



TF-CBT with LGBTQ+ Youth & Caregivers

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Goals

Understand how to promote a safe therapeutic environment

Learn to determine how, where, whether, and when to ask about sexuality and gender

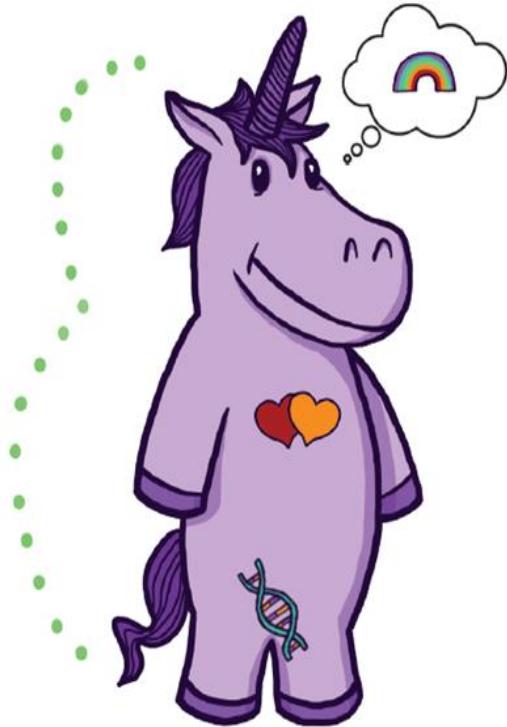
Improve knowledge of caregiver incorporation into TF-CBT

Learn about TF-CBT considerations for LGBTQ+ youth



Brief Reminder & Overview

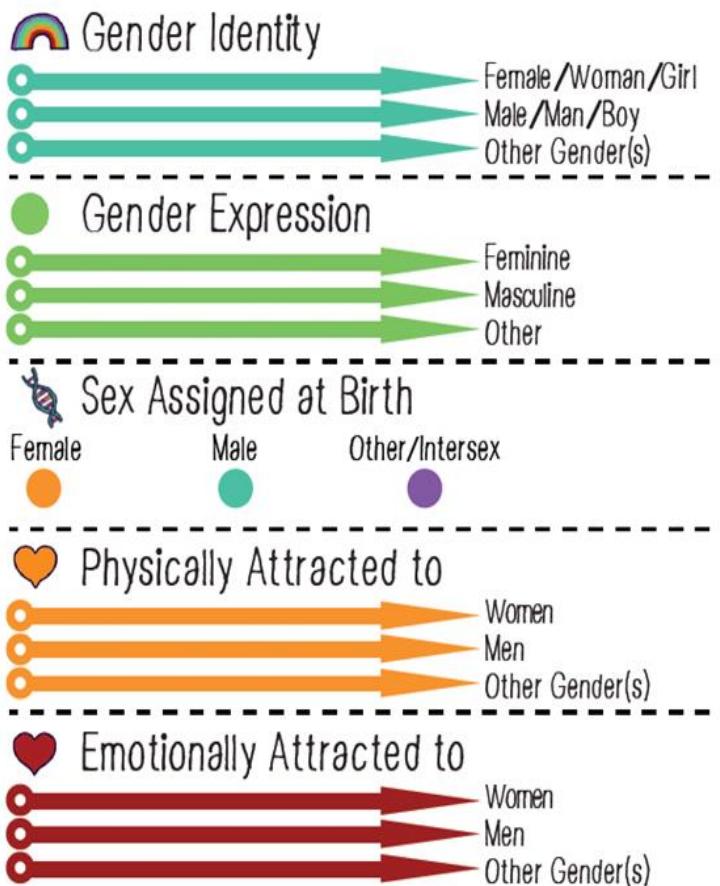
The Gender Unicorn



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

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Trans Student Educational Resources



Gender Identity begins in early childhood as youth begin to navigate how gender relates to stereotypical gender roles, such as dress, mannerisms, and behaviors.

Sexual orientation typically begins closer to puberty as youth develop romantic and sexual attraction towards others.

It is common for caregivers to feel confused or distressed if youth report identifying as GNC or question their gender identity/expression. Many believe this is correlated to sexual orientation and therefore developmentally inappropriate sexual thinking or behavior. That is not true!

SOGIE= Sexual Orientation and Gender Identity & Expression

LGBTQ+ youth are at higher risk for...

- Trauma, discrimination, physical and mental health disparities
 - Substances use/abuse
 - Risky sexual behavior
 - Self-harm, suicidal ideation, and suicidal behaviors
 - Homelessness
 - System involvement
 - Placement changes
 - School issues
- Poorer quality of care due to stigma, lack of awareness, and insensitivity to unique needs

In a nationally representative study (Grant et al., 2011)

- 24% report being denied equal treatment in a doctor's office or hospital
- 25% reported being harassed or disrespected in a doctor's office or hospital
- 11% report being denied equal treatment in a mental health clinic
- 12% reported being harassed or disrespected in a mental health clinic

Promoting a safe
therapeutic
environment

Promoting a Safe Therapeutic Environment

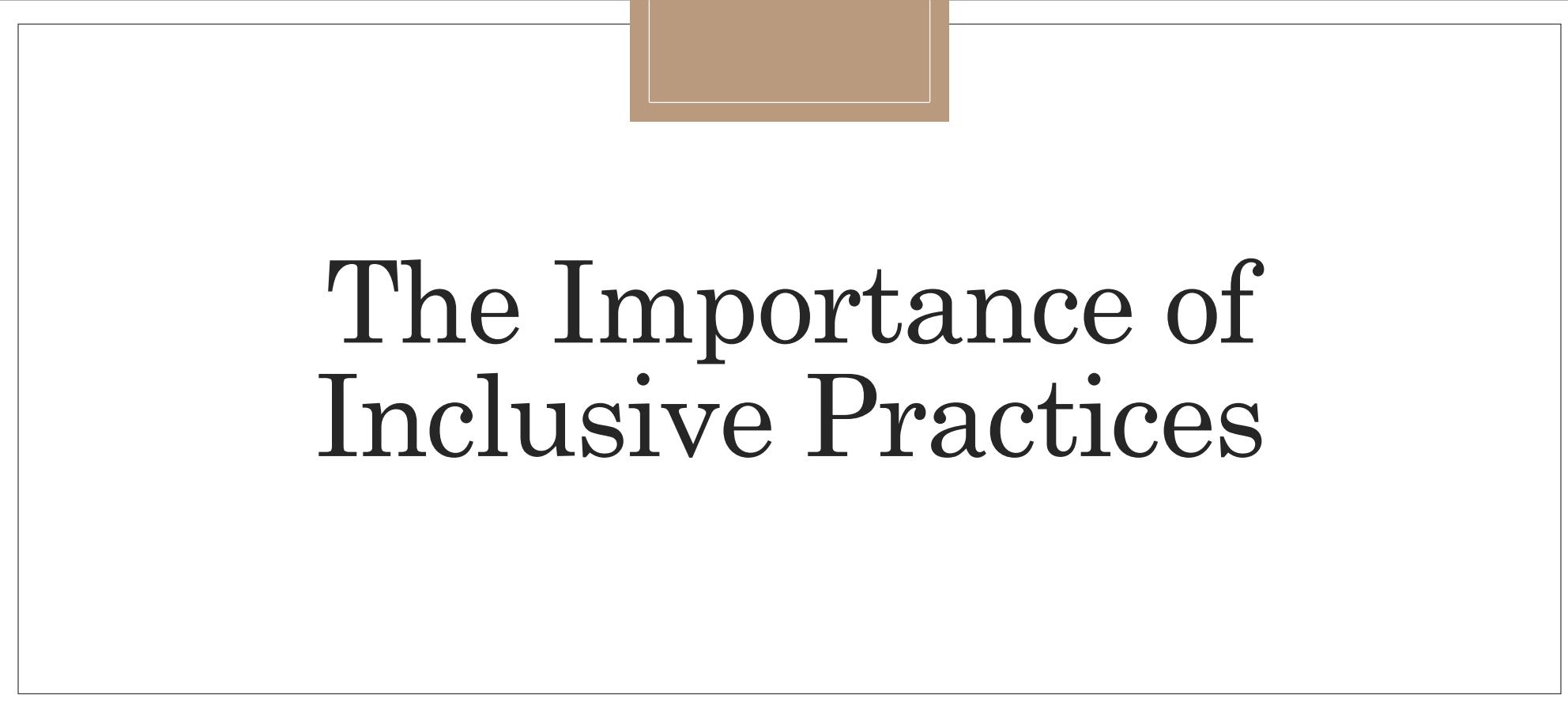
- Create clear visuals demonstrating LGBTQ+ allyship/acceptance
- Communicate gender neutral bathroom space (if possible)
 - Advocate to rebrand single-stall restrooms
- Use inclusive language (reduce heteronormativity)

Promoting a Safe Therapeutic Environment

- Validate and accept client's sexuality and gender identity (and know this may not be static)
- Follow their lead
- Don't assume SOGIE is causing distress or the mental health issue leading them to treatment

Get Clarification from Youth:

- Who knows about your sexual orientation or gender identity?
- What information do your caregivers, caseworker, etc., know or not know?
- What information do you want the adults in your life to know?
 - What do you expect would happen?
 - How can I help your adults learn this information?
- What names or pronouns can I use with your caregivers?
 - ...in my reports/letters?
 - ...in medical record charts, etc.?
 - Education here is key; explain who can and cannot see records



The Importance of Inclusive Practices

Accepting Behaviors = Protection

When one or more adult/peer in a youth's life....

- Uses the child's chosen name and pronouns
- Supports the child's gender expression
- Has or works to get accurate information about the child's SOGIE
- Will listen openly to child communicate about SOGIE
- Communicates unconditional positive regard

...youth are:

- 3x less likely to think about and/or attempt suicide
- Less likely to have substance abuse problems and depression
- More likely to experience better physical health and self-esteem





TF-CBT with LGBTQ+ Clients

How do I incorporate this?
What about caregivers?
Help!

TF-CBT For LGBTQ+ - Treatment Manual

- TF-CBT Developers in collaboration with the Family Acceptance Project created an [LGBTQ+ TF-CBT Implementation Manual](#) that is FREE!!!
- Concepts from this resource will be referenced and utilized
- Cohen, J. A., Mannarino, A. P., Wilson, K. & Zinny, A. (2018): Trauma-Focused Cognitive Behavioral Therapy LGBTQ Implementation Manual. Pittsburgh, PA: Allegheny Health Network.

Treatment Planning

- Initial and on-going assessment will be critical to your decision-making in how, and whether, to incorporate LGBTQ+ concepts and additions into TF-CBT
 - How does client or caregiver perceive reason(s) for trauma experience (e.g., discrimination)?
 - What is current caregiver-child relationship?
- Follow *client's lead!!!*

Treatment Planning

This treatment decision can be seen on a spectrum depending on the influence of this dynamic on the child's current functioning and symptomatology.

Strong treatment focus

- 
- Client's trauma experiences were directly related to LGBTQ+ status or are perceived by the caregiver/client to be direct discrimination (e.g., assaulted after coming out; bullying by peers at school due to LGBTQ+ identification)
 - Client's trauma experiences are perceived to be unrelated to LGBTQ+ identification; however, client's symptoms are reported to be exacerbated by LGBTQ+ identification across different contexts
 - Client's trauma experience is reported to be distinctly separate from LGBTQ+ status; LGBTQ+ status and caregiver acceptance/rejection is not reported to cause current active strain on relationship(s) and/or client self-concept

Minimal treatment focus

Initial and on-going assessments should be used to support conceptualization of CLIENT'S desire/needs to incorporate and address caregiver acceptance/rejection.

Tailoring Treatment

- Psychoeducation + *Enhancing Safety*
- Parenting
- Relaxation
- Affect identification
- Cognitive Coping
- Trauma Narration/Cognitive Processing
- In-vivo mastery
- Conjoint
- Enhancing Safety pt. 2

Assessment

- Events to consider assessing in addition to the CATS event list
 - Bullying due to SOGIE
 - Discrimination due to SOGIE
 - Made to feel unwelcomed at home due to SOGIE
 - Made to feel unwelcomed at school, church, or other community setting due to SOGIE
 - Lack of acceptance from a family member due to SOGIE
 - Removed from a school, team, or club due to SOGIE
 - Homelessness due to SOGIE
- Acceptance/support of SOGIE by their adults
- Who are their safe people? Safe places?

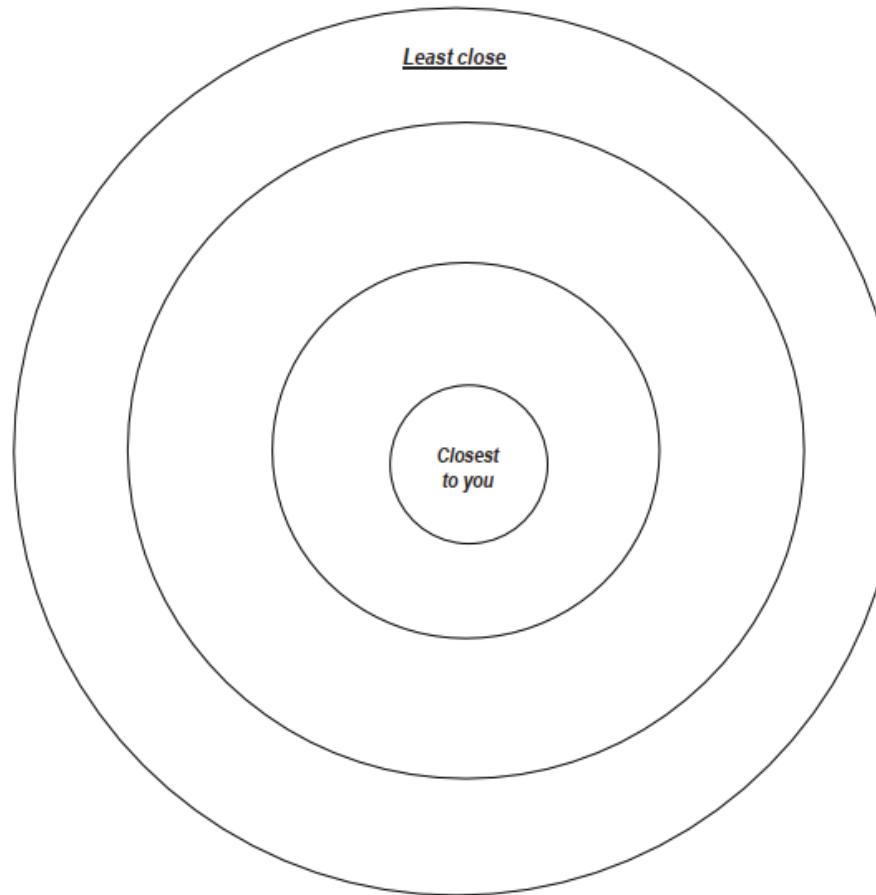
Assessment

SOCIAL SUPPORT MAP – PARENT / CAREGIVER

Name or Case ID: _____

Date:

Tell us about the people in your social network (family, friends, etc.) Put a star next to anyone* who knows about your child's LGBT identity. Show on the map people who are closest to you and not as close. Who do you turn to for support? Who do you wish would be more supportive? Put a circle around people you can talk with about your child's LGBT identity / gender diversity.



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Psychoeducation

"Is this why my child is LGBTQIA+?"



Trauma does not cause SOGIE

"He's just choosing this because
of TikTok."



Etiology of sexual orientation and gender identity

"My child is being bullied/excluded."



Validate concern for welfare without
endorsing rejecting behaviors

"I thought I'd walk her down the aisle."



Validate anticipated losses, and highlight
gains

Impact of

- Heterosexism/prejudice
- Parental rejection

Positive outcomes of

- Parental support

Enhancing Safety, front end

- Maladaptive coping strategies
- System involvement
- Unsafe/rejecting environments
- Lack of accurate, inclusive sexual health education

Parenting

- Clinician aligns with caregivers on common goal for youth (e.g., safety, healthy future, positive relationships, peer acceptance)
- Our role as therapist is not to change the caregiver's fundamental beliefs
- Instead, we can...
 - Be clear on referencing evidence-base
 - Emphasize protective factors for youth

Relaxation

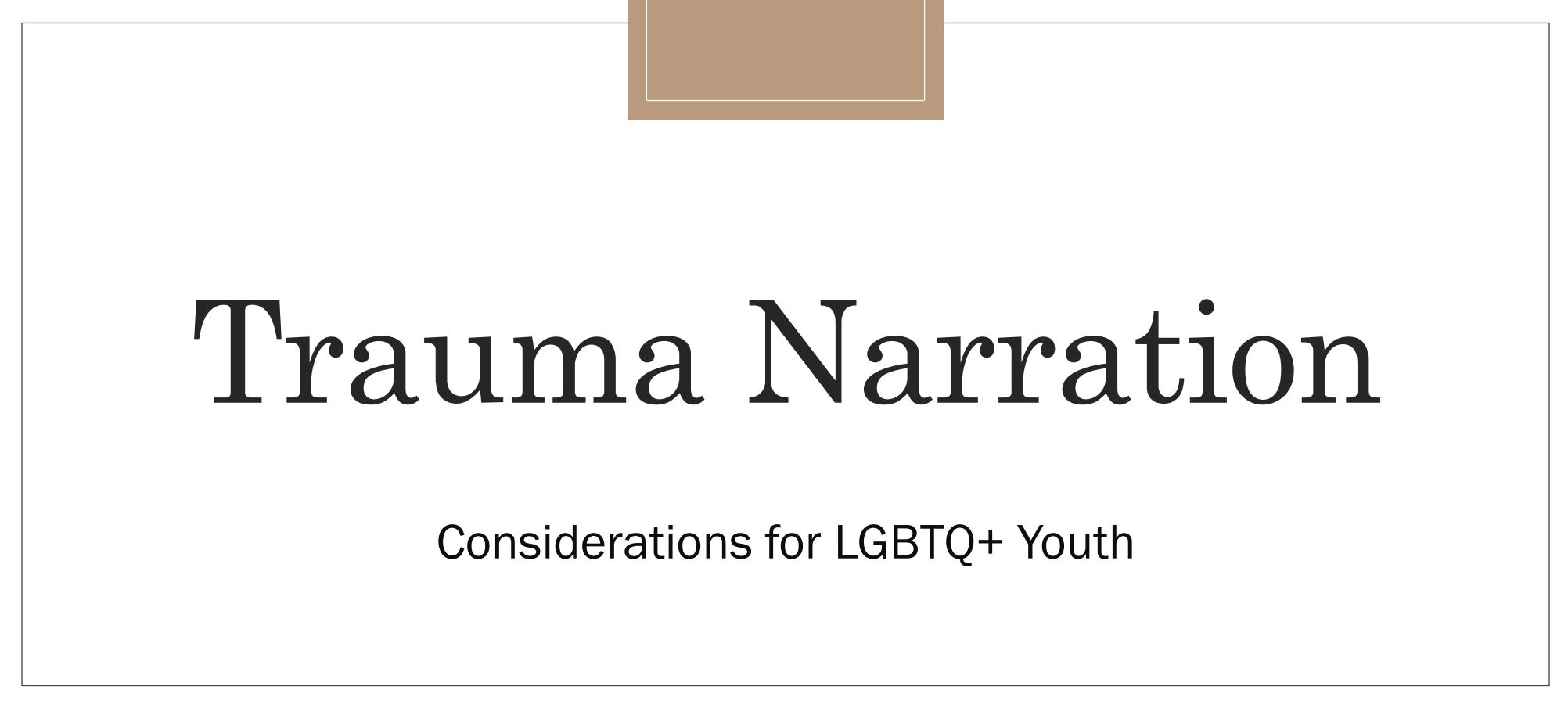
- With any group that may experience day-to-day discrimination and victimization, must balance relaxation and coping skills with the real need for safety and awareness skills
 - “I can’t relax ever at school” to “I am in a teacher’s class that I trust, I’m safe here, and I can utilize relaxation skills to calm myself down.”
- Be mindful of coping skills that require significant focus on physical body with clients experiencing dysphoria/distress
 - Diaphragmatic breathing focuses on one’s chest going in and out
 - May draw unwanted/distressing attention to breasts for a trans male

Affect

- Similar to skills used for cis het youth
- Consider what client might be navigating related to gender identity and/or sexuality and stereotyped emotional expression
 - How does this align with or differ from their community, family?
 - Does youth's expression change based on the setting?
 - What messages do they receive about how they should share (or not share) feelings?

Cognitive Coping

- Support youth in recognizing the impact of their own thoughts about their trauma
- Also explore any maladaptive cognitions they have due to...
 - Heterosexism, transphobia, homophobia
 - Parental and family rejection
 - Religion or other significant cultural beliefs related to the LGBTQ+ population



Trauma Narration

Considerations for LGBTQ+ Youth

Timeline & Development

- Proceed as typical but consider....
- Notable moments of client's coming out process (as appropriate)
 - Client's process of self-discovery
 - Responses from family, friends, peers during the coming out process (Positive, Neutral, and Negative)
 - Moments of discrimination

Hierarchy

- Identify unique incidents of trauma and themes of discrimination and conflict
- **What themes might you see for Cam?**



Cognitive Processing

Primary Themes for Cognitive Processing

Theme	Of Self	Of Others/World
Trust	I make bad decisions. I can't trust my own judgement.	People can't be trusted. Don't trust the system; authority.
Control/Power	I don't have control of future. Control is all or nothing. Must control what I can.	Life is unpredictable, uncontrollable.
Esteem	I am a bad kid. I am worthless. I am only valuable for....	People are bad, will hurt you.
Intimacy	I shouldn't get close to people.	Others will take advantage of me. Relationships cause pain.
Safety	I am unsafe. Something bad will happen to me....	Adults won't keep me safe. Adults are dangerous.

Cognitive Processing

- Begin focused on processing specific to singular incident.
 - "It's my fault I got hurt at the party because I knew those kids were going to be mean to me."
- Utilize successful processing techniques that helped shift that thought and support generalization to broader beliefs.

Supporting Balanced Beliefs

- **Thought:** Something is wrong with me.
- **Possible End Goal(s):** Some people don't understand what being non-binary means, and I know who I am and how I feel is real.

- **Thought:** I'm never going to be safe.
- **Possible End Goal 1:** Discrimination exists, especially where I live, and I have/ will have people who accept, love and understand me.
- **Possible End Goal 2:** I might have to be careful sometimes and if people discriminate against me, it's not my fault.

- **Thought:** My family will never be okay with me - I won't ever have a relationship with them like I want.
- **Possible End Goal:** If my family doesn't accept me, I can find my own chosen family - a lot of people do that.
- **Possible End Goal:** My family and I can still have a relationship – it will just look different than I imagined.



Conjoint

What are the goals of this session?

LGBTQ+ Considerations: Meeting Goals and Balancing Safety

- What are core messages that would be helpful for client to share with caregiver?
 - Do trauma narration details need to be shared to meet this goal?
- Is caregiver in a place to *hear* messages being shared and reinforce supportive messages/cognitive processing work?
- Is caregiver in a place to hear details specific to their own behavior that negatively impacted client?
- How much structure will session require to ensure supportive communication from caregiver?

LGBTQ+ Considerations: Meeting Goals and Balancing Safety

- Conjoint is NOT limited to one session
- Pre-planning and containing conversations will be important.
 - Ex. Client shares TN or part of TN with caregiver and caregiver shares a praise letter ONLY focused on messaging immediately in response to hearing narrative themes or details.
 - ALWAYS review praise letter and/or responses to client gradual exposure sharing prior to conjoint session to ensure safe and appropriate responses from caregiver.
- On-going conversations about caregiver- client beliefs and values, conflicts, safety planning, etc. can occur in future conjoint sessions WITH structure and support.

Case Example: Conjoint Session 1

- Cam shared:
 - Thoughts and feelings related to feeling as though no one understands them from Chapter 2
 - Did not share specific incidents caregivers said negative things to them or were harmful
 - Full Chapter 3 (specific trauma incident)
 - Chapter 1: Positive impactful of making a friend/feeling understood and validated
- Caregiver Letter:
 - Praise for engaging in therapy and being open and honest
 - Identified that client is not to blame for other's actions / sexual abuse not their fault
 - Hopes for future - better relationship, more understanding between them, keep Cam safe

Conjoint Session 2

- Caregiver and Cam prepped separately to answer questions to and from each other
 - **Cam asked:**
 - Will you still love me if I never change?
 - Can I still talk to you about friends and dating and stuff?
 - **Caregiver asked:**
 - Will you be open minded in case anything changes for you in the future?
 - Do you understand that I worry about your safety when you act and dress this way?

Conjoint Session 3

- **Safety:**
 - Cam and caregiver made a plan for how to talk to extended family members
 - Cam given permission to choose whether to attend family events depending on how family members responded
 - Cam allowed to dress how they want to school
 - Cam communicated with school counselor and safe teacher regarding peer issues
 - Cam allowed to engage in virtual LGBTQ+ support groups through local organizations
 - No longer allowed to communicate to strangers via Discord or internet



Questions?