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December 16



Dr. Anahí Collado

PSYCHOLOGICAL PRACTICE WITH
INDIVIDUALS OF LATIN AMERICAN DESCENT

Evidence-Based Psychotherapy With LGBTQ+ Populations

Kimberly F. Balsam, Ph.D.

Chair and Professor

Department of Psychology

Palo Alto University

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Kimberly F. Balsam, PhD



Kimberly F. Balsam, PhD, is Department Chair and Professor in the Psychology Department at Palo Alto University, where she is the Director of the Center for LGBTQ Evidence-Based Applied Research. She has a 20-year history of clinical practice and has been conducting innovative research in the area of LGBTQ+ psychology since the 1990s. She is currently the Principal Investigator for the LGBTQ+ Clinical Academy, a project to develop and test a 40-hour cultural competence training for behavioral health providers.

Disclosures/Conflicts of Interest

- None

Learning Objectives

1. Identify the unique risk and resilience factors that influence the presenting problems of LGBTQ+ psychotherapy clients.
2. Identify three key elements of affirmative psychotherapy with LGBTQ+ populations.
3. Describe the framework for providing evidence-based psychotherapy with LGBTQ+ populations.

First things first: Terminology

Sexual orientation

- Identity
- Behavior
- Attraction

Gender

- Identity
- Expression

Identity labels:

Sexual: Lesbian, gay, bisexual, queer, asexual, pansexual, questioning

Gender: Transgender, trans, genderqueer, non-binary, genderfluid, agender

Pronouns

She/her/hers, He/him/his, They/them/theirs

Terminology is constantly changing, so more important than memorizing is staying engaged and inquisitive!

Affirmative psychotherapy definition

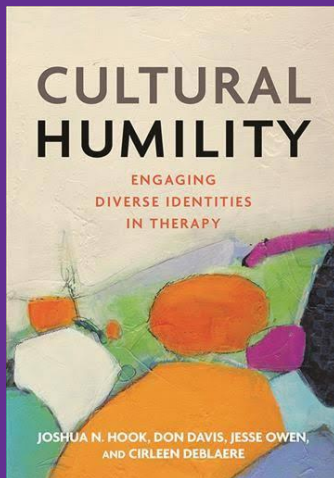
O'Shaughnassy & Speir (2017)

- "...Therapy that is culturally relevant and responsive to (LGBTQ+) clients and their multiple social identities and communities, addresses the influence of social inequities on the lives of LGBTQ clients, fosters autonomy, enhances resilience, coping, and community building, advocates to reduce systemic barriers to mental, physical, and sexual flourishing, and leverages LGBTQ strengths"

Cultural frameworks for LGBTQ+ clinical work

Cultural Competence

- Assumes that we need to learn certain attitudes/awareness, knowledge, and skills to work with specific populations



Cultural Humility

- Involves an ongoing process of self-exploration and self-critique combined with a willingness to enter relationships with an other-oriented perspective that involves respect, lack of superiority, and attunement to the other person's cultural beliefs and values

Two levels of cultural adaptation with LGBTQ+ populations

Surface

- Physical environment
 - Bathrooms
- Forms
- Language and pronouns
- Signals to client that you and your agency/clinic are “safe”
 - Posters, websites, signs, books

Deep

- Incorporating unique aspects of LGBTQ+ experiences into
 - Content of your clinical work
 - Process of your clinical work
- Adapting individual, family, and systems-level interventions to meet these unique needs in a substantive way

Deep cultural adaptation

- Surface-level adaptation is necessary, but not enough
- *We also need to adapt the content and process of clinical work*
- *Can be incorporated with any theoretical orientation or clinical approach – no one approach is inherently “affirmative”*
- **Examples of deep adaptation:**
 - Substance use treatment that incorporates understanding of gay men’s cultural norms around drug use and sexuality
 - Therapy for depression that validates client’s perception of the increase in anti-LGBTQ+ legislation in the past several years
 - School-based counseling that incorporates coping skills for anti-LGBTQ+ bullying

Evidence-based treatment for LGBTQ+ clients



Putting our knowledge of these three things together, psychologists can adapt treatments in a “deep” and culturally relevant way

LGBTQ+ Stressors and Strengths

- **Minority stressors**

- Prejudicial events
- Internalized oppression
- Expectations of rejection
- Concealment
- Non-affirmation
- Burdening

- **Trauma**

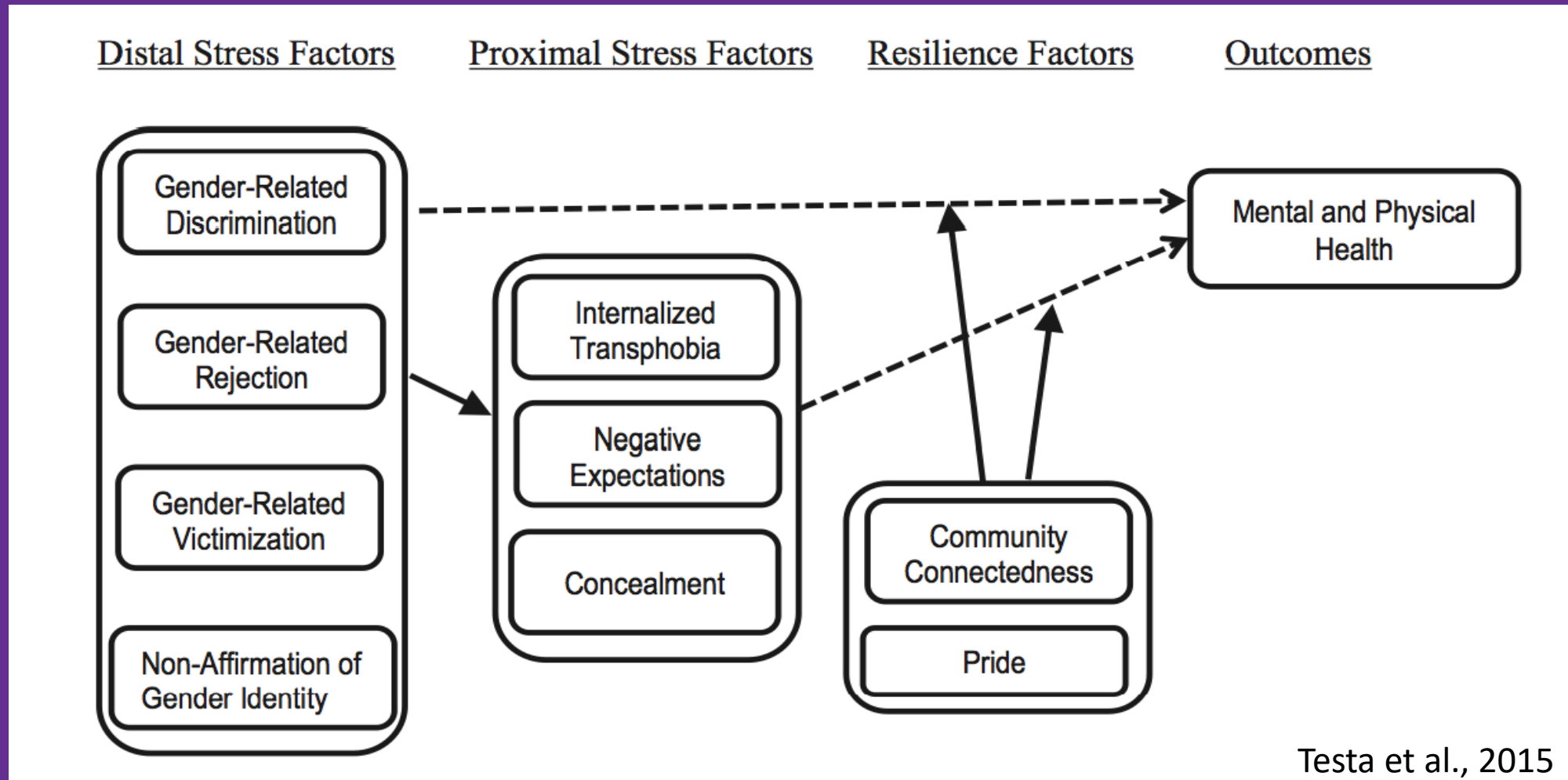
- Interpersonal victimization
- Cumulative trauma
- Vicarious trauma

- **Strengths**

- Coping strategies
- Social support and family of choice
- Community connection
- Cognitive flexibility
- Authenticity
- Creativity
- Courage
- Compassion for others
- Pride

Meyer 2003; Singh, 2018;
Vaughan et al. 2014

Gender minority stress model



Testa et al., 2015

Case example: Jax

- Jax is a 26-year-old single, multiracial (Chinese, Irish) non-binary pansexual person who presents for therapy with symptoms of depression and anxiety
- Symptoms include depressed mood, low energy and motivation, low self worth, hopelessness, worry about finances and future, loneliness, anxiety about social interactions and rejection sensitivity
- College degree in English literature, working part-time as a barista in a large city, lives with roommates
- History of alcohol abuse as a teen
- Mother is immigrant from China, father is 3rd generation Irish American
- Parents are rejecting, distant, critical, high achieving
- Assigned male at birth, came out as gay in 11th grade, non-binary and pansexual at age 24.
- History of verbal and physical bullying from peers in high school, IPV in college
- COVID-19 pandemic has heightened symptoms, stress at work
- Spends free time on social media, reading posting about LGBTQ+ rights
- Goal to obtain an MFA and publish a novel, feels “hopeless” that they can ever achieve this

Assessment: General and LGBTQ+ specific

General assessment

- Demographics and cultural identities
- Developmental & family history
- Symptoms, onset, severity
- Treatment history
- Risk
- Coping skills
- Social support

Balance attending to both areas without over- or under-focusing – follow the client's lead

LGBTQ+ specific assessment

- Gender and sexual identities
- Pronouns
- LGBTQ+ identity development history
- Outness and disclosure
- Minority stressors
- Trauma history
- Degree of acceptance and affirmation by others
- Relationship history and goals
- Gender dysphoria
- Medical, legal, social gender transition

Assessment measures



- Intake forms assessing sexual and gender identities, relationship status, pronouns
 - LGBTQ-affirming options, fill-in options
- Symptom measures: BDI, BAI, PCL-5
 - Consider lack of norms for LGBTQ+ people
- Trauma screening
 - Life Events Checklist for DSM-5 to assess for trauma exposure
 - Can also inquire if interpersonal traumatic events perceived as due to sexual and/or gender identity
- LGBTQ+-specific measures
<https://www.riselaab.paloaltou.edu/measures>
 - Gender Minority Stress and Resilience Scale (GMSR; Testa et al., 2015)
 - Internalized transphobia: *“When I think of my gender identity or expression, I feel unhappy”*
 - LGBT People of Color Microaggressions Scale (Balsam et al., 2011)
 - Heterosexism in communities of color: *“Not being accepted by other people of your race/ethnicity because you are LGBTQ”*
 - Daily Heterosexist Experiences Questionnaire (DHEQ; Balsam et al. 2013)
 - Vicarious trauma: *“Hearing about hate crimes (e.g., vandalism, physical or sexual assault) that happened to LGBT people you don’t know”*

Establishing rapport

- Draw upon basic clinical skills
- Jax may come in for services wondering...
 - Are you “safe” to disclose their sexual orientation and/or gender identity to?
 - Will you accept them?
 - Are you knowledgeable about LGBTQ+ issues?
- They may assess this in direct and indirect ways:
 - Indirect: Have you ever seen the TV show “Pose?”
 - Direct: Have you ever worked with a client who identifies as non-binary?
- Therapist self-reflection on
 - Identities in relation to Jax (similarities and differences, privilege and marginalization)
 - Knowledge, skills, attitudes related to Jax’s identities

Relational, collaborative approach to treatment

- Jax may have particular sensitivity to hierarchy given multiple oppressed identities
- Jax may have questions about therapist's identities, connection to LGBTQ+ communities
- Approach self-disclosure thoughtfully
- Convey warmth, acceptance, non-judgmental stance
- Jax's empowerment is central
- “Scientific mindedness” – Therapist and Jax collaboratively discuss therapy approaches as a “mini-experiment”
 - Using client's response as “data” to inform how to tailor and adapt your efforts

Potential pitfalls to avoid



- Using your own, rather than the Jax's, terminology
- Using terminology that is non-affirming, binary, outdated
- Making assumptions rather than asking
- Assuming that sexual orientation or gender identity are central to presenting problem when they are not
- Assuming/taking the client's word for it that sexual orientation or gender identity are not relevant to presenting problem
- Becoming too "curious" about diverse aspects of Jax's experience – remember that you are there to help them, not satisfy your own curiosity
- Avoiding talking about non-binary and pansexual identities out of discomfort and/or fear of saying the "wrong" thing
- Assuming that because you are L, G, B, T, Q, or other SGM identity, you necessarily understand Jax's experience

Minority stress factors for Jax

- Discrimination and victimization
 - History of bullying, rejection by parents
 - Daily microaggressions in public related to gender expression
- Internalized oppression
 - “Maybe my gender identity isn’t real”
- Negative expectations
 - “No one will ever want to date me as a non-binary person”
- Concealment
 - Does not talk openly about being non-binary with parents, some friends

(Meyer, 2003; Testa et al., 2015)

Social context factors for Jax

- **Intersectional identities**

- Experience of LGBTQ+ identities shaped by experience as a person of color and multiracial person
 - Microaggression “What are you?” with respect to gender and racial/ethnic identities
- Chinese cultural heritage – don’t speak openly about identities, concern about disrespecting elders in the family, focus on academic achievement
- Irish cultural heritage – father’s Catholicism and negative views about LGBTQ+ identities

- **COVID-19 pandemic**

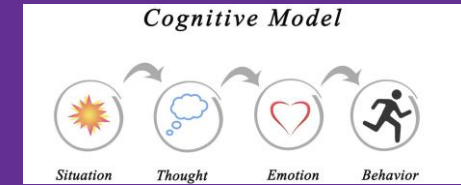
- Less access to LGBTQ+ community
- Heightened stress of working in service sector, greater exposure to microaggressions from customers

- **Vicarious trauma**

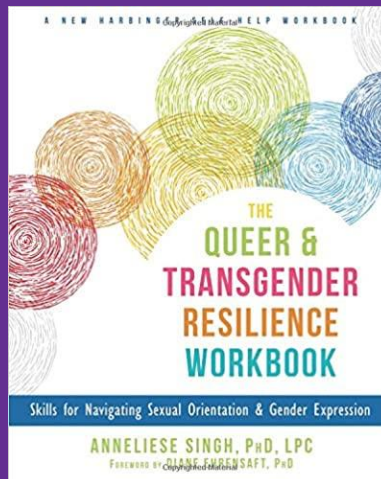
- Increase in violence against trans people and people of color in 2020 intensifies anxiety and depression symptoms

Balsam et al, in press

Psychoeducation



- Symptoms: depression and anxiety
- CBT model – situations, thoughts, feelings, behavior
- Impact of stress on distress
- Resilience and empowerment



- Minority stress model
 - Distal and proximal stressors
 - Relationship to mental health outcomes
 - Pathologize oppression, not the individual
- Treatment
 - Cognitive and behavioral strategies
- Resources and referrals
 - Support group for non-binary people at LGBTQ community center
 - Readings that provide positive examples of LGBTQ resilience

Cognitive behavioral treatment with Jax

- Cognitive restructuring
 - Identify negative messages about gender and sexual identities
 - What are some “overt” negative messages you have received about your sexual and gender identities?
 - Ex. “Non-binary identities are not real” and “It’s burdening others to expect them to use the correct pronouns” and “Your life would be easier if you didn’t express your gender identity”
 - What have been the sources of some of those negative messages?
 - Ex. Parents, friends, partners
 - What are some “covert” negative messages you have received?
 - “Masculine gay men are more desirable” and “LGBTQ+ people will never be happy”
 - What are some ways that you have taken in these messages? What kinds of things do you say to yourself about your sexual and gender identities?
 - “Maybe I’m just confused” and “I can’t talk about my non-binary identity with anyone” and “No one will ever want to date me”

Cognitive restructuring in social context

- Contextualizing oppression – it’s not just a “distortion”
 - Important to validate that oppression is real – not something that cognitive restructuring can remove!
 - Cognitive therapy *can* help Jax come up with more adaptive and affirming ways of thinking that will help them thrive and be more resilient
 - Work through specific examples in therapy to address thinking and coping

Example: Customer comes in to café without a mask. Jax asks them to put it on, reminding of store rule and city ordinance. The customer makes a sarcastic comment about “who are you to tell me what to do – and what are you, anyways?” Jax feels hopeless, powerless.

- Identifying this event as prejudicial harassment
- Validate feelings of anger, hurt, fear that might come up
- Identify associated thoughts: “I’ll never be accepted by people”
- Look for evidence to counter these thoughts
 - Places, people, contexts where Jax does feel accepted
- Problem solve coping strategies
 - External action : Speaking up to the customer, talking to boss, removing self from situation, seeking support
 - Internal action: Reframing, affirming self-talk, validating feelings

Matsuno, 2019

CORE BELIEFS WORK:
Downward Arrow Technique to
address internalized oppression

Situation: New
friend never texts
back

Automatic
thoughts: He
doesn't like me

Feelings: Sad,
anxious

He doesn't like me

What does that
say about you?



My gender identity makes people reject me

What does that
say about you?



I am destined to be alone and lonely

What does that say
about you?



I am unworthy of love
because of my gender identity

Behavioral activation to address avoidance

1. **Avoids writing** and applying to grad school, feels more depressed, energy and motivation decrease, even harder to write

- Turn this around by **acting according to plans**, rather than feelings
- Set aside **time to write each day**, even if not in the mood, even if doubting that they have anything important to say
- Use pandemic as opportunity to **join LGBTQ+ writing class** online – provide structure and affirmation

2. **Loneliness and isolation**, wants deeper and more meaningful connections, wants to date men but is afraid of rejection, so avoids any possible interactions with men they might be interested in

- Turn this around by taking small steps to **“experiment”** with different types of social interactions to see how they feel and fit with identities
- **Initiate conversations** about deeper topics with people in life
- Try to **join zoom meetings** or gatherings where queer men will be, experiment with friendly social interaction, exchange numbers if you find someone interesting

Experiments and exposure

- **Experiments** and **exposure** can be an important part of affirmative therapy with LGBTQ+ people
- However, it's important to approach this in a collaborative and realistic way
- Affirmative therapists assess client safety realistically within the social context, validating concerns and weighing costs and benefits
- For example, Jax may benefit from an “experiment” of talking about non-binary identity with a gay male friend
 - Therapist can help Jax realistically appraise the safety of this
 - Which friend? How and when to bring it up?
 - Role playing and coping skills
 - Debrief afterwards

Addressing microaggressions and cultural ruptures that occur in the therapy session

Important to address intentionally and thoughtfully, with cultural humility

EXAMPLE: Therapist refers to Jax's sexual orientation as "gay" instead of pansexual. Jax is quiet and then changes the subject. Therapist checks in with herself and considers the client's perspective, then brings it up using "I" statements...

"I'm sorry, I realize I just used the wrong terminology for your sexual orientation. I realize that you identify as pansexual and may have been invalidating for me to refer to you as gay. I'm really sorry for that mistake, Jax. If you are comfortable doing so, I'd like to invite you to share any thoughts or reactions you had to what I said. If you don't want to talk about it now, I want you to know that it's okay to bring up your reaction to this – or anything else I say that you might experience as a cultural rupture – at any time. I am committed to working on using the right terms to validate your identities."

Hook, David, Owen, & DeBlaere, 2017

Strengths and resilience focus

- Which messages about LGBTQ+ identities has client already rejected? How did they do that?
 - What have been some positive messages about LGBTQ+ identities? Where have they heard them?
 - Which ones do they believe, and want to strengthen their belief in?
 - Look for role models, positive messages, sources of affirmation
- *Jax, when you think of your purpose in life, what comes to mind? As an LGBTQ+ person, what have been negative influences on you finding your purpose in life? When you think about pursuing your purpose as an LGBTQ+ person, what comes up for you? What do you feel and think? What supports might you have to help you? Who might be a role model or mentor?*

Singh, 2019

Wrapping up

After 10 sessions, Jax has:

Decreased avoidance behaviors, out of the trap, getting back on track taking action to find more social connection and pursue creative writing

Loosened the grip of the negative core belief “I’m unlovable” by looking for alternate evidence, exceptions to the rule, strengthening more positive messages.

Externalized negative messages about LGBTQ+ identities

Better able to select from a menu of coping options when interpersonal stressors arise at work

Taken small concrete steps towards pursuing long-term goal of creative writing

References

- Balsam, K. F., Martell, C. M., Jones, K., & Safren, S. A. (2018). Affirmative cognitive-behavioral therapy with sexual and gender minority clients. In G. Y. Iwamasa (Ed.), *Culturally responsive cognitive-behavioral therapy: Assessment, practice, and supervision (2nd Edition)*. Washington, DC: American Psychological Association Press
- Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697.
- Matsuno, E. (2019). Nonbinary-Affirming Psychological Interventions. *Cognitive and Behavioral Practice*, 4, 617-628.
- O'Shaugnessy, T., & Speir, Z. (2017). The state of LGBTQ affirmative therapy clinical research: A mixed-methods systematic synthesis. *Psychology of Sexual Orientation and Gender Diversity*, 5(1), 82-98.
- Testa, R. J., Habarth, J., **Peta, J.**, Balsam, K. F., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. *Psychology Of Sexual Orientation And Gender Diversity*, 2(1), 65-77.
- Vaughan, M.D., & Rodriguez, E. M. (2014). LGBT strengths: Incorporating positive psychology into theory, research, training, and practice. *Psychology of Sexual Orientation and Gender Diversity*, 1(4), 325-334.

Additional Resources

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832-864.

Chang, S. C., Singh, A. A., & dickey, I. m. (2018). *A clinician's guide to gender-affirming care: Working with transgender and gender nonconforming clients*. Oakland, CA: Context Press.

DeBord, K. A., Fischer, A. R., Bieschke, K. J., & Perez, R. M., Eds. (2017). *Handbook of sexual orientation and gender diversity in counseling and psychotherapy*. Washington, DC: American Psychological Association Press.

Rothblum, E. D. (Ed.). (2020). *The Oxford handbook of sexual and gender minority mental health* (1st ed.). New York, NY: Oxford University Press.

Singh, A. (2018). *The Queer & Transgender Resilience Workbook: Skills for Navigating Sexual Orientation & Gender Expression*. Oakland, CA: New Harbinger Press.

Webb, A., Matsuno, E., Budge, S., Krishnan, M., & Balsam, K. (2017). Non-binary gender identities factsheet. Retrieved from <http://www.apadivisions.org/division-44/resources/advocacy/non-binary-facts.pdf>

Q&A With Dr. Balsam



- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.