects of being a SOGIE minority person
- Promote individual and collective resilience

Additional Safety Concerns

Elevated risk of:

- Drug abuse/misuse
- School dropout
- Involvement with justice system
- Anxiety
- Depression
- Posttraumatic stress

Safety Strategies

- Increasing access to social and medical services
- Developing escape plans
- Substance abuse treatment
- Supporting safer sexual behavior
- Helping youth do a realistic personal safety/risk assessment

Safety Strategies

- Providing therapeutic support
- Facilitating opportunities to process child abuse-related memories and assumptions
- Exploration of other possible options for survival that are less risky
- Forming a safe and caring relationship

Address Reality Based Threats

- Negotiate safety plan that is realistic for both youth and parent
- Provide, practice, and role play specific coping strategies
- Monitor and tweak the safety plan as needed throughout treatment
- Introduce principles of healthy sexuality, particularly for youth engaging in risky sexual behaviors

Stabilization

- Continuously focusing only on the past **without addressing current present issues** can seriously damage the therapeutic relationship
- Youth with complex trauma may present with developmental capacities much younger than actual age
- Youth with complex trauma need to develop a foundation of safety and emotional regulation and resources

Stabilization Challenges

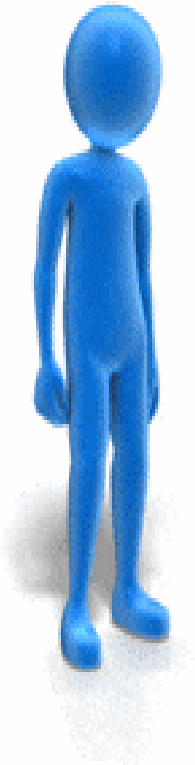
- Youth views trauma as “way of life”
- Environment remains chaotic and/or tenuous
- Legitimate crises frequently arise
- Ongoing chaos tends to characterize their lives
- Trauma work does not follow sequential patterns

Stabilization Challenges

- Coping skills and problem-solving strategies must be repeated several times before mastery
- Survival coping
  - Elopement
  - Dysregulation
  - Interpersonal problems
  - Systems issues
  - Suicidal/self-harm

Remember

The behavioral and emotional adaptations that maltreated children make in order to survive are brilliant, creative solutions, and are personally costly.



Engagement, Safety & Stabilization
Basic Strategies

- Establish a “safe” therapeutic space
- Address trust issues
- Attend to immediate safety issues
- Identify formal and informal supports
- Begin identifying internal and external trauma triggers
- Get buy-in!!!!!

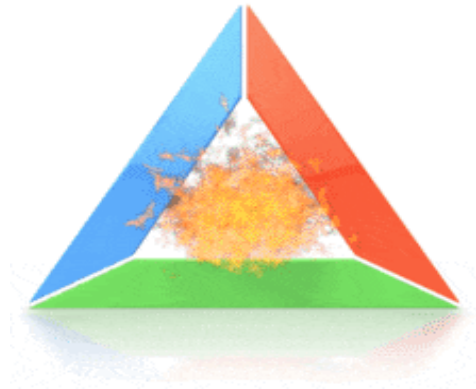
Engagement and the Therapeutic Relationship

- Importance of therapeutic relationship cannot be overemphasized
- Forming a working alliance and increasing the youth's sense of safety
- Recognize the youth's ambivalence and distrust as possible survival coping skills
- Therapeutic relationship may be a trauma trigger in and of itself

Treatment Planning

Consider available trauma treatment models

- What are your client's needs related to each phase of treatment?
- How much emphasis will this phase need (based on ongoing assessment information?
- How will you tailor activities to fit the client?
- If and how will you integrate the caregiver in treatment?
- How will you maintain fidelity to the model of choice?



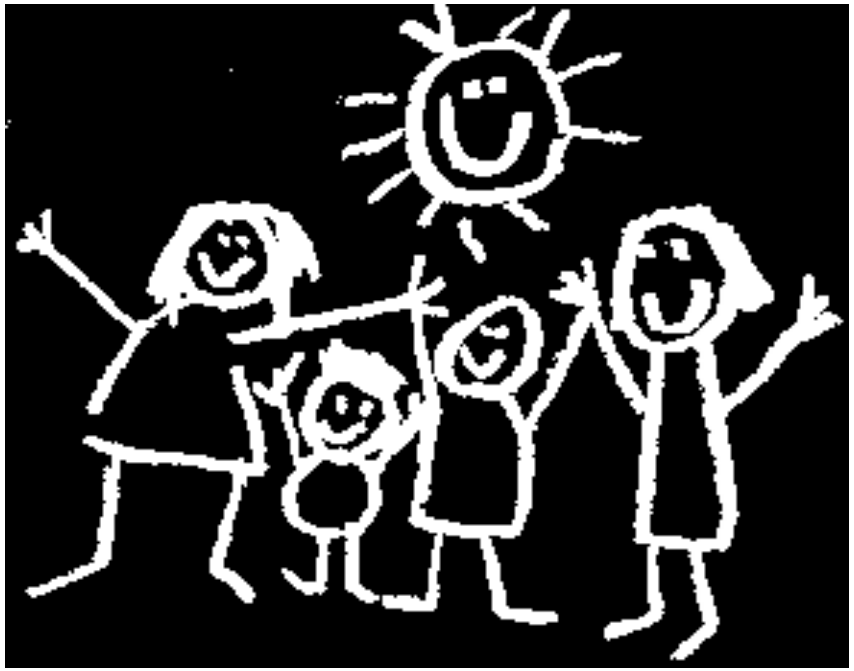
Things change quickly in the lives of children.

Revisit treatment planning during each transition between components to determine if further adjustments are needed.

Remember

It is the child's experience of the event, not the event itself, that is traumatizing.

Be Sensitive to Impact on Family



- Each member experienced their trauma differently
- Adult intimate relationships
- Parent-child relationship
- Sibling relationships
- Extended family and kinship relationships
- The family as a whole

Protective Factors

- **FAMILY ACCEPTANCE**
- Self-Esteem
- Educational Achievement
- Connection to School
- Active Coping Strategies
- Self-Acceptance
- Positive Attitudes Towards Sexual and Gender Diversity

Family Reconciliation

- 80% of families DO reconcile after initial conflict
- Average of 2 years for reconciliation to occur

Trauma Applications for LGBTQ Youth

- **Enhancing safety:** address real safety threats
- **Psychoeducation:** tailored for LGBTQ+ youth and parents
- **Parental interventions re:** parental rejection
- **Relaxation skills:** body may serve as trauma reminder
- **Affect modulation:** trauma reminders related to homo/bi/transphobia
- **Cognitive processing:** address cultural heterosexism
- **Trauma processing:** integrate relationship between trauma and identity
- **Conjoint sessions:** share new meaning (trauma and/or identity)

Normalize and Engage

- Rapport is not “do you like me”, it is “do you believe I can help you?”
- Therapeutic alliance is action-based
- Provide information about, validate, and normalize the impact of the youth’s trauma experiences

Psychoeducation Tailored for LGBTQ Youth

- Don’t assume that youth’s trauma is/isn’t related to sexual orientation/gender identity—ask
- Include info to youth/parent re: traumas related to the youth’s sexual/gender identity (e.g., hate crimes, bullying, sexual assault, parental rejection, etc.)

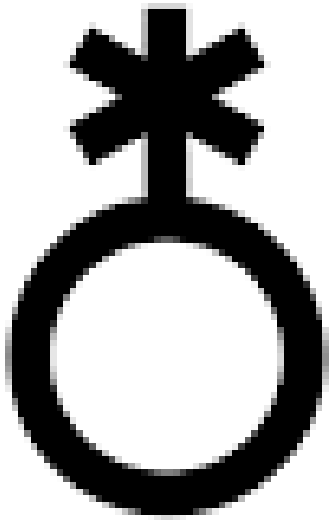
LGBTQ Considerations

- Balance and include both LGBTQ-specific traumas and other types of traumas
  - Nonjudgmental and not based on assumptions
  - Awareness of multifaceted influences
  - Information about traumas that differentially impact LGBTQ youth
  - Specific to traumatized transgender youth
  - Impact of parental rejection
  - Sexual health principles

Psychoeducation Tailored for LGBTQ Youth

- Provide info to SOGIE-diverse youth and caregiver(s) re: impact of bi/trans/non-binary phobia (e.g., higher risk for violent/sexual traumas and resultant PTSD, MDD, suicidality, etc.)

- Introduce sexual health principles: consent, non-coercion, honesty, shared values, protection from STD/unwanted pregnancy, pleasure



Parental Component
Address Parental Rejection

- Including parents if youth hasn't come out to them

- Family Acceptance Project (www.familyproject.sfsu.edu): accepting parents→ decrease suicide risk 8X

- Consider inclusion of the rejecting or uninformed parents in TF-CBT

Parental Component
Address Parental Rejection

- Goal: Small, incremental ↑in accepting behaviors, even in absence of changed attitudes/beliefs
- Explore parent's concerns re: youth's orientation/identity
- Explore changes in behaviors (not beliefs/attitudes) parent willing to make to ↓youth's risk of suicide
- Practice, monitor behavioral changes, + youth feedback

First Things First:
We need some coping skills

- Relaxation: targets physiological trauma-related hyperaurausal
  - Special considerations for Trans and non-binary youth

Relaxation Skills

- Recognize impact of heterosexism and real, ongoing lack of safety on youth's chronic hyperarousal
- Balance use of relaxation vs. safety skills; differentiating real danger from trauma reminders
- Parental fears may also interfere with use of skills

Relaxation Skills
Body as Trauma Reminder

- Body as trauma reminder, heightened body consciousness due to LGBTQ+ identity→ relaxation strategies that focus attention on body may ↑ hyperarousal

- Tailor skills, e.g., may be easier to start with distraction relaxation skills, e.g., visualization, guided imagery, focus on 5 senses, than more body-focused skills

Affect Modulation Skills

- Goals: provide the youth with vocabulary to describe full range of affective states, and to provide individualized skills to the youth and parent to modulate negative affective states

LGBTQ Considerations

- Impact of heterosexism and stigma on LGBTQ youths' depression and anxiety
- Societal and cultural gender roles and expectations related to affective expression
- Impact of LGBTQ-specific traumas and/or trauma reminders
- Impact of ongoing parental rejection
- Don't get stuck when implementing affective modulation skills

Affect Modulation
Heterosexism Trauma Reminders

- Acknowledge role of ongoing stigma, heterosexism in serving as ongoing trauma reminders, triggers for negative affect/affective dysregulation

- Cultural/gender roles/expectations re: affect expression and impact on LGBTQ+ youth

Affect Modulation
Heterosexism as Trauma Reminder

- AM techniques (e.g., electronics) may serve as trauma reminders (e.g., online bullying)
- Developing/strengthening/accessing social support network for enhancing AM
- Don’t get stuck on AM, youth with high dysregulation need to get to TN before gaining regulation

Cognitive Coping

- Goals: help youth gain mastery in understanding connections among their thoughts, feelings, and behaviors and gain mastery in replacing inaccurate unhelpful thoughts and schemas related to everyday life

Cognitive Processing

Recognize and use cognitive processing techniques to explore negative core beliefs

LGBTQ Considerations

- Maladaptive cognitions related to how the world, their family, and/or peers view them
- Recognizing maladaptive cognitions related to heterosexism
- Addressing maladaptive cognitions related to family
- Addressing maladaptive cognitions related to religion

Trauma Integration

Process maladaptive cognitions related to intersection of youth's sexual orientation and/or gender ID and trauma prn—facing rather than avoiding reality of youth's trauma experiences→ improvement in youth's symptoms

Conjoint Sessions Share New Meaning

Conjoint sessions: opportunities for parent to directly express acceptance and support of youth's identity as well as related to trauma experiences

Conjoint Sessions Share New Meaning

Less accepting/supportive parents: any other activities they can do together (e.g., safety planning, praising youth for progress made)?

Enhancing Future Safety & Resiliency
TF-CBT-A "Take Five"

- Keep it relevant
- Build key skills
- Promote sexual health
- Prosocial activities
- Safety
  - Internet
  - Dating
  - High risk behavior

Ensure that LGBTQ+ Clients Receive Developmentally Appropriate Sexual Health Services

- Information about sexuality and sexual health
  - Including LGBT issues
  - Prevention of STIs and STDs
- Access to HIV Testing
- Privacy of HIV status on need-to-know basis

In Summary

- LGBTQ+ youth are at increased risk for experiencing trauma and developing PTSD and other trauma responses
- Affirmative therapy has strong evidence of improving youth PTSD and other trauma-related outcomes

Closing Reminders…

YOU have relative power to change the way your clients receive behavioral health services!

We all have a stake in improving the quality of care we provide!

Stay open. Stay inquisitive. Stay relevant. Stay humble!