Promoting Mental Health and Coping Skills among Sexual and Gender Minority Youth: A Pilot Community-Based Affirmative Cognitive-Behavioural Group Intervention

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PRESENTER DISCLOSURE

• **Presenter**: Gio Iacono MSW, RSW, PhD Student

• **No relationships to disclose**
1) Describe highlights of community-based collaborative practice in mental health for LGBTQ youth

2) Discuss innovative and impactful programs for harder to serve populations such as LGBTQ youth

3) Prepare for capacity-building and collaborative mental health care for LGBTQ youth
Examined the preliminary effectiveness of a cognitive-behavioral affirmative coping skills group intervention (AFFIRM) on the depression and coping skills of community-based sexual and gender minority youth (SGMY)
Multiple mental health stressors (e.g. depression), low levels of coping, health-risk sexual behaviors, discrimination.

Perceptions that HIV is not a threat to them, may interact to exacerbate SGMY’s HIV risk.

Low levels of coping and sexual self-efficacy have been found in depressed SGMY.

Benibgui, 2011; Craig & Austin, 2016; Russell & Fish, 2016; Scourfield et al., 2008; Taylor et al., 2011
Vulnerabilities often rooted in unfriendly or hostile climates in their home, schools and communities

Despite persistently high rates of depression for SGMY, little is known about their coping strategies and few evidence-informed interventions target the effects of these climates

Benibgui, 2011; Craig & Austin, 2016; Russell & Fish, 2016; Scourfield et al., 2008; Taylor et al., 2011
Culturally adapted cognitive behavioural therapy (CBT) initiatives have been found to reduce risky sexual behaviour and poor mental health leading to HIV infection: MSM, racialized adolescent women with abuse histories, and HIV perinatally infected adolescents.

CBT for HIV prevention includes:

- development of social and negotiation skills to reduce sexual risk-taking behavior
- facilitation of general skills such as decision-making and assertive communication.

Craig & Austin, 2016; Austin & Craig, 2015
• Lack of evidence-informed interventions for SGMY that are:
  – Initiated by and engaged with community
  – Grounded in the realities of contemporary mental health service delivery
  – Systematically developed through practice-based research to enhance the practice “toolbox”
  – “Holistic”-focused on the intersection between psychosocial factors and mental health

Craig & Austin, 2016; Austin & Craig, 2015
Critical to create interventions with community, in community that considers the stress that SGMY experience from community

• This study integrated community-based participatory research (CBPR) into an open pilot feasibility study

• CBPR builds on shared values, norms, belief systems and social practices, allowing for discussions on mental health risks and marginalization in a culturally sensitive manner

• Utilizing CBPR with youth has been shown to enhance their sense of self-efficacy

Flicker et al., 2008; Ozer et al., 2010; Wallerstein & Duran 2008
COMMUNITY-BASED INTERVENTIONS AND SGMY

- SGMY living with depression may be better served by school or community-based programs created specifically to minimize their distress.
- Many programs for SGMY naturally occur in community-based groups.
- Skills training should be delivered in natural settings because community-based approaches are cost-effective and efficacious for vulnerable youth.
- Community-based interventions may capture SGMY that are not in other systems of care.

King et al., 2008; Weersing & Weisz, 2002; Weisz et al., 2009; UNAIDS, 2008
SYSTEMATIC DEVELOPMENT OF AFFIRM: An Affirmative CBT Community-Based Intervention for SGMY

Adapt & Evaluate Framework
• Enhances cultural congruence of interventions targeting minority subgroups

Spanning over a decade of work with SGMY
1) Focus groups (w/ youth)
2) Creation/adaptation of intervention/manual (infusion of queer affirmative content)
3) Open pilot feasibility study
4) “Living” manual refinement
5) RCT/Quasi-experimental design

Craig, 2012; Craig & Austin, 2016; Austin, & Craig, 2015; Interian et al. 2010
An open pilot study using a pre-post design was used
- Purposive and venue sampling
- Two youth staff (age 16 & 18) hired as part of the team to conduct offline and online outreach
- Extensive facilitator training

* Full study details at Craig & Austin, 2016
A pilot implementation of the 8 hour AFFIRM group intervention was delivered in a two day workshop format at the 519 Community Centre in Toronto (August 2014)
MEASURES AND DATA COLLECTION

• SMGY completed the Beck Depression Inventory (BDI-2), Stress Appraisal Measure for Adolescents (SAMA), Adolescent Coping Orientation for Problem Experiences (A-COPE), and The Sexual Self-Efficacy Questionnaire

• At three time points
  o T1- Pre-test
  o T2-Post-test (Immediately following intervention)
  o T3-Booster (1 hr) = post test @ 3 months

• Repeated measures linear mixed modeling was used for analysis
PARTICIPANTS

- N=30
- Youth all between the ages of 15 – 18
- 82% of the participants were born in Canada
- 71% reported at least 1 newcomer/immigrant parent
- Most were accessing other queer youth services
- High rates of depression (82%) and mental health issues (35%) were identified
- Nearly one-third of participants (31%) had previously attempted suicide during their lifetimes
- Youth reported alcohol (48%) and drug (45%) use as a means to cope with stress
DEMOGRAPHICS: GENDER IDENTITY

- Categories are non-mutually exclusive
- Categories are non-mutually exclusive
Categories are non-mutually exclusive

DEMOGRAPHICS: SEXUAL ORIENTATION

- Heterosexual: 25%
- Lesbian: 10.70%
- Gay: 28.60%
- Two-Spirit: 3.60%
- Pansexual: 17.90%
- Bisexual: 21.40%
- Queer: 10.70%
- Questioning: 12.80%
- Other: 0%
RISK FACTORS

- Categories are non-mutually exclusive
- Categories are non-mutually exclusive
Depression: Significant reduction in depression from T1 to T2, $F(1, 29) = 36.77, p < 0.001, \eta^2 = .54$

Stress Appraisal: Threat appraisal decreased significantly from T1 to T2, $F(1, 29) = 5.64, p < .05, \eta^2 = .17$

Challenge and resource appraisal increased significantly from T1 to T2, $F(1, 28) = 30.32, p < 0.001, \eta^2 = .52$ and T1 to T2, $F(1, 28) = 4.65, p = 0.04, \eta^2 = .14$, respectively

Sexual Self-efficacy
Significant improvements in sexual self-efficacy ($B=1.56; P<0.05$)
RESULTS: Becks Depression Inventory -II

**Depression**
- T1- Mean 25.9514
- T2- Mean 20.5816

**Total Score Levels of Depression**
- 0-10 = These ups and downs are considered normal
- 11-16 = Mild mood disturbance
- 17-20 = Borderline clinical depression
- 21-30 = Moderate depression
- 31-40 = Severe depression
- over 40 = Extreme depression
I learned a lot from AFFIRM - agree (43%) / strongly agree (54%)
I can use what I learned to help with my problems - agree (43%) / strongly agree (54%)
AFFIRM has helped me to think about how my feelings, actions, and thoughts are connected - agree (30%) / strongly agree (60%)
I will apply what I learned from AFFIRM in my life - agree (36%) / strongly agree (54%)

What Was Most Helpful
- “Learning tools to deal with stress”
- “Restoring my faith in humanity”
- “The manual”
- “Coping methods”
- “Learning to validate feelings”
- “Learning to make healthy decisions”
- “Everyone was so positive”
CONCLUSIONS AND FUTURE DIRECTIONS

- This study demonstrates the potential of an inclusive affirmative intervention to address the mental health of a multi-identified community sample of SGMY.

- The results indicate the utility of a community-engaged, inclusive model of prevention for SGMY and warrant a larger study to determine AFFIRM’s effectiveness.

- The high rates of engagement and retention also suggest the feasibility, acceptability, and utility of an affirmative community-based CBT intervention for SGMY.
• The AFFIRM intervention can be considered as an evidence-informed model to enhance SGMY mental health

• Future directions include:
  – procuring scale-up funding, incorporating technology and expanding to rural and remote areas
The fierce AFFIRM youth participants

AFFIRM TEAM/COMMUNITY ADVISORY BOARD
Warda Ashraf, Sandra D’Souza, Lance McCready, David J. Brennan, Maura Lawless, Edward Alessi, Celeste Joseph, Sarah Flicker, David Udayasekaran, Carmen Logie, Lisa Duplessis, Ranjith Kulatilake, Cheryl Dobinson, Centre for Spanish Speaking Peoples, Toronto; The 519 Community Centre; Planned Parenthood Toronto; York University, Toronto; Access Alliance Multicultural Health and Community Services, Toronto; Canadian Institutes of Health Research; FIFSW University of Toronto
AFFIRMative CBT Training: August 17-18, 2017

- Factor-Inwentash Faculty of Social Work - University of Toronto
- Experiential learning with Dr. Craig & Austin
- Graduates will receive the manual and become part of a practice network
- Discounts will be available at nearby hotels

Please visit our website for more information: http://www.affirmativeresearch.com
THANK YOU!

Contact us to continue the conversation!

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