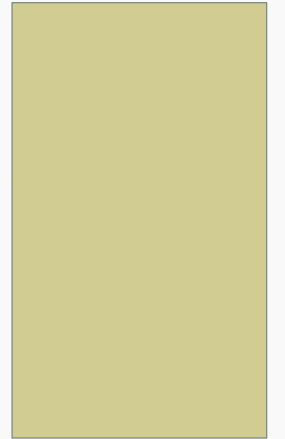


CONTEXTUAL BEHAVIORAL STRATEGIES FOR HELPING GENDER & SEXUAL MINORITY CLIENTS THRIVE

AISLING LEONARD-CURTIN, MSC, C.PSYCHOL., PS.S.I., ACT
NOW, PURPOSEFUL LIVING

MATTHEW D. SKINTA, PHD, ABPP, PRIVATE PRACTICE

28 JULY 2018



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DISCLOSURES

Relevant Financial Relationships

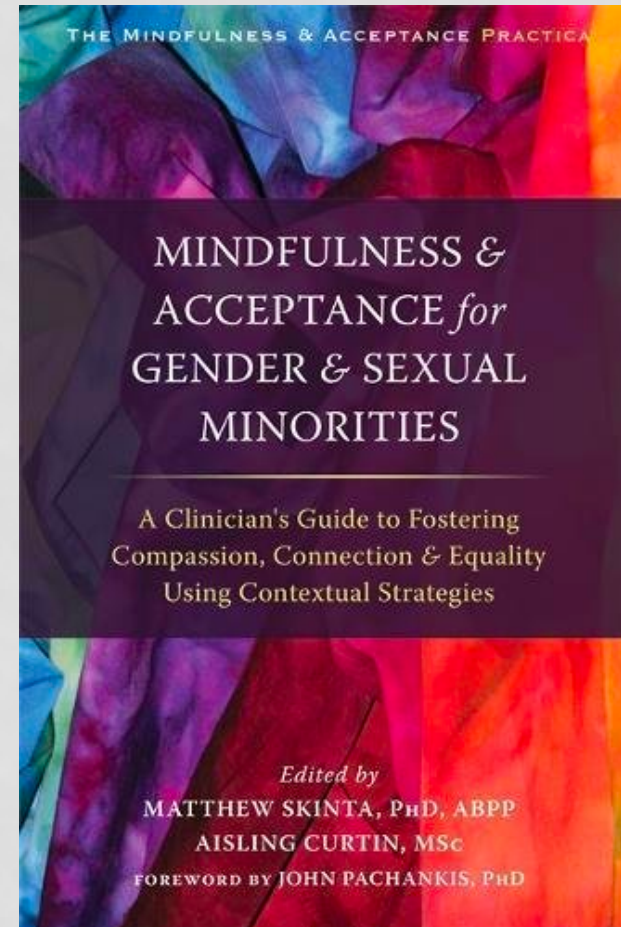
- Trainers for Praxis- GSM Conferences & Women's Bootcamp
- Have private practices and give in-person and online trainings
- Online consultations
- Receive Royalties from New Harbinger for Mindfulness & Acceptance for Gender & Sexual Minorities

Relevant Nonfinancial Relationships

- American Psychological Association
- Psychological Society of Ireland

PERSPECTIVE

- We co-edited a book on ACT/FAP/DBT/CFT for work with gender and sexual minorities, though material benefit is minimal.
- Emphasis on the *processes* that lead to challenges, and responding to those



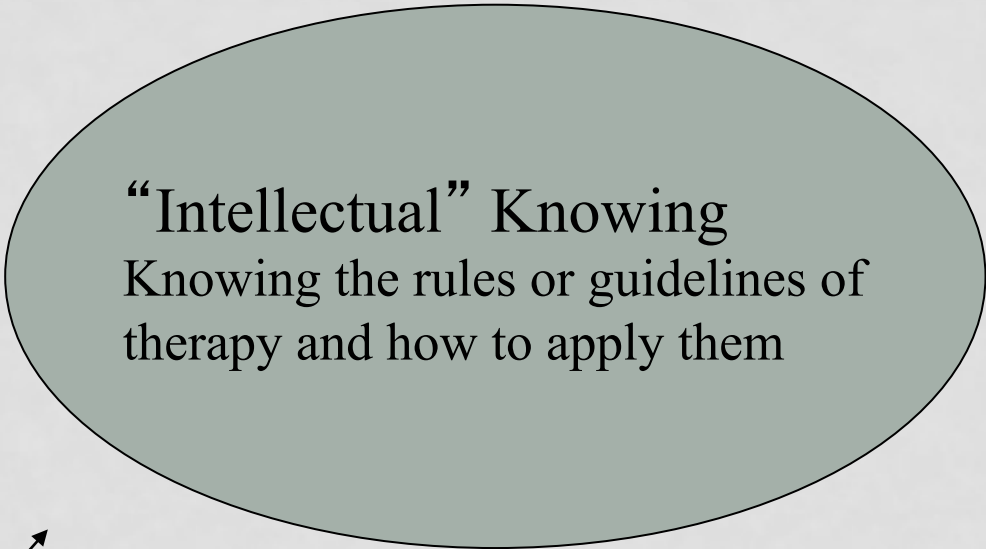
ASPIRATION FOR THIS TRAINING

- Deepening an understanding of our own histories of gender and sexuality
- Relating our own heartfelt experience to the transformative work we do
- For the sake of deepening our ability to share, we invite everyone to treat what is shared with confidentiality, including anything that the facilitators might share in the service of modeling
- Give you tools and an ACT/FAP way of being to integrate into your client work in this area if you choose

TWO KINDS OF SKILLS THAT INCREASE YOUR POTENCY AS AN AGENT OF CHANGE

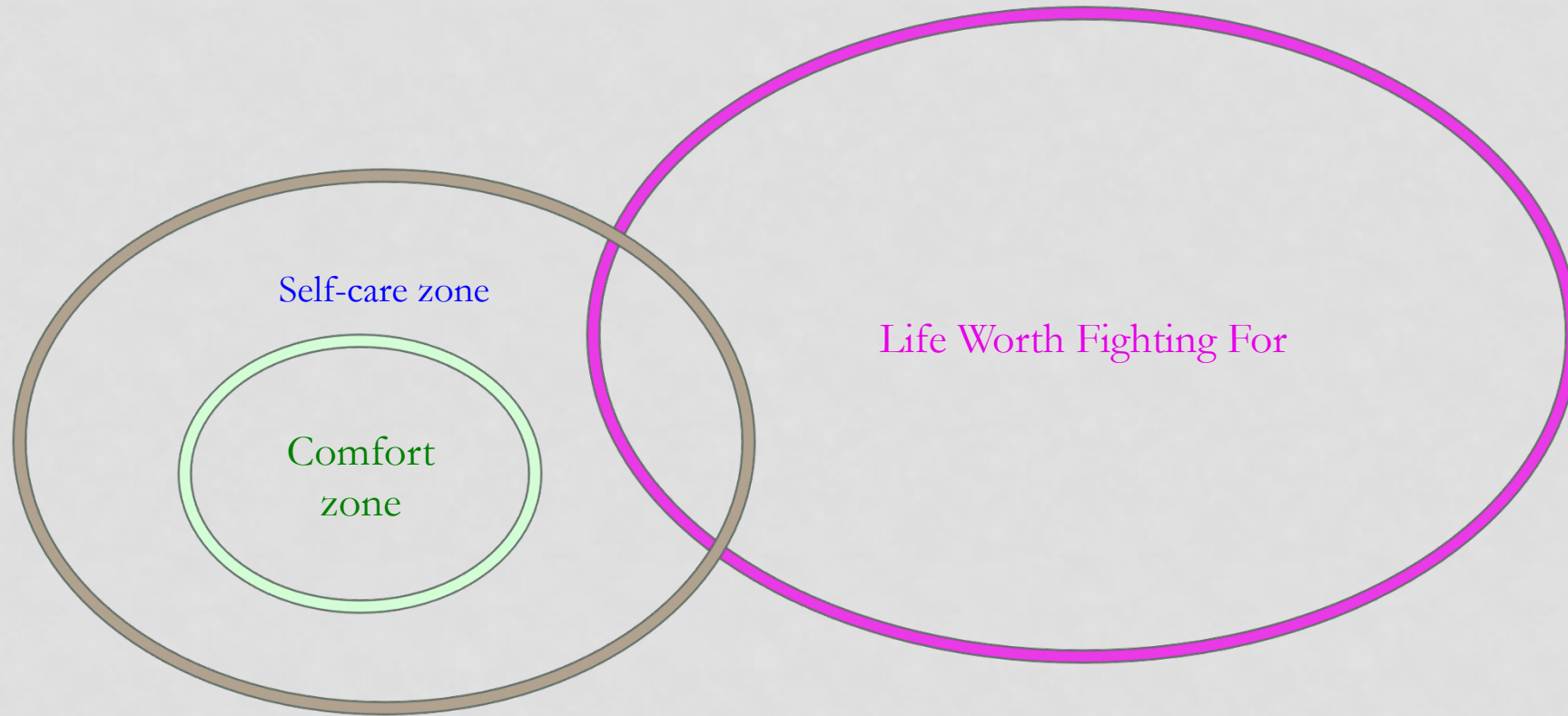


Difficult to learn and to do



Relatively easy to learn and do

3 ZONES



BRING TO MIND ONE GSM CLIENT YOU WORK WITH

- Write a brief history (could be just a line or so to help hold them in mind)
- Write down what therapeutic interventions you have applied so far and assess these in terms of workability - have they helped or not?
- Write down your case conceptualization- why is your client experiencing what they are experiencing in this moment? And what will help them in your work together?

OPENING MEDITATION

TRANSDIAGNOSTIC PROCESSES

- Experiential Avoidance
- Rejection Sensitivity
- Shame

CONSIDERING BIAS PROFESSIONALLY

- Early research on GSM experiences emphasized pathology models (e.g., Shealy, 1972)
 - Resurgence in those stances in some regions of the world (e.g. Hungary and foreign influence; Slovenia and retraction of marriage equality)
- Internalized homophobia (Malyon, 1982)
 - Emphasis on beliefs over affect, interpersonal experiences
- Shortcomings of trauma models when accounting for the impact of homophobia/
biphobia (transphobia rarely yet discussed)

CONSIDERING BIAS LEGALLY

- Legal discrimination has most been associated with gender expression, and primarily treated as such by U.S. Courts (e.g., Weiner, 2005)
- Current legal rulings view both anti-LGB and anti-trans discrimination as an expression of sex-based discrimination
 - Title VII (work) - *Price Waterhouse v. Hopkins*, 490 U.S. 228 (1989) expanded Title VII to “entire spectrum” of gender stereotypes
 - Title IX (education)
- Heightens current community concern as AG Sessions argues against this legal perspective

MINORITY STRESS AND STIGMA

- Minority stress theory suggests a broad range of mechanisms for the impact of societal stigma (Meyer, 1995; 2003)
 - Self-stigma (e.g., internalized homophobia, biphobia, or transphobia)
 - Stigma/Expectation of Rejection
 - Outness/Concealment
 - Discrimination
 - Community connectedness
- Related to a broad range of psychological symptoms
 - May be due to reduced emotion regulation (Hatzenbuehler, 2009; Hatzenbuehler, Bellatorre, Lee, Finch, Muennig, & Fiscella, 2014; Hatzenbuehler, Phelan, & Link, 2013)

- **Internalized Stigma**– “I wish that I were straight”
- **Stigma** – “Other people think being bi makes me immoral”
- **Concealment** – “No one can find out I’m a lesbian, or I wouldn’t be able to live my life”
- **Discrimination** – “I have been physically attacked due to my gender expression”

Sexual Minority Stress

Emotion Dysregulation

- *Emotional lability*
- *Shame*
- *Negative self-evaluation*
- *Volatile relationships*

- **Depression**
- **Suicide Risk**
- **Post-Traumatic Stress Disorder**
- **Anxiety**
- **Panic Disorders**
- **Substance use**
- **Adverse physical health outcomes**

Psychological Distress

GENDER MINORITY STRESS

- Hendricks & Testa (2012): Minority stress for “TGNC” people, modification of Meyer’s 2003 model
- Higher rates of violence including physical and sexual abuse, rejection, discrimination, usually driven by gender identity and expression
 - USTS (27,715 respondents, 2015), 46% of respondents had been verbally assaulted for being transgender, 47% of respondents having been sexually assaulted in past year
 - Acts of violence were infrequently reported to the police, relatedly, more than half of respondents (58%) had experienced police mistreatment
- Trans people may also contend with expectations of rejection and discrimination. In addition to internalized transphobia, homophobia, transmisogyny, etc.

GENDER MINORITY STRESS AND RESILIENCE

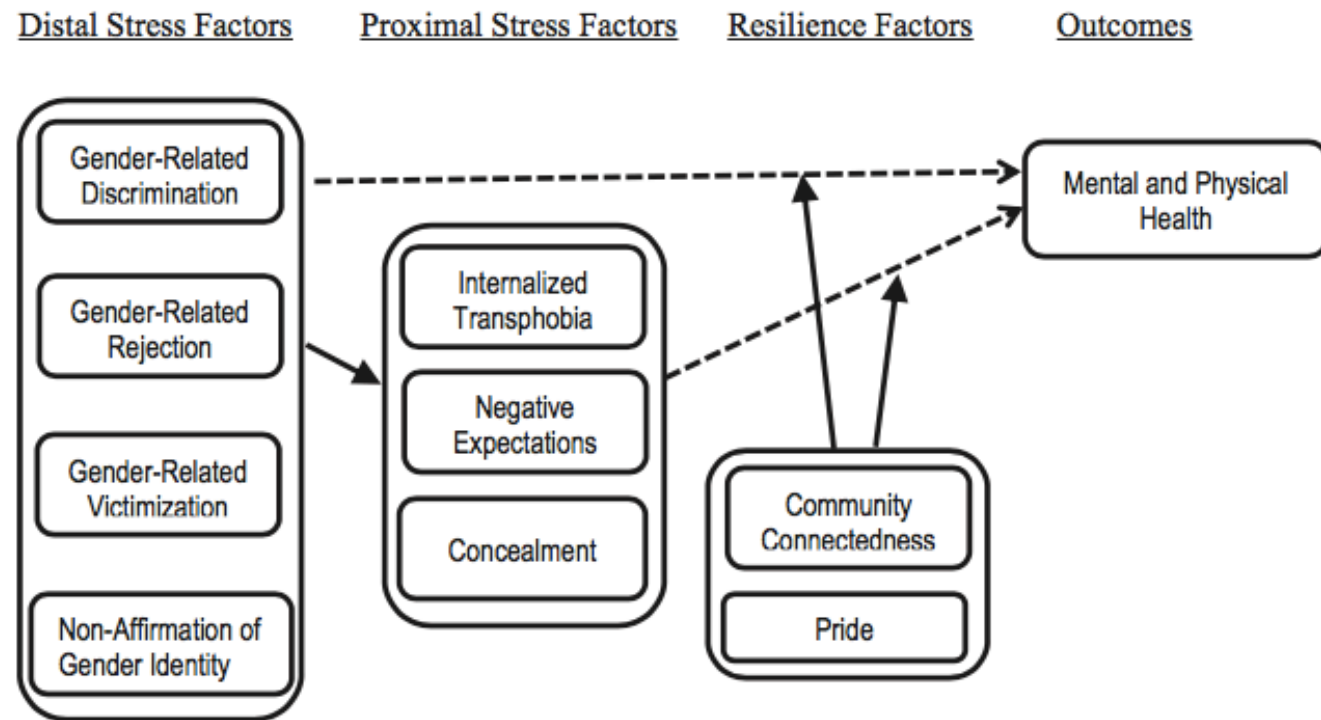


Figure 1. Minority stress and resilience factors in transgender and gender non-conforming people. Dashed line indicates inverse relationships.

CRITIQUES & INTERSECTIONALITY

- Research on GSM people has been increasing but...
- Research on some sexuality and gender identity groups (e.g. bisexual people and non-binary people) is lacking
 - Most research has been funded for groups like gay men with a focus on AIDS/HIV
- Researcher bias/researcher identities

TARGETING EMOTION DYSREGULATION

- Mindfulness and acceptance based approaches promote emotion regulation skills, with specific evidence in mechanism-of-action studies supporting:
 - Dialectic Behavioral Therapy (Linehan, 1993; with transgender clients in Sloan, Berke, & Shiperd, 2017)
 - Mindfulness-Based Cognitive Therapy (Segal, Williams, & Teasdale, 2012)
 - Acceptance & Commitment Therapy (Hayes, Strosahl, & Wilson, 1999; with gay men living with HIV in Skinta, Lezama, Wells, & Dilley, 2015; LGB participants in Yadavaia & Hayes, 2012)
 - Unified Protocol (Barlow, et al, 2010 with gay and bisexual men in Pachankis et al, 2016)

WHEN OUR FEARS ARE TRUE

- For many, familial rejection or poor job protections are a reality
 - Parental rejection is associated with rejection sensitivity (Pachankis & Goldfried, 2008); and early shame memories among gay men are less diverse and more focused on paternal criticisms (Matos, Carvalho, Cunha, Galhardo, & Sepodes, 2017)
- Broader societal prejudice exists within GSM communities, as well
 - The exclusion of men of color from social spaces or sexual/romantic relationships is termed *sexual racism*, and is a likely driver of HIV among sexual minority men of color (Hernández-Romieu, et al, 2015)
 - 2015 United States Transgender Survey (James et al., 2016)
 - 23% experienced trans-related housing discrimination in the past year
 - 16% lost a job in lifetime, 27% were fired/denied promotion/rejected for work to gender identity or expression in last year

Acceptance and
Mindfulness Processes

Contact with the
Present Moment

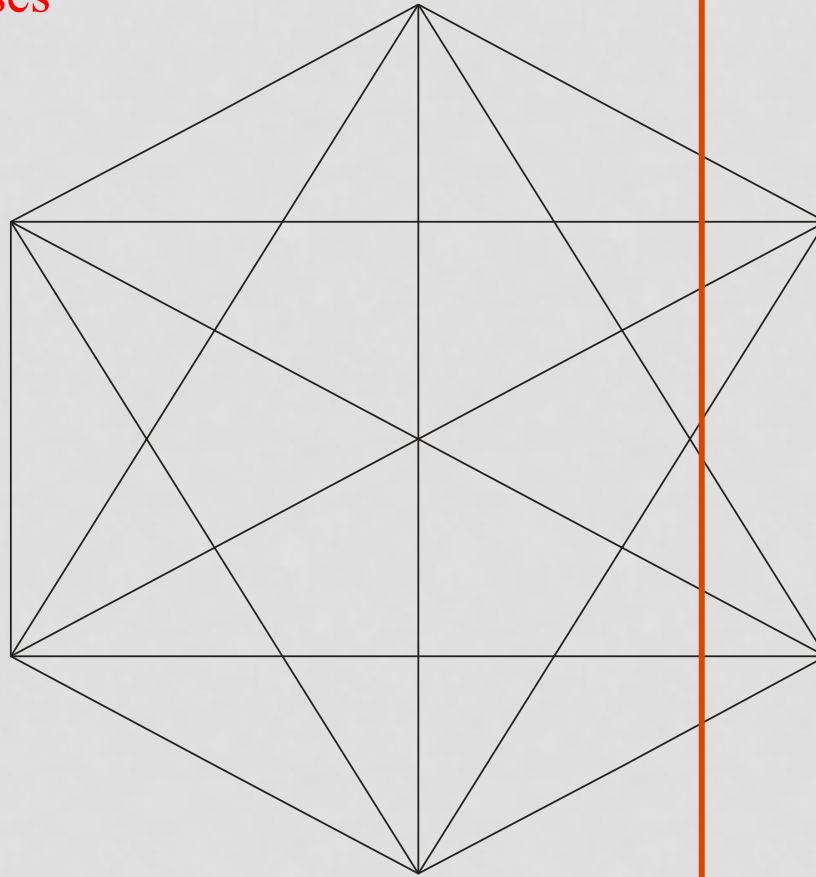
Acceptance

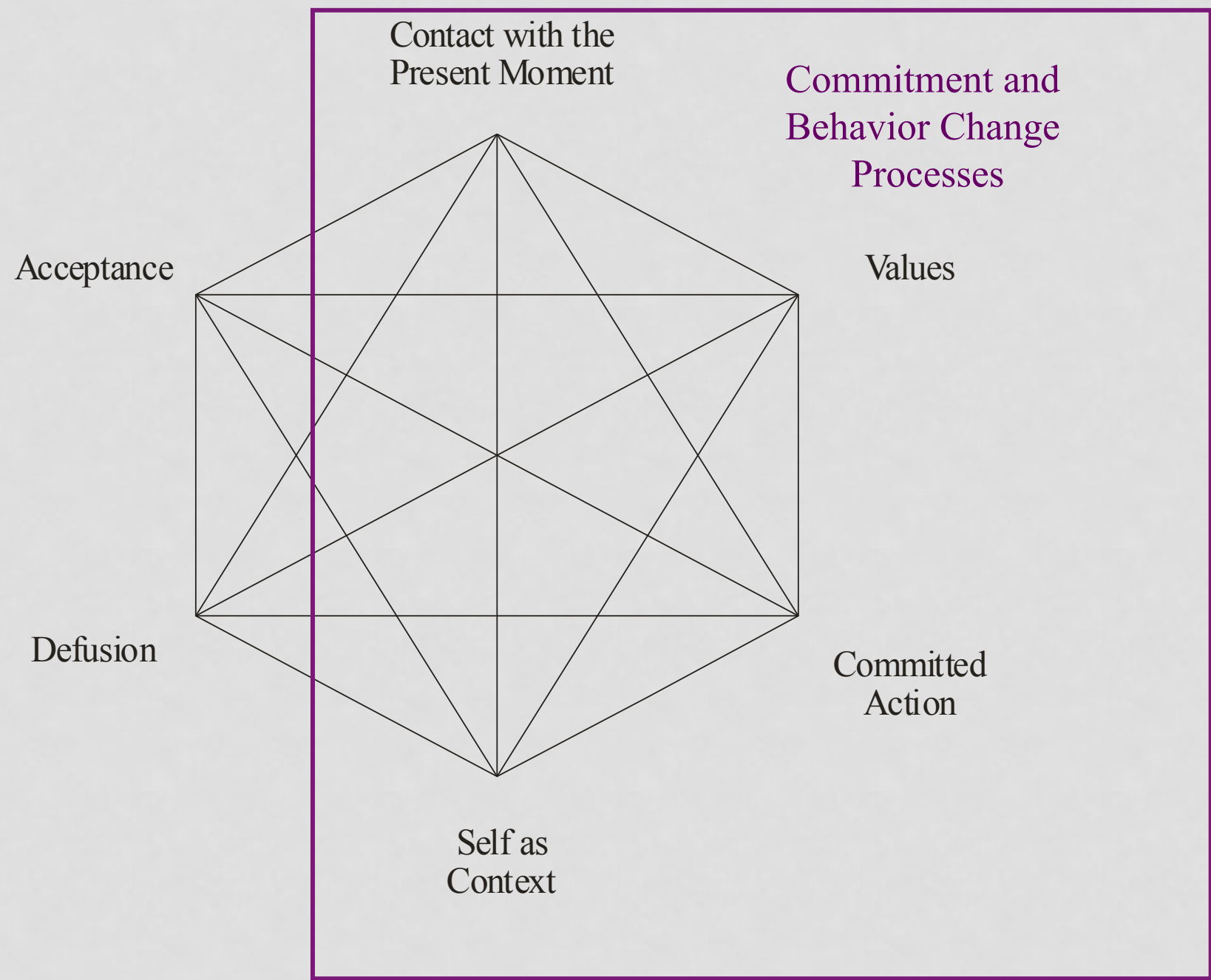
Values

Defusion

Committed
Action

Self as
Context





Discrimination - Preoccupied with past/future mistreatment

Expectation of Rejection - Unwillingness to experience fears of being seen as GSM

Concealment – Overachievement, avoidance of attention, internalization of gender training

Self-stigma - Fusion with thoughts about GSM stereotypes, rigidity and perfectionism in gender expression



Rigid Perspective taking - small picture, disconnect with stable self in context of cis/binary society

Unclear or unexamined desires for authentic and full living

(Skinta, 2015)

How GSM Individuals become Psychologically Flexible...

Connection to present moment

Emotions- Willingness to experience any fears & cultivating compassion

Clear on what is important, including relationships and community connectedness

Thoughts- Unhooked from Unwanted Thoughts about GSM Identity

Doing things that matter as a whole, present GSM person

Flexible Perspective Taking – Part of a Larger Community with a Unique History

(Skinta, 2015)





LONELINESS, REJECTION SENSITIVITY, AND FAP

INTERPERSONAL BETRAYAL OFTEN COMES FROM FAMILY AND IMPORTANT OTHERS

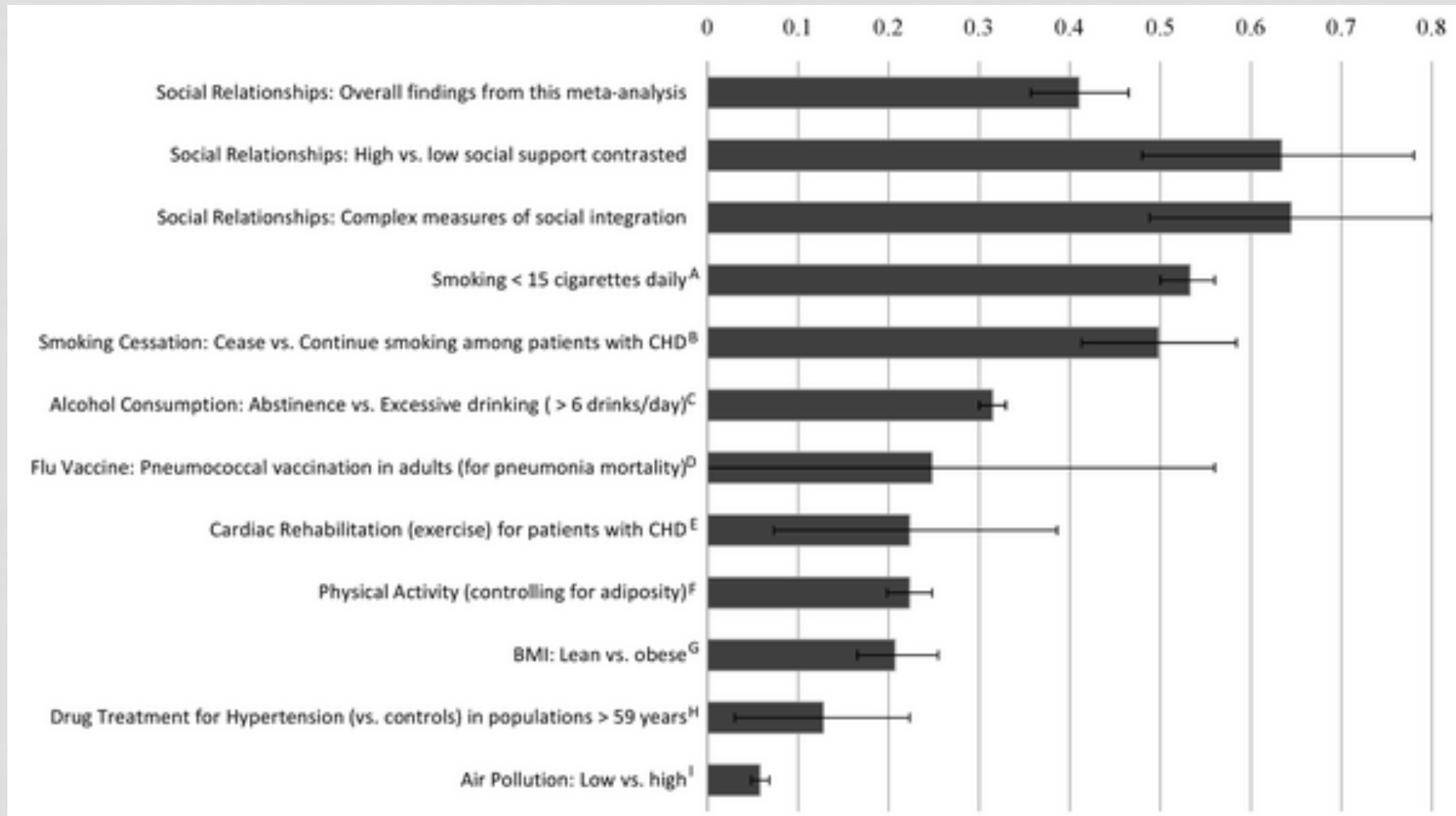
Loneliness/lack of social connection equivalent to smoking 15 cigarettes a day



=



Figure 6. Comparison of odds (lnOR) of decreased mortality across several conditions associated with mortality.



Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLOS Medicine 7(7): e1000316. doi: 10.1371/journal.pmed.1000316

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316>

SOCIAL INTEGRATION MAY BE EVEN MORE IMPORTANT

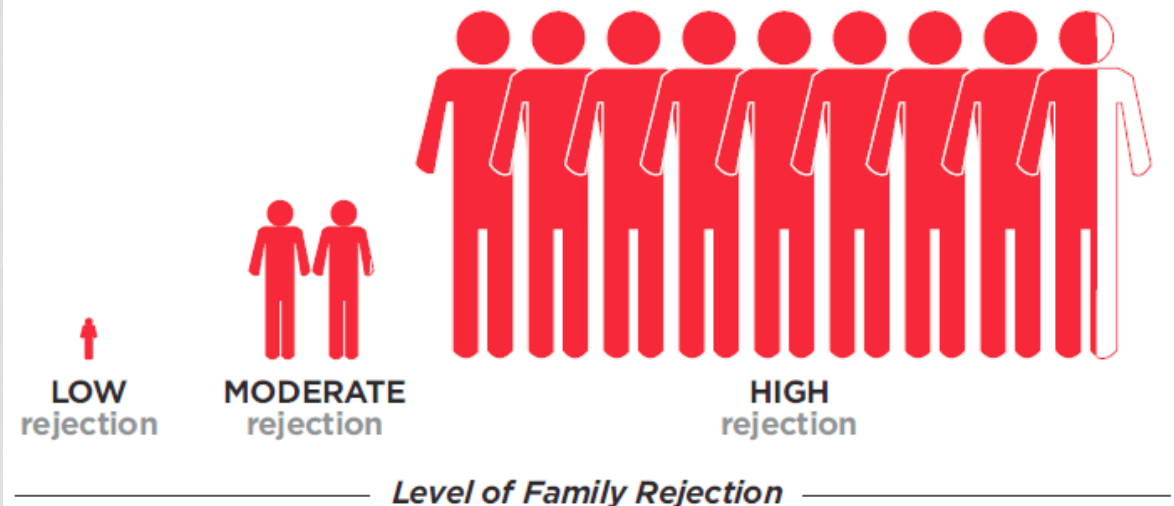
- One of the highest factors of resilience studies among elderly GSM people is social connectivity (Kuyper & Fokkema, 2009; 2011)
 - Involves behaviors related to being a *part* of your community
 - Volunteering, voting, jury duty, library visits, attending civic events
 - U.S. based data suggests a particular role of integration within the GSM community

REJECTION AND ISOLATION PROFOUNDLY AFFECT GSM LIVES

- Among gay men, the lifetime occurrence of depression is nearly 4 times that of heterosexual men; among lesbians, double that of heterosexual women (IOM, 2011)
- Bisexual women are significantly more likely to experience alcoholism; diagnoses of depression, anxiety, and experience of self-harm are higher among bisexual men
- 50% of transgender individuals have experienced sexual assault. Transwomen have a 1 in 12 chance of being murdered, and 1 in 8 for transwomen of color. 41% have attempted suicide (TSER, 2015)
- Despite a greater utilization of mental health services, most psychologists report little or no training in working with sexual minorities

Lifetime Suicide Attempts for Highly Rejected LGBT Young People

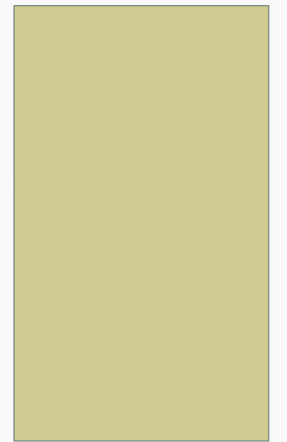
(One or more times)



Ryan, Family Acceptance Project, 2009

FUNCTIONAL ANALYTIC PSYCHOTHERAPY

AWARENESS, COURAGE, LOVE, & BEHAVIORISM



CLINICALLY RELEVANT BEHAVIORS (CRBS) ARE THE OPERANTS THAT ARE THE HEART OF FAP



CRB1s-----CRB2s

**“problem”
behaviors
in session**

**improved
behaviors
in session**

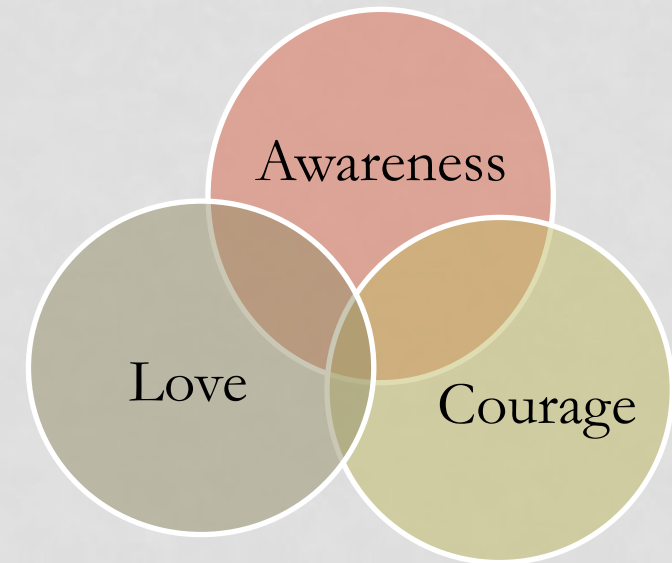
Kohlenberg & Tsai, 1991

THE FIVE RULES

1. Watch for CRBs.
[Awareness]
2. Evoke CRBs. [Courage]
3. Reinforce CRB2s. [Love]
4. Notice effects of your behavior. [more Awareness inc T1s & T2s]
5. Provide functional interpretations of behavior and implement generalization strategies.
[interpret and generalize]

ACL

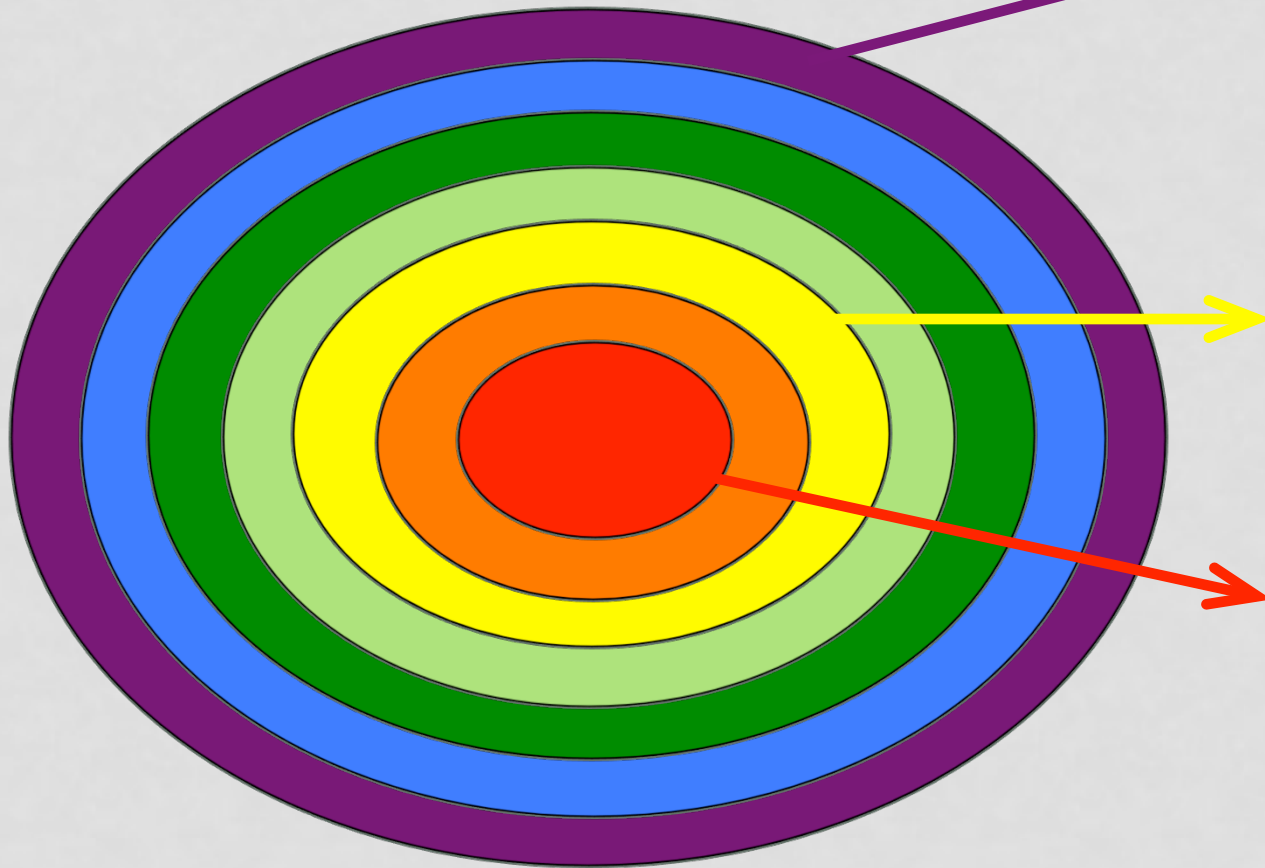
CLINICALLY RELEVANT BEHAVIORS (CRBs)



CRB1s & CRB2s

REINFORCING STRATEGIES: WHERE ARE YOU SPEAKING FROM?

ALL OF US



Arbitrary R+
“Good job!”

Natural R+
Personal and true, but intellectual.
Just words.

Natural R+
From your core, authentic,
vulnerable, unique to you, and tailored
for your client.

THERAPIST AVOIDANCE AND FLEXIBILITY

- Therapists are people – we subtly signal topics that are “off limits”
 - Most therapists express some discomfort in sessions with sexual topics
 - The majority of therapists report no special training re: sexuality
- Research on functional analytic psychotherapy demonstrates a direct relationship between
 - therapist training in exploring personally sensitive topics, and
 - a strengthened working alliance

While sometimes cumbersome, functional contextual language helps clarify what we are trying to do and why it matters.

Awareness

- Discrimination of one's behavior as well as its impact on others
- Noticing what responses may be reinforcing or punishing (function)
- Recognizing two different behaviors as part of a functional class (generalization)

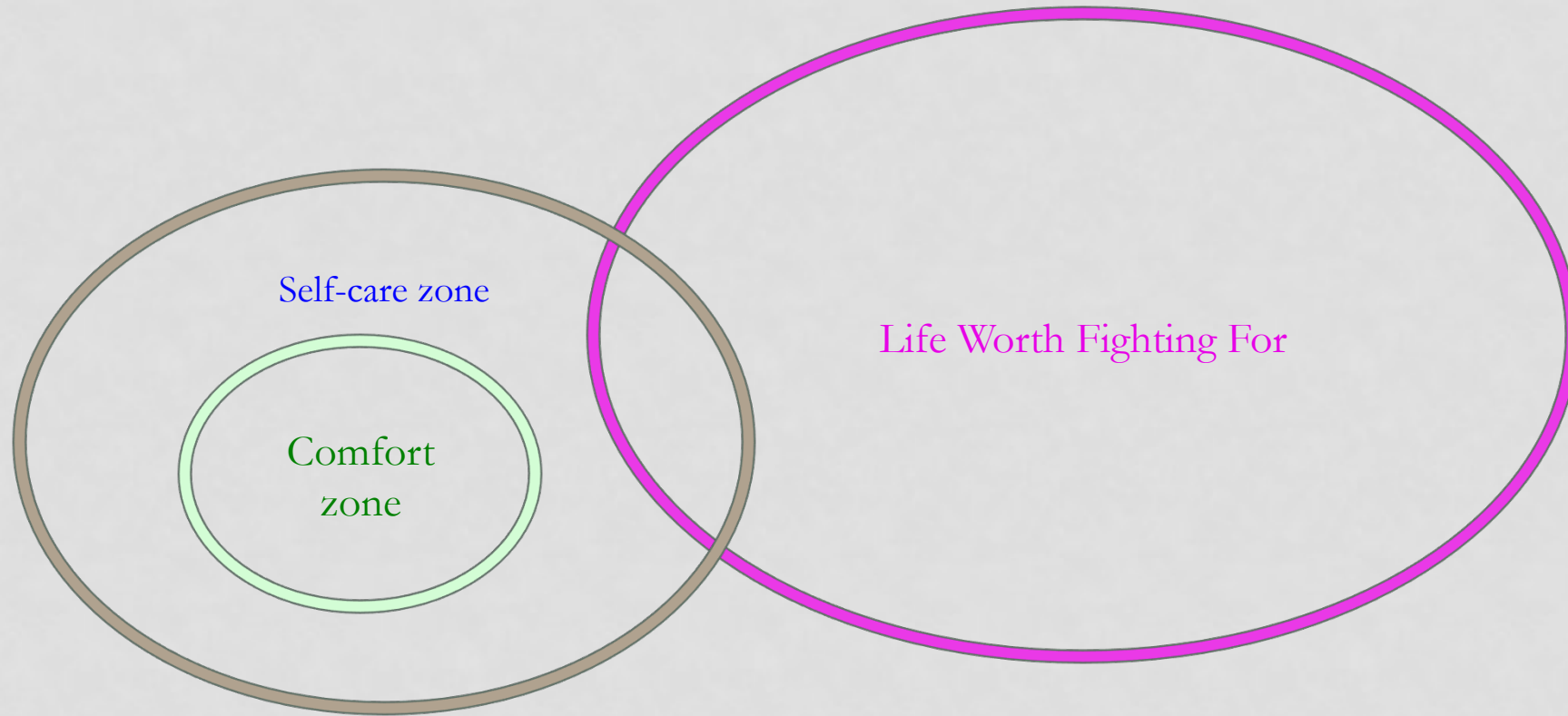
Courage

- Engaging in behaviors that may not be immediately reinforced but are aimed toward reinforcing more effective responses and repertoires (attempts at goal)
- Not only escaping aversive states (negative reinforcement)
- Creating a context to evoke more effective behaviors

Love

- Providing positive reinforcement
- Withholding reinforcement when it sustains ineffective responding
- Creating a context where clients can generate new behaviors

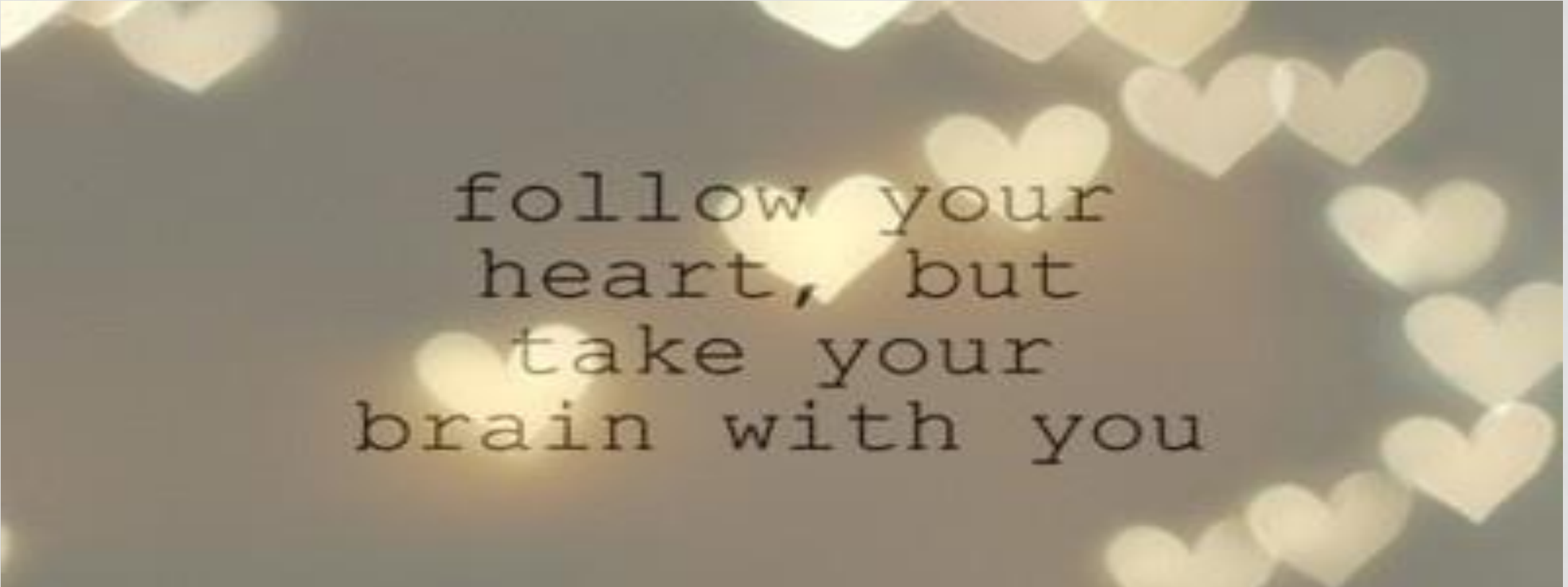
3 ZONES



ADAPTED INTIMACY GENERATING QUESTIONS

1. If you could change anything about the way you were raised in terms of messages about sexuality or gender, what would it be?
2. Share an embarrassing or shameful moment relating to gender or sexual expression in your life.
3. What is a painful memory for you in terms of sexuality or gender? Have you come to terms with what happened? If yes, how? If no, is there anything you would like to do to resolve what happened so that it eases your pain around this?
4. Tell me about a fear in relation to sexuality or gender that holds you back and stops you from being the person you would like to be. What would it look like if you were no longer hooked by that fear and could do what is important to you even when the fear is there?
5. What rules did you learn throughout childhood, adolescence and adulthood about sexuality and gender?

REAL-PLAY



follow your
heart, but
take your
brain with you

COME BACK TO YOUR GSM CLIENT FROM THE FIRST EXERCISE

- Has anything shifted?
- How will you approach this client differently after this workshop?
- Commit to changing one/two small things regularly with your GSM client based on what you've learned over the past few hours

OTHER LGBTQ SESSIONS

- Improving Trans Awareness and Competence for Mental Health Providers by Expanding Psychological Flexibility. (Workshop) 3:10pm this afternoon
- Whose Therapy is it Anyway?: Working with gender and sexual minority youth and their families. (Workshop) 9am tomorrow morning

QUESTIONS? COMMENTS?

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