



The AFFIRM open pilot feasibility study: A brief affirmative cognitive behavioral coping skills group intervention for sexual and gender minority youth



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ARTICLE INFO

Article history:

Received 26 October 2015

Received in revised form 21 February 2016

Accepted 22 February 2016

Available online 23 February 2016

Keywords:

Cognitive-behavioral therapy

Gay

Lesbian

Bisexual

Transgender youth

Depression

Stress appraisal

Feasibility

Pilot intervention

Community

ABSTRACT

This pilot study sought to evaluate the feasibility and effectiveness of a brief, eight module affirmative cognitive behavioral coping skills group intervention (AFFIRM) with sexual and gender minority youth (SGMY) developed through community partnerships. A diverse sample of SGMY ($n = 30$) participated in the AFFIRM pilot and completed reliable measures of depression, reflective coping, and stress appraisal at three time points. Over the study duration, significant reductions were found in depression and appraising stress as a threat. Significant increases were found in reflective coping and perceiving stress as a challenge. Participants found the intervention to be valuable and reported high levels of acceptability and skills acquisition. These promising findings suggest that AFFIRM has potential effectiveness as a community-based intervention for SGMY. Implications for practice and research are provided.

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1. Sexual and gender minority youth

Sexual and gender minority youth (SGMY) as a population experience notable stress, exemplified by their increased risk for familial rejection (D'Augelli, Grossman, & Starks, 2008), social exclusion (Ueno, 2005), and substance use (Mustanski, Andrews, Herrick, Stall, & Schnarrs, 2014). SGMY are understudied and underserved (Dysart-Gale, 2010) and are more likely to endure emotional stressors (e.g., isolation, harassment, victimization) than their non-SGMY peers (Birkett, Espelage, & Koenig, 2009; Berlan, Corliss, Field, Goodman, & Austin, 2010). These experiences exacerbate the risk of psychological distress, including depression (Martin-Storey & Crosnoe, 2012; King et al., 2008) and increased suicidality (Marshal et al., 2011; Marshal et al., 2013). SGMY often lack the support and coping skills to navigate between their stigmatized identities and psychosocial risk factors (Berghe, Dewaele, Cox, & Vincke, 2010; Doty, Willoughby, Lindahl, & Malik, 2010). The health disparities of SGMY are well documented – yet community-based, developmentally relevant empirical interventions that address mental health risks and promote resilience and well-being are scarce (Horn, Kosciw, & Russell, 2009; Saewyc, 2011).

Given significant gaps in the extant intervention literature, this study utilized an open trial format (Ward-Ciesielski, 2013) to implement and evaluate the feasibility and preliminary effectiveness of a brief, affirmative cognitive behavioral coping skills group intervention for SGMY in a community-based setting.

1.1. Minority stress theory

The disparate mental health risks experienced by SGMY can be explained in part by minority stress theory (MST) (Meyer, 2003), which was initially applied to sexual minority (e.g., lesbian, gay, bisexual) populations and has more recently been expanded to include gender minority (e.g., transgender) populations (Austin & Craig, 2015a). SGMY encounter disproportionate chronic stress, discrimination, and victimization associated with their SGM identities (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Diamond et al., 2011), which subsequently increases their likelihood of experiencing psychological distress and mental health problems, including depression, anxiety, and increased suicidality (Marshal et al., 2013; Martin-Storey & Crosnoe, 2012). An elaboration of stress and coping theory (Lazarus & Folkman, 1984), MST proposes that individuals from marginalized populations experience a unique form of stress due to conflict between their internal sense of self and their experiences of majority social norms and

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expectations (Berghe et al., 2010; Meyer, 2003). Thus the chronic exposure to homophobic and transphobic stereotypes, microaggressions, and overt discrimination that SGM youth encounter leads to pervasive experiences of minority stress that may contribute to the development of emotional and behavioral issues. Minority stress may increase internalized homophobia (i.e., negative beliefs about one's own SGM status) (Williamson, 2000) which is also associated with poor mental health in SGM youth (Dickenson & Huebner, 2015).

MST suggests that members of some socially stigmatized communities (including SGM youth) are not likely to share their stigmatized status with their families and may not experience family or community support (Ryan, Huebner, Diaz, & Sanchez, 2009; DiPlacido, 1998) — potentially limiting guidance on navigating a SGM identity within the dominant hetero/gender-normative culture (Authors Own, 2015). SGM youth may not have the opportunity to learn how to cope with identity-specific stressors, leaving them more vulnerable to health and mental health threats (Kelleher, 2009), and at an increased likelihood of engaging in risky behaviors (Doty et al., 2010; Higa et al., 2014). As traditional approaches to addressing psychological distress and depression do not address many of these identity-specific stressors for SGM youth, affirmative interventions that can interrupt the influence of minority stress on behavioral health are needed (Craig & Keane, 2014; Kelleher, 2009).

1.2. Affirmative interventions for SGM youth

Affirmative practice, which explores and validates positive expression of SGM identities (Tozer & McClanahan, 1999) and recognizes the impact of macro-level forces, particularly heterosexism and homophobia, on the well-being (Langdridge, 2007), is postulated to be best practice for SGM youth (Craig, 2013). Practicing affirmatively includes 'deprogramming' feelings of difference, which are perpetuated by stigma and marginalization (Davies, 1996). Affirmative practice is not an independent practice approach; it is used to enhance a practitioner's existing treatment model and can be incorporated into individual, couple, family, and group work (Davies, 1996). Evidence suggests that modified mental health interventions for SGM youth which include incorporating affirmative practice techniques may improve treatment effectiveness (Haas et al., 2011). For example, through the integration of affirmative approaches CBT interventions can validate discrimination experiences, question the helpfulness (not the validity) of harmful beliefs, and aid SGM youth in building skills to interact productively with their environment (Craig, Austin, & Alessi, 2013; Duarte-Velez, Bernal, & Bonilla, 2010). Affirmative approaches aim to maintain the evidence-base of existing treatments such as cognitive behavioral therapy (CBT) while infusing affirmative values and content throughout the therapeutic process.

1.3. Efficacy of CBT approaches and coping skills training for SGM youth

While the efficacy of CBT interventions to treat depression among general population adolescents and SGM adults has long been established (Compton et al., 2004; Hart, Tulloch, & O'Cleirigh, 2014; Ross, Doctor, Dimito, Kuehl, & Armstrong, 2007), the effectiveness for SGM youth remains relatively unexamined. Emerging research, including case studies and conceptual literature, suggests that CBT offers a promising approach for working with SGM youth in both individual and group programs (Craig et al., 2013; Duarte-Velez et al., 2010). Group counseling is a widely used approach for SGM youth (Goodenow, Szalacha, & Westheimer, 2006) and may be particularly effective at enhancing social connectedness and support as youth discuss minority stressors that they may not be able to comfortably discuss with non-SGM peers. Group counseling, which can be utilized alone or as an adjunct to individual therapy, has been found to increase the proactive coping and self-esteem of multiethnic SGM youth (Craig, Austin, & McInroy, 2014). Culturally adapted CBT interventions targeting the specific needs of

SGM populations hold particular promise (Craig, 2012; Austin & Craig, 2015b; Duarte-Velez et al., 2010).

CBT is especially helpful for adolescents because of the focus on identifying and modifying maladaptive thoughts and behaviors, developing effective coping skills, creating social support networks, and increasing positive events. CBT approaches emphasize the importance of attending to the role of perceptions (i.e., cognitions) of stressful situations and circumstances on subsequent emotions and behaviors. Because of the ways SGM youth perceive and experience stress, CBT based interventions are particularly appropriate. In their ground-breaking work, Lazarus and Folkman (1984) identified that stress exists when an event is perceived as exceeding personal resources and challenging well-being. This perception (or cognitive appraisal) is an important factor in coping or not coping with stressful events (Folkman, 2007; Park, 2010), because appraisals enable emotional regulation of responses (Stephens & Voegelé, 1986).

Cognitive appraisals assign meaning to stressful events and explain why the same experience contributes to differing levels of distress across individuals (Hojat, Gonnella, Erdmann, & Vogel, 2003). Patterns of adolescent cognitive appraisal ultimately contribute to long term behavioral health (Rowley, Roesch, Jurica, & Vaughn, 2005). Challenge appraisals, which attribute potential personal growth to stressful experiences, appear to contribute to active coping and positive adjustment (Clarke, 2006). In contrast threat appraisals, or the belief that an occurrence may contribute to future or present harm, has been linked to increased risk of posttraumatic stress symptoms (Fairbrother & Rachman, 2006) and depression (Gerard, Buehler, Franck, & Anderson, 2005; Lemon & Watson, 2011). Lazarus (1999) has suggested that the inclination to perceive stress as either a threat or a challenge may be similar to self-efficacy, and warrants attention because of the critical role of appraisal in depression. In their study of adolescent appraisal, Rowley et al. (2005) found that efficacious coping such as "active coping, positive reinterpretation, and growth were positively related to challenge and maladaptive coping such as substance use, denial and emotional venting was associated with threat" (p. 554). Although the cognitive appraisal and particular coping strategies utilized by SGM youth to deal with discrimination have not been extensively studied, the idea of perceptions of threat and challenge may have particular relevance in predicting well-being.

As SGM youth experience persistent homophobic and transphobic stressors, attending to cognitive appraisals and coping associated with experiences of stigmatization may have a notable impact on subsequent emotions and behaviors (Safren, Hollander, Hart, & Heimberg, 2001). Affirmative CBT approaches can effectively address the complex stressors that exacerbate depression and psychological distress for SGM youth by helping youth evaluate the sources of, perceptions of, and reactions to stress, as well as mitigate feelings of self-blame and shame associated with discrimination and stigma (Craig et al., 2013; Lucassen, Merry, Hatcher, & Frampton, 2013).

Coping, described as conscious actions to regulate behavior and thoughts when under stress (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001), has been identified as a mechanism in improving behavioral health among adolescents (Seiffge-Krenke & Klessinger, 2000) and enhancing the resilience of SGM youth (Craig, McInroy, McCready, & Alaggia, 2015c; Kulkin, 2006). Interventions that mobilize youths' coping skills to help them identify, evaluate, and modify psychological distress and unhealthy behaviors represent promising approaches for SGM youth (Craig, 2012; Craig et al., 2013; Craig, Dentato, & Iacovino, 2015a; Alvy et al., 2011). Affirmative CBT may also increase resilience, the ability to adapt constructively to risk exposure (Mustanski, Newcomb, & Garofalo, 2011), through its impact on coping skills (Moradi, Mohr, Worthington, & Fassinger, 2009). Specifically, by learning to proactively evaluate risk and minimize perceived threats to well-being (Goldstein & Brooks, 2005) youth can create meaningful understanding out of the challenges they experience (Hall, Vine, Gardner, & Molloy, 2010).

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