

Effects of FAP in Intimate-Related Behaviors in Transgender and Non-Conforming People



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Yors García

Pontificia Universidad Javeriana

Sara Robayo & Amanda Muñoz-Martínez

Universidad de Los Andes

Matthew Skinta

Roosevelt University



Functional Analytic Psychotherapy

FAP is a contextual, (radical) behavioral, relational approach to psychotherapy in which therapists focus on what happens in session between the client and therapist to shape the interpersonal behaviors, emotional awareness, and self-expression necessary for clients to create and maintain close relationships and to live meaningful lives (Kohlenberg & Tsai, 1991)

Clinically Relevant Behavior (CRB)

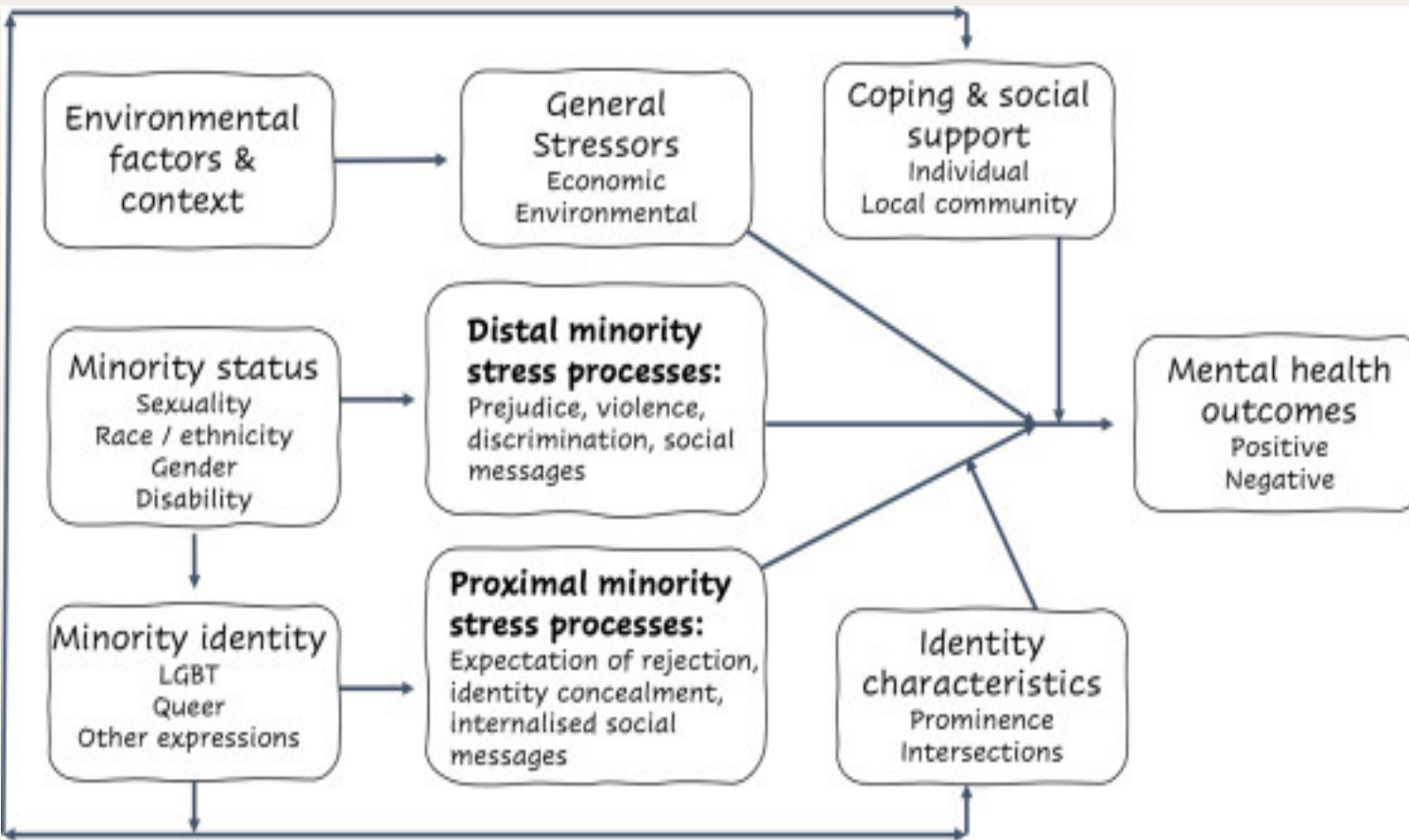
- **CRB1:** *In-session instances of daily-life problems*
- **CRB2:** *In-session instances of daily-life improvements*
- **CRB3:** *Client statements of functional relationships*

Rules

- **Rule 1:** Watch for CRB
- **Rule 2:** Evoke CRBs
- **Rule 3:** Naturally Reinforce CRB2s
- **Rule 4:** Notice Your Effect on Your Client
- **Rule 5:** Provide Statements of Functional Relationships

Minority Stress Model

(Meyer 2003)



(Adapted from Minority Stress Model. Meyer, I.H., 2003. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychol. Bull. 129(5), 674–697.)

Psychological Distress

- Higher levels compared to heterosexuals
- Linked to discrimination and victimization

Depression and Anxiety

- Prevalent due to minority stressors
- Includes expectations of rejection and internalized stigma

Mood Disorders

- Common mood disorders include major depressive disorder and generalized anxiety disorder

Substance Use Disorders

- Higher rates as coping mechanisms for stress

Suicidal Ideation and Behavior

- Elevated rates of suicidal thoughts and attempts

Post-Traumatic Stress Disorder

- More common, especially among those who experienced hate crimes

General Psychological Well-being

- Negatively impacted, affecting life satisfaction

Internalized Homophobia and Heterosexism:

- Contributes to psychological distress and lower self-esteem

LGBTQ MENTAL HEALTH

*International Perspectives
and Experiences*



EDITED BY

Nadine Nakamura and
Carmen H. Logie

General Health

- 72% experience mental distress despite...
- HIV and...

Mental Health

- 55% have...
- 25% have...
- Highest... individuals...

Victimization

- High levels...
- Police abuse...
- 75% experience...

Minority Stress

- Significant...
- Internalized...

School of Law
Williams Institute
UCLA

RESEARCH THAT MATTERS

STRESS, HEALTH, AND WELLBEING OF LGBT PEOPLE IN COLOMBIA

Results
from a National Survey

APRIL 2020

The Colombia Collaborative Project

Soon Kyu Choi, Shahrzad Divsalar,
Jennifer Flórez-Donado, Krystal Kittle, Andy Lin
Ilan H. Meyer, Prince Torres-Salazar
(authors listed alphabetically)

mental distress

under

assaults.
among

mental

Challenges for Gender and Sexual Minority (GSM)

- GSM individuals often struggle with internalized stigma, impacting their relationship satisfaction and intimacy.
- Rejection sensitivity and a history of familial rejection can lead to guardedness and interpersonal distance.
- Concealment of sexual orientation or gender identity is associated with depression and discomfort with one's identity.

Benefits of FAP for GSM Clients

- FAP helps GSM clients build intimate relationships by reinforcing vulnerable behaviors and addressing minority stress factors.
- The approach is adaptable to the unique experiences of GSM individuals, including the impact of societal stigma on their relationships.



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Behavioral
Practice

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Enhancing Interpersonal Intimacy in Colombian Gay Men Using Functional Analytic Psychotherapy: An Experimental Nonconcurrent Multiple Baseline Design

C. Lucía Rincón, *Pontificia Universidad Javeriana*
Amanda M. Muñoz-Martínez, *Universidad de los Andes*
Brandon Hoeflein, *Palo Alto University*
Matthew D. Skinta, *Roosevelt University*

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Responding to Gender and Sexual Minority Stress With Functional Analytic Psychotherapy

Matthew D. Skinta and Brandon Hoeflein
Palo Alto University

Amanda M. Muñoz-Martínez
University of Nevada, Reno

C. Lucía Rincón
Universidad de Ibagué

Method

Table 1
Participant Demographics

Participant	Age	Gender Identity	Sexual Orientation	Profession
P1	20	Trans Woman	Heterosexual	Student
P2	20	Trans Woman	Pansexual	Student
P3	31	Non-Binary	Other	Social Worker
P4	32	Trans Man	Pansexual	Musician
P5	23	Trans Woman	Homosexual	Student
P6	22	Trans Man	Asexual	Student
P7	55	Trans Woman	Bisexual	Teacher
P8	23	Non-Binary	Demisexual	Student

Inclusion Criteria

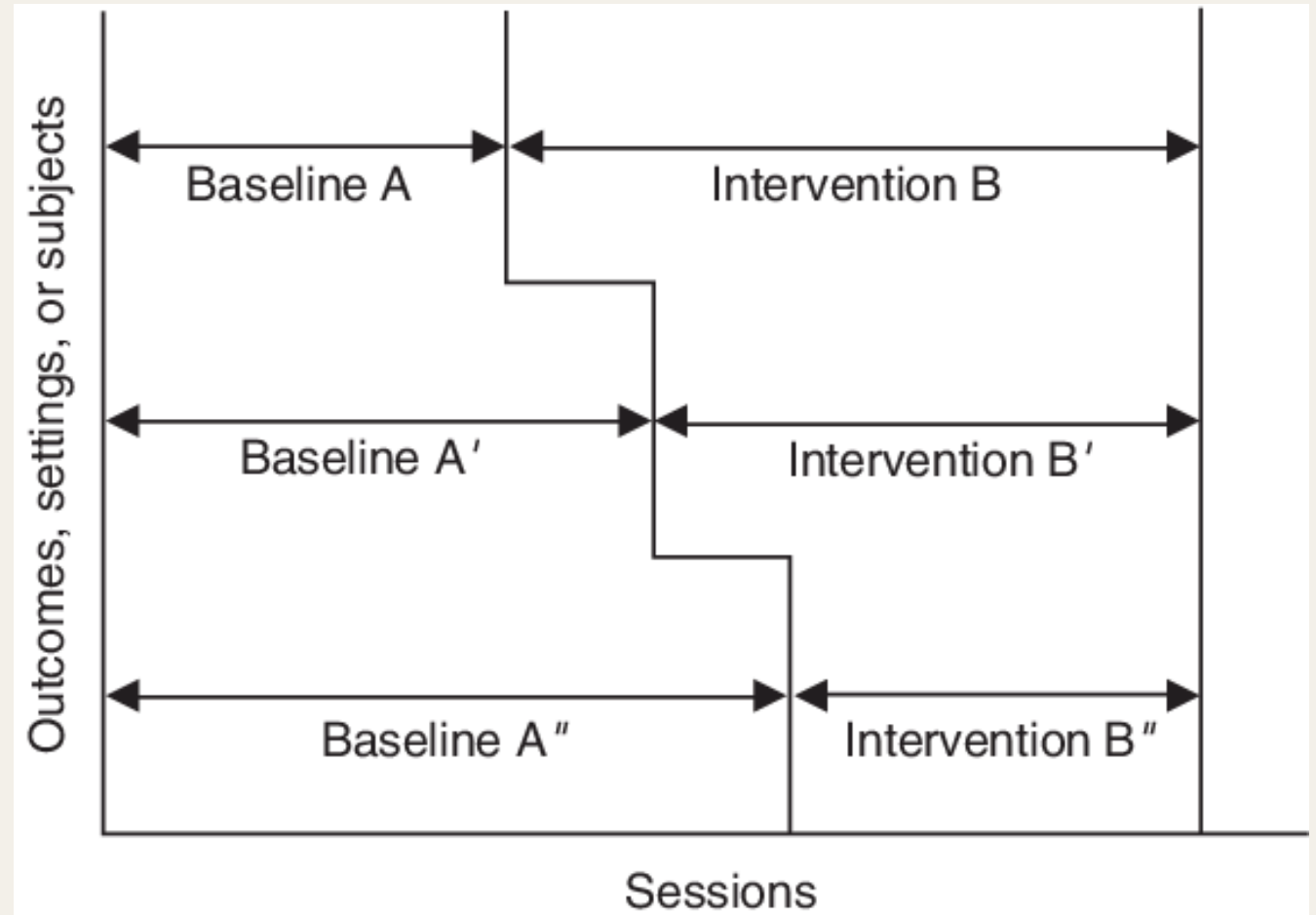
- Aged 18-60.
- Identify as TGNC.
- Need for clinical psychological services.
- Report intimacy difficulties.
- Consent to video/audio recording of sessions.
- High scores on proximal stress subscales (Identity Concealment or Rejection Anticipation) and FIAT-Q-SF subscale A (avoidance of interpersonal intimacy).
- May take prescribed medication or attend psychiatry for transition.

Exclusion Criteria

- Substance abuse disorder or problematic consumption.
- Diagnosed with bipolar disorder, eating disorder, or psychotic disorder.
- Suicide attempts in the last three months.
- Recent psychological therapy (last six months) or currently in therapy.
- Recent initiation of psychiatric medication (less than three months).

Design

Randomized nonconcurrent multiple baseline design across participants



The LGBT Minority Stress Measure

Instructions: Please read each statement carefully, and then indicate how frequently the situation described occurs in your life. OR

Please read each statement carefully, and then indicate how much you agree or disagree with the statement.

Scoring: The Community Connectedness subscale should be reverse scored before it is included with the total score. The measure is scored by averaging all of the items. Total scores can range from 1 to 5, with higher scores indicating greater LGBT minority stress. Note that the italicized items are the ones that were retained for the shortened form of the scale.

Identity Concealment- 6 items

(1- never happens 2- happens a little bit 3- happens sometimes 4- happens a lot 5- happens all of the time)

- 1. I avoid telling people about certain things in my life that might imply I am LGBT.*
- 2. I avoid talking about my romantic life because I do not want others to know I am LGBT.*
3. I change my mannerisms or speech because I do not want others to think I am LGBT.
- 4. I do not bring a date to social events because I do not want others to know I am LGBT.*
5. I do not object when I hear anti-LGBT remarks because I do not want others to assume I am LGBT.
- 6. I limit what I share on social media, or who can see it, because I do not want others to know I am LGBT.*

Everyday Discrimination/ Microaggressions- 13 items

(1- never happens 2- happens a little bit 3- happens sometimes 4- happens a lot 5- happens all of the time)

7. I have difficulty finding people like me represented in TV, movies, books, music, etc.
8. I have been accused of “flaunting” my LGBT identity.
- 9. I am expected to educate non-LGBT people about LGBT issues.*
10. I have been told that I am not really LGBT because I am confused or looking for attention.
11. In school, I was not taught about the important contributions of people in history who are LGBT.
12. I have been introduced by others as “my LGBT friend” or “the LGBT one.”
13. People assume my sexual orientation or gender is something different from what it really is.
- 14. People have re-labeled my identity, or referred to me by a name/pronouns that are different than how I identify myself.*
15. I have been introduced to a potential date/ friend and expected to like them solely because the person is also LGBT.
16. I have overheard people make anti-LGBT remarks.
17. I feel uncomfortable using public restrooms or locker rooms because I am LGBT.

1	2	3	4	5	6	7
Nunca	Rara vez	De vez en cuando	A veces	A menudo	Muy a menudo	Siempre

LGBTI Minority Stress Scale (LGBTI-MSM)

- Measures minority stress in LGBTI individuals.
- A 50-items scale divided into seven components of minority stress theory. Higher Scores: Reflect higher levels of minority stress.

Components:

1. Identity Concealment
2. Discrimination/Everyday Microaggressions
3. Anticipatory Rejection
4. Discrimination Events
5. Internalized Stigma
6. Connection with the Community

Proximal Mechanisms:

- **Subscales Used**
 - Identity Concealment
 - Anticipatory Rejection
 - Internalized Stigma

Validation:

- Adapted and validated in the Spanish population by Nebot-García et al. (2021).

FIAT-S-SF

- Avoidance of Interpersonal Intimacy
- Arguments and Disagreements
- Connection and Reciprocity
- Conflict Aversion
- Emotional Experience and Expression
- Excessive Expressiveness

FIAT-S-SF

- Avoidance of Interpersonal Intimacy

FAP-IS (C & T)

- Hidden Thoughts and Feelings
- Expression of Emotions
- Honesty and Authenticity

WAI

- Therapist
- Client

End of Session

- Excessive Expressiveness

Pretest

Baseline

FAP
(8 sessions)

Posttest

Follow-Up
(2 months)

Follow-Up
(3 months)

Prior to Session

LGBTI-MSM

FAP-IS

- Hidden Thoughts and Feelings
- Expression of Emotions
- Honesty and Authenticity

Stigma

FIAT-S-SF

- Avoidance of Interpersonal Intimacy.
- "I do not want to share things about myself with others".
- "I intentionally hide my feelings".

FAP-IS

- Hidden Thoughts and Feelings
- Expression of Emotions
- Honesty and Authenticity

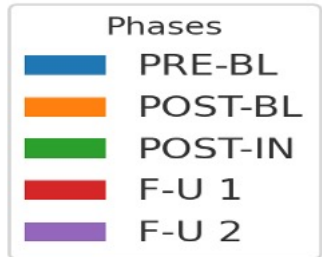
3-items FAP

- g this person
- t this person
- d back information from this person."

LGBTI-MSM

- Identity Concealment
- Anticipatory Rejection
- Internalized Stigma

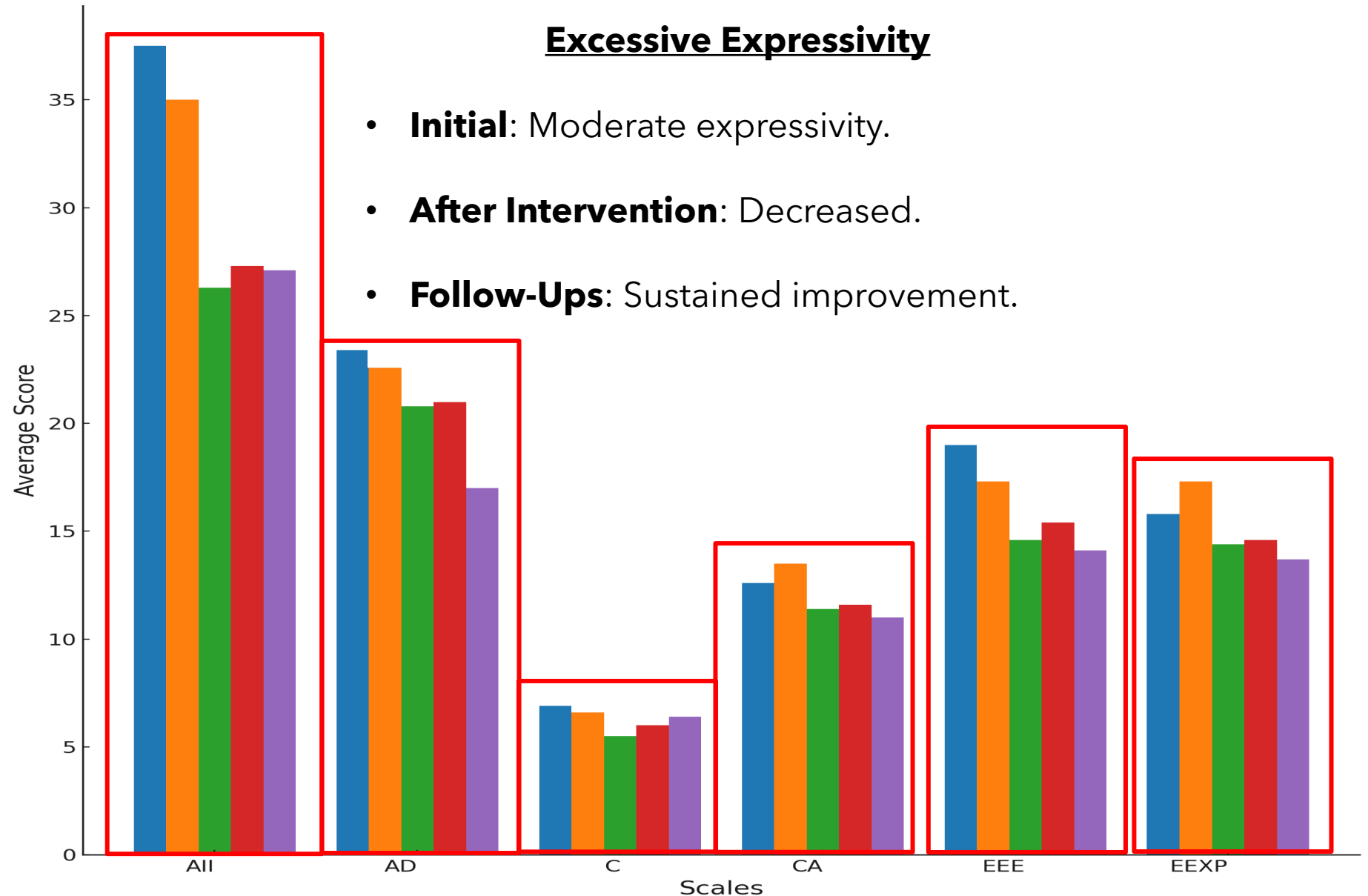
FIAT Results



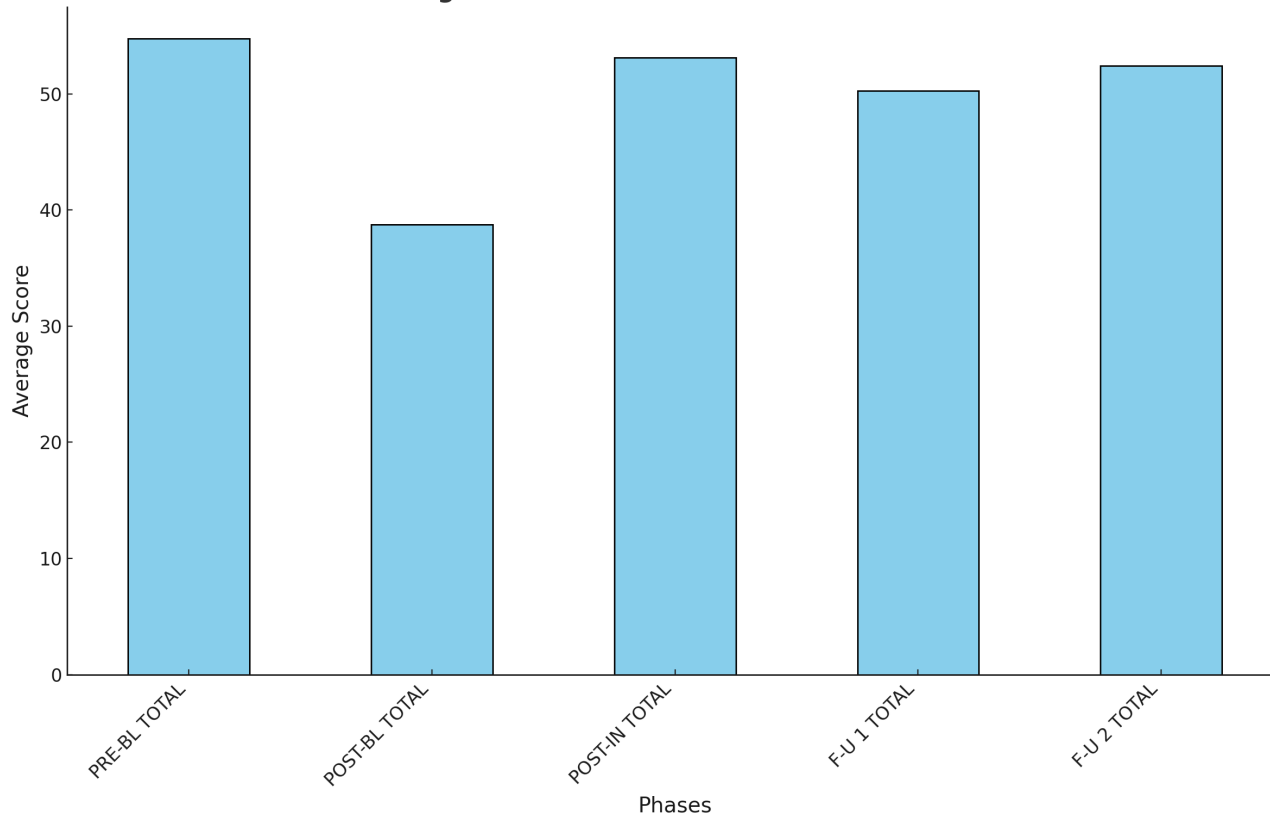
All: Avoidance of Interpersonal Intimacy
AD: Argumentativeness or Disagreement
C: Connection and Reciprocity
CA: Conflict Aversion
EEE: Emotional Experience and Expression
EEXP: Excessive Expressivity

Interpersonal Functioning

Higher scores indicate greater dysfunction



Average FAPIS Scores Across Different Phases



- **Higher Scores:** Indicate greater levels of intimacy in the corresponding dimension or overall.
- **Lower Scores:** Indicate lower levels of intimacy.

1.Pre-Baseline (PRE-BL):

1. Scores are relatively high across all participants, indicating the starting level of intimacy-related behaviors.

2.Post-Baseline (POST-BL):

1. There is a significant drop in FAPIS scores for most participants, suggesting a decline in intimacy behaviors during the baseline period.

3.Post-Intervention (POST-IN):

1. Scores generally increase again after the intervention, reflecting improvements in intimacy-related behaviors.

4.Follow-Up 1 (F-U 1) and Follow-Up 2 (F-U 2):

1. **Mixed Results:** Scores during the follow-up phases show mixed results with some participants maintaining or slightly improving their post-intervention scores, while others exhibit fluctuations.

Identity Concealment (IC)

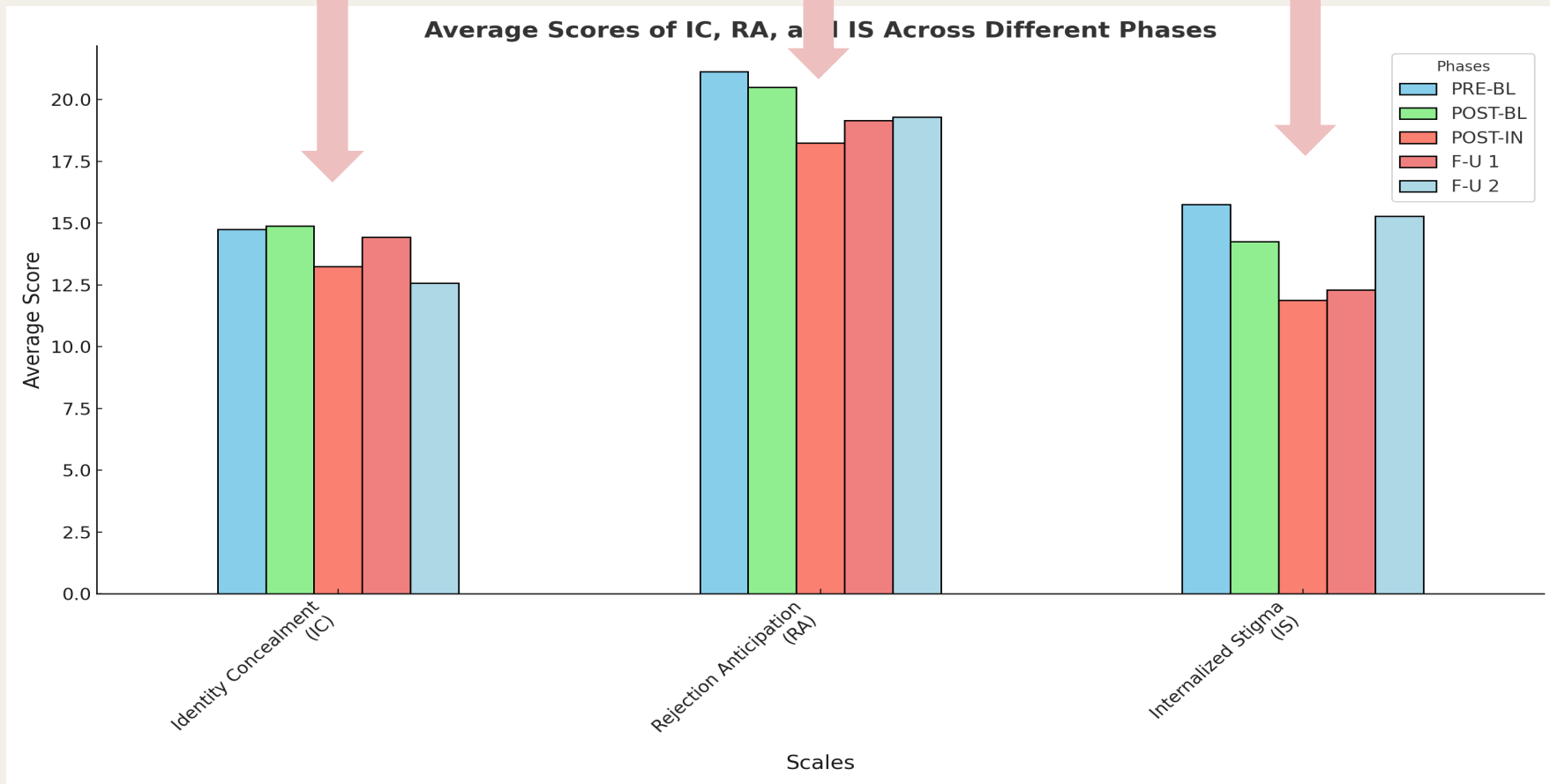
- **Initial Phase:** Participants reported higher levels of minority stress in the corresponding component or overall.
- **After Intervention:** Participants showed sustained improvement in their gender identity.
- **First F-U:** Slight increase in minority stress.
- **Second F-U:** Participant showing sustained improvement.

Rejection Anticipation (RA)

- **Initial Phase:** Participants reported higher levels of minority stress in the corresponding component or overall.
- **After Intervention:** Fear of rejection decreased significantly.
- **First F-U:** Slight increase in minority stress.
- **Second F-U:** Fear of rejection remained lower than the initial phase, indicating some regression but overall improvement.

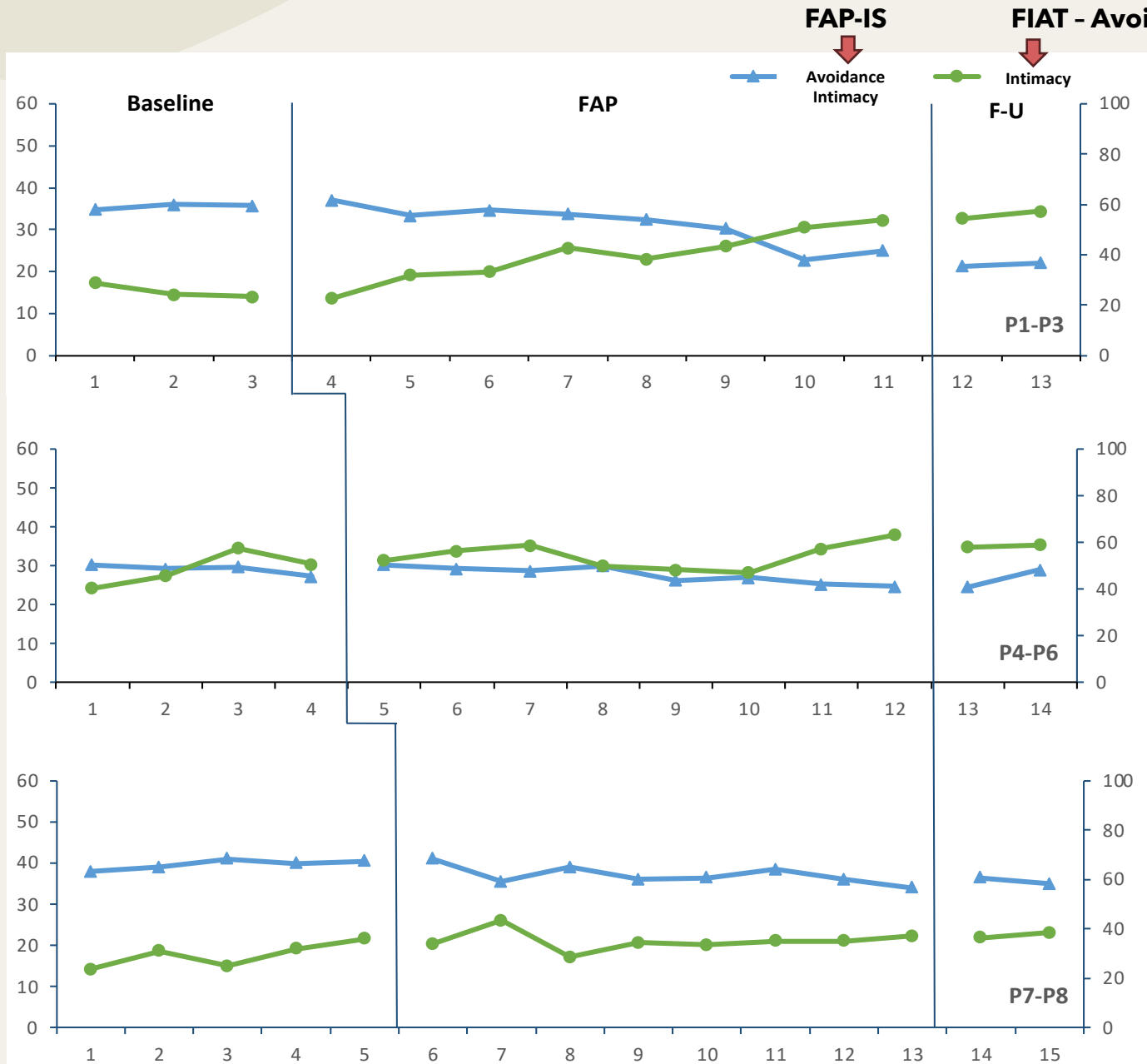
Internalized Stigma (IS)

- **Initial Phase:** Participants had moderate negative feelings about their gender identity.
- **After Intervention:** Negative feelings decreased significantly.
- **First F-U:** Slight increase in negative feelings again.
- **Second F-U:** Negative feelings increased but were still comparable to the initial phase, indicating some regression but overall improvement.



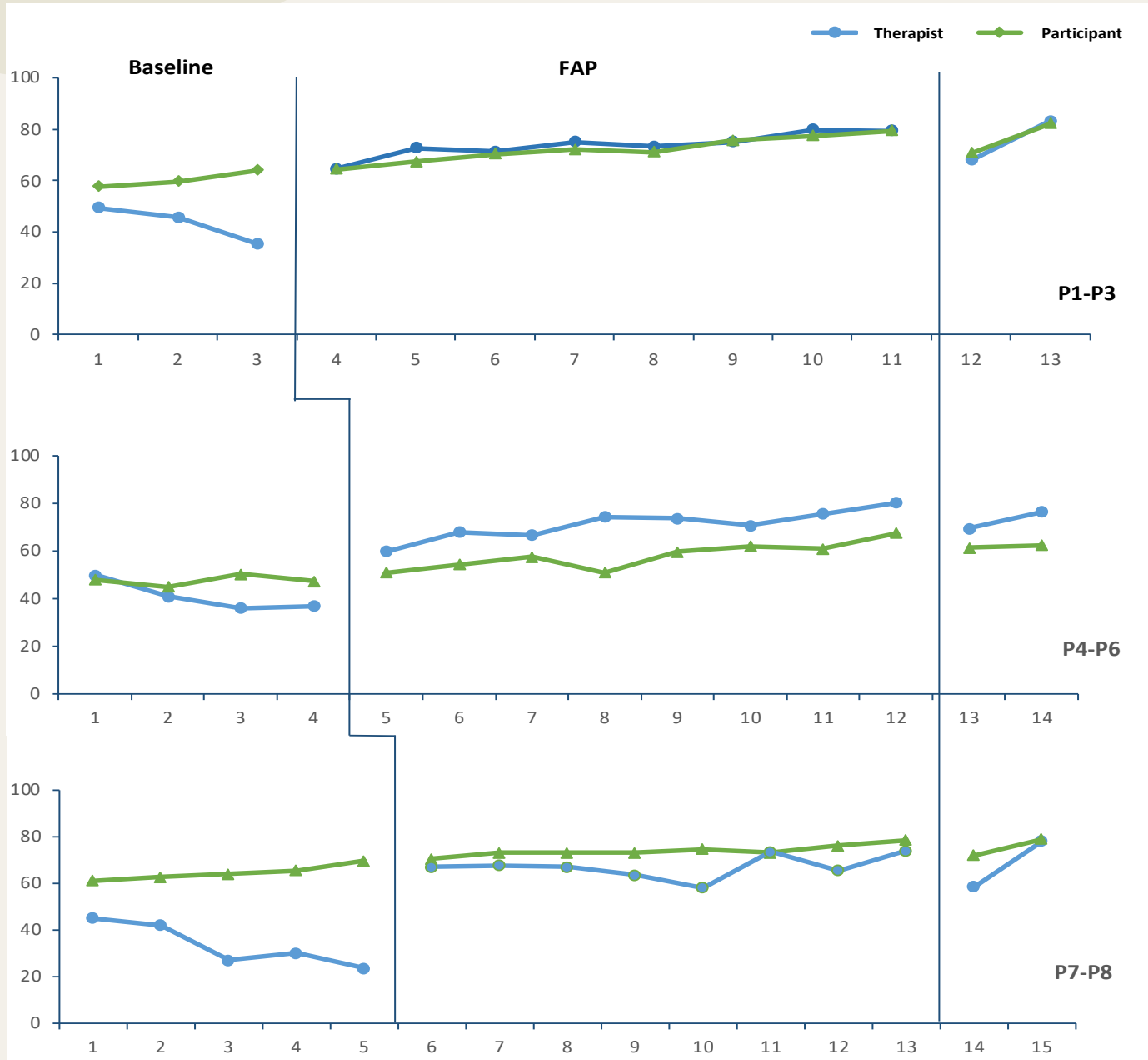
- **Higher Scores:** Indicate higher levels of minority stress in the corresponding component or overall.
- **Lower Scores:** Indicate lower levels of minority stress.

Intimacy Repertoires Out-Side Session



- **Baseline:** Overall participants demonstrated higher avoidance to intimacy and lower intimacy responses.
- **Intervention:** During the intervention phase, all groups showed increased FAPIS-T scores, indicating improved intimacy. FIATQ-SF-All scores decreased across all groups, showing reduced avoidance of intimacy.
- **Follow-Up:** All participants maintained or further increased their FAPIS-T scores, indicating sustained or improved intimacy. FIATQ-SF-All scores continued to decrease, showing sustained reduction in avoidance of intimacy.

Intimacy Repertoires Post-Session - FAP-IS

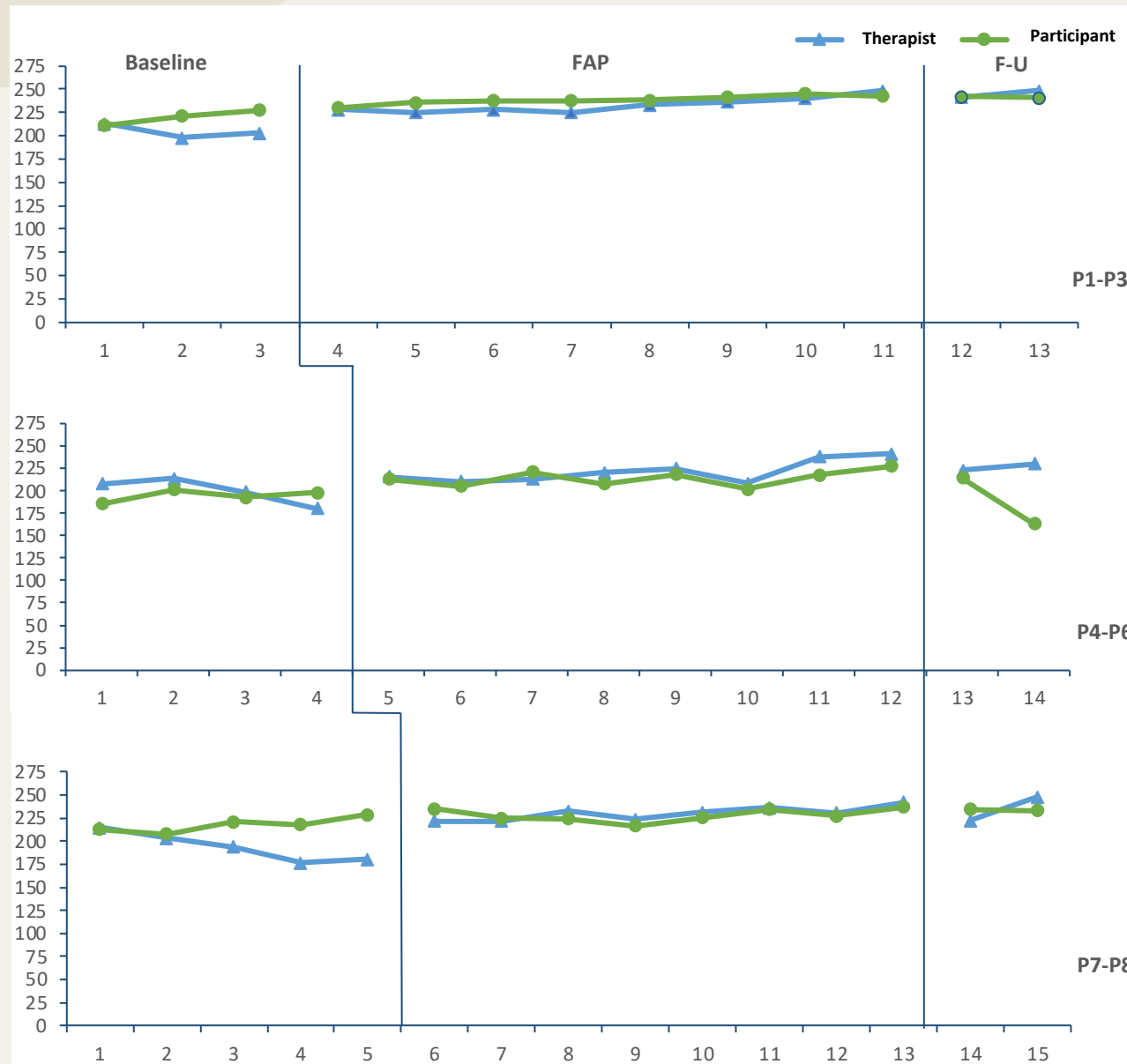


Baseline: All participants started with moderate levels of intimacy, with therapists generally rating these levels lower than the participants.

Intervention: The intervention was effective across all participants, resulting in significant improvements in intimacy levels. Therapists perceived greater improvements than participants.

Follow-Up: The improvements in intimacy were sustained over time, with follow-up ratings remaining higher than baseline levels, indicating the long-term effectiveness of the intervention.

Working Alliance Inventory - Therapist and Client



Baseline

- **Participants:** Demonstrated moderate levels of therapeutic alliance.
- **Therapists:** Reported similar moderate levels of alliance, suggesting initial mutual agreement on goals, tasks, and bonds.

Intervention

- **Participants:** Showed significant increases in WAI scores, indicating improved agreement on therapeutic goals, tasks, and a stronger therapeutic bond.
- **Therapists:** Also reported higher WAI scores during the intervention phase, aligning with participants' perceptions of a stronger alliance.

Follow-Up

- **Participants:** Maintained or further increased WAI scores, indicating sustained or even improved therapeutic alliance post-intervention.
- **Therapists:** Reported consistent or further improved WAI scores, confirming the sustained positive impact of the intervention on the therapeutic relationship.

Discussion

FAP demonstrated significant positive effects on intimacy-related behaviors in TGNC (Maitland et al., 2024; Rincon et al., 2023)

The intervention phase saw marked improvements in emotional expression, connection, and reduction in avoidance behaviors.

FAP facilitated intimate behaviors through reinforcement of vulnerable self-disclosure and emotional openness (Munoz-Martinez et al., 2022; Rincon et al., 2023).

Therapeutic alliance played a critical role in the success of FAP interventions, as indicated by increased WAI scores (Maitland et al., 2016)

FAP is particularly effective for addressing intimacy issues stemming from minority stress.

Positive shifts in behaviors related to intimacy suggest long-term benefits of FAP for TGNC clients.

Discussion (cont..)

Behavioral Improvements

Significant reductions in intimacy avoidance (FIAT-S-SF scores) and increases in intimate behaviors (FAP-IS scores) post-intervention.

Therapeutic Alliance

Enhanced therapeutic alliance (WAI scores) between clients and therapists during and after FAP intervention.

Minority Stress Reduction

Decreases in identity concealment, anticipatory rejection, and internalized stigma following FAP sessions.

Sustained Effects

Improvements in intimacy behaviors and reductions in avoidance maintained or improved in follow-up assessments.

Limitations

01

Sample Size:

- Larger studies needed to confirm results.
- Coding sessions (in progress).
- Therapist bias.

02

Short Follow-Up Period:

- Longer-term studies required to assess sustained impact.

03

Exclusion Criteria:

- Exclusion of individuals with recent substance abuse or severe mental health issues limits applicability to broader TGNC populations.



THANK YOU!