LGBTQ-affirmative Cognitive Behavior Therapy: From Theory to Trials to Community Implementation

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Overview

• Theory

• Trials

• Community Implementation
Stigma and Mental Health

State of the Science
- Probability surveys
- Prospective cohort studies
- Lab-based experiments
- fMRI and EEG measurements

Structural Stigma
- Peer Rejection
- Parental Non-acceptance
- Discrimination

Depression
- Anxiety
- Suicidality
- Substance Use

Intervention Targets

Identity concealment
Internalized stigma
Social isolation
Threat hypervigilance
Emotion dysregulation
Shame
Inflammation

Structural Stigma
Peer Rejection
Parental Non-acceptance
Discrimination

Depression
Anxiety
Suicidality
Substance Use

Meyer (2003), Psych Bulletin; Hatzenbuehler (2009), Psych Bulletin; Pachankis et al. (2020), Psych Bulletin; Bränström et al. (in press), J Psychopathology Clin Science; Clark et al. (in press), Clinical Psychological Science; Hollinsheid et al. (in press), Clinical Psychological Science; Seager van Dyk (in prep); Bränström et al. (under review)
Overview

• Theory
• Trials
• Community Implementation
Depression
Anxiety
Suicidality
Substance Use

Acknowledge the Pain
Stand Up to Stigma
Empowered Thinking
Empowered Behavior
Community Support

Identity concealment
Internalized stigma
Social isolation
Threat hypervigilance
Emotion dysregulation
Shame
Inflammation

Structural Stigma
Peer Rejection
Parental Non-acceptance
Discrimination

Depression
Anxiety
Suicidality
Substance Use

Hatzenbuehler (2009), Psych Bulletin
LGBTQ-affirmative CBT
Consciousness Raising
Reduce Emotional Avoidance
Self-Assertion Training
Cognitive Restructuring
Find Supportive Community

Identity concealment
Internalized stigma
Social isolation
Threat hypervigilance
Emotion dysregulation
Shame
Inflammation

Structural Stigma
Peer Rejection
Parental Non-acceptance
Discrimination

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Suicidality
Substance Use

Pachankis, Soulliard, Morris, & Seager van Dyk (2022), Cog Beh Prac
Does LGBTQ-affirmative CBT Work Better Than Waitlist?

Depression

Anxiety

Alcohol Use

$d = .55$

$d = .47$

Condomless Sex

$d = 1.03$

$d = .59$

Pachankis et al. (2015); J Consult Clinical Psych
Does LGBTQ-affirmative CBT Work Better Than Waitlist?

Pachankis, McConocha et al. (2020); *J Consult Clinical Psych*
Does LGBTQ-affirmative CBT Work Better Than Existing Interventions?

**Depression (HAMD)**
- LGBTQ CBT: 15.25, 10.51, 11.72, 10.73
- HIV testing: 15.0, 11.5, 10.8, 9.0
- Community Tx: 14.3, 10.2, 9.0, 8.0
- Effect Size: d = .15, d = .45

**Anxiety (OASIS)**
- LGBTQ CBT: 9, 11, 13, 15
- HIV testing: 9.5, 11.2, 12.5, 14.0
- Community Tx: 9.2, 10.5, 11.8, 12.5
- Effect Size: d = .22, d = .14

**HIV Transmission Risk Behavior (Count)**
- LGBTQ CBT: RR = .69
- HIV testing: RR = .62
- Community Tx: RR = .65

Pachankis, Harkness et al. (2021) *J Consult Clinical Psych*
Does LGBTQ-affirmative CBT Work Better Than Existing Interventions?

**Alcohol Use Impairment (AUDIT)**

- Baseline: LGBTQ CBT (d = .45), HIV testing (d = .33), Community Tx
- 4 months: LGBTQ CBT, HIV testing, Community Tx
- 8 months: LGBTQ CBT, HIV testing, Community Tx
- 12 months: LGBTQ CBT, HIV testing, Community Tx

**Drug Use Impairment (SIP-AD)**

- Baseline: LGBTQ CBT (d = .36), HIV testing (d = .16), Community Tx
- 4 months: LGBTQ CBT, HIV testing, Community Tx
- 8 months: LGBTQ CBT, HIV testing, Community Tx
- 12 months: LGBTQ CBT, HIV testing, Community Tx

Pachankis, Harkness et al. (2021) *J Consult Clinical Psych*
Does LGBTQ-affirmative CBT Work Better Than Existing Interventions?

Comorbidity Count (range: 0-4)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>4 months</th>
<th>8 months</th>
<th>12 months</th>
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<tbody>
<tr>
<td>LGBTQ CBT</td>
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<tr>
<td>HIV testing</td>
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<tr>
<td>Community Tx</td>
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RR = .80        RR = .84

Pachankis, Harkness et al. (2021) J Consult Clinical Psych
Does LGBTQ-affirmative CBT Work Better Than Existing Interventions?

\[ d = 0.22, p = .39 \]
\[ d = 0.71, p < .001 \]

Can LGBTQ-affirmative CBT Be More Efficient?
Can LGBTQ-affirmative CBT Be More Efficient?

Meet our study therapists:

**Skyler Jackson, PhD**
Postdoctoral Fellow
Dr. Skyler Jackson’s research focuses on the ways individuals’ social identities (e.g., race, gender, sexual orientation) shape their everyday lives and influence health and well-being. In particular, he is interested in how experiences of stigma—often inadequately coped with—...

**Zachary Rawlings, MA, LPC**
Zach holds a Master's Degree in Clinical Mental Health Counseling and is a Licensed Professional Counselor. He currently resides in New York City where he works for an eating disorder treatment center and is completing his doctorate in clinical psychology. Prior to ...

**Faithlynn Morris, MA**
Faithlynn Morris is a third year doctoral student in LIU Post's clinical psychology program. Her clinical interests include forensic psychology, trauma, and working with marginalized populations. She joined the lab in February 2019 as a clinical research fellow.

**Jillian Scheer, PhD**
Postdoctoral Fellow
Dr. Jillian Scheer’s research broadly focuses on understanding and addressing the co-occurring epidemics (e.g., syndemics such as physical and sexual violence exposure, posttraumatic stress disorder, substance use) facing sexual and gender minority (SGM) individuals. Dr. ...
Can LGBTQ-affirmative CBT Be More Efficient?

**Depression (CESD)**
- Baseline: LGBTQ CBT vs. Mood Tracking
- 4 months: LGBTQ CBT vs. Mood Tracking
- 8 months: LGBTQ CBT vs. Mood Tracking
- Effect Size: \( d = 0.10 \)

**Anxiety (OASIS)**
- Baseline: LGBTQ CBT vs. Mood Tracking
- 4 months: LGBTQ CBT vs. Mood Tracking
- 8 months: LGBTQ CBT vs. Mood Tracking
- Effect Size: \( d = 0.13 \)

**Suicidality (SIDAS)**
- Baseline: LGBTQ CBT vs. Mood Tracking
- 4 months: LGBTQ CBT vs. Mood Tracking
- 8 months: LGBTQ CBT vs. Mood Tracking
- Effect Size: \( d = -0.09 \)

**Alcohol Use (AUDIT)**
- Baseline: LGBTQ CBT vs. Mood Tracking
- 4 months: LGBTQ CBT vs. Mood Tracking
- 8 months: LGBTQ CBT vs. Mood Tracking
- Effect Size: \( d = 0.23 \)

Pachankis, Soulliard, Layland et al. (under review).
Can LGBTQ-affirmative CBT Be More Efficient?

Efficacy Moderation By Structural Stigma

For review of stigma moderation of intervention efficacy: Hatzenbuehler & Pachankis (2021). *Current Directions Psych Sci*
Can LGBTQ-affirmative CBT Be More Efficient?
Can LGBTQ-affirmative CBT Be More Efficient?

**Depression (PHQ)**

- Baseline
- 4 months
- 8 months

![Depression Graph](image)

- LGBTQ CBT
- Mood Tracking

$d = 0.63$

**Anxiety (GAD)**

- Baseline
- 4 months
- 8 months

![Anxiety Graph](image)

- LGBTQ CBT
- Mood Tracking

$d = 0.49$

**Suicidality (SIDAS)**

- Baseline
- 4 months
- 8 months

![Suicidality Graph](image)

- LGBTQ CBT
- Mood Tracking

$d = 0.02$

**Alcohol Use (AUDIT)**

- Baseline
- 4 months
- 8 months

![Alcohol Use Graph](image)

- LGBTQ CBT
- Mood Tracking

$d = 0.34$
Overview

• Theory
• Trials
• Community Implementation
Are LGBTQ Community Centers an Ideal Implementation Site?

- 300+ centers in US
- 40% provide mental health services
- Care for 30,000 people per year
- 85% have 1-10 mental health providers

How well does your center meet mental health needs of local LGBTQ community?
- Not Well: 30%
- Somewhat Well: 45%
- Well: 25%

How much would your staff benefit from training in LGBTQ-affirmative CBT?
- A Lot / Very Much: 83%
- A Little / Not at All: 17%

Would the administration support training in LGBTQ-affirmative CBT?
- Yes: 100%

Pachankis, Clark et al. (2021); Psychiatric Services
Can Providers Be Trained to Deliver LGBTQ-affirmative CBT?

Training Program in LGBTQ-Affirmative CBT

Can providers be trained to deliver LGBTQ-affirmative cognitive behavioral therapy (CBT)? This training program consists of 11 weekly 1-hour seminars led by experts in state-of-the-art mental health care for the LGBTQ+ community. Participants learn how to deliver a new type of evidence-based treatment that has been shown in federally-funded clinical trials to reduce depression, anxiety, substance use, and suicidality among diverse LGBTQ+ community members.

Trainers and Credentials:
- John Pachankis, Ph.D., Associate Professor of Public Health and Psychiatry, Director of Yale Initiative for LGBTQ Mental Health
- Skyla Jastim, Ph.D., Associate Research Scientist, Yale School of Public Health and Yale Initiative for LGBTQ Mental Health
- Kaye Zweig van Oy, Ph.D., Professional Associate, Yale School of Public Health and Yale Initiative for LGBTQ Mental Health
- Zachary Souilland, Ph.D., Professional Associate, Yale School of Public Health and Yale Initiative for LGBTQ Mental Health

Educational Objectives for the Program:
- Apply CBT clinical skills specifically tailored to LGBTQ+ clients
- Describe how minority stress theory can inform evidence-based mental health practice
- Explain the principles and techniques of LGBTQ-affirmative CBT

Learning objectives for each session can be found here: [Link]

Schedule and format:
All trainings will be held on Zoom on Fridays from 12 PM - 1:30 PM ET. The dates for training are listed below for more details:
1. Oct 16, 2020 - Jan 22, 2021  (except Nov 27, Dec 25, Jan 1)
2. March 5, 2021 - May 21, 2021 (except Apr 2)

Appropriate level of skill & cost:
Intermediate, free

Participants for whom the activity is designed:
Mental health professionals and advanced graduate students at CenterLink community centers

Continuing Education (CE) Credits Offered:
1 CE per session (attend up to 10 CE credits total)

Register now for the first session — Register for our October 2 informational webinar to learn more.

Can Providers Be Trained to Deliver LGBTQ-affirmative CBT?

Pachankis, Soulliard et al. (2021); *J Consult Clinical Psych*
Conclusion
Acknowledgments

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