

# Applying Minority Stress Concepts in Cognitive Behavioral Therapy

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NPR



ProPublica





Kyle Stephens delivers a victim impact testimony during a sentencing hearing for Dr. Larry Nassar in Lansing, Michigan, U.S., January 16, 2018. REUTERS/Brendan McDermid

# Ethics Goals for Today

- 18VAC125-20-150A: "...Psychologists respect the rights, dignity, and worth of all people, and are mindful of individual differences."
- 18VAC125-20-150B1: "Provide and supervise only those services and use only those techniques for which they are qualified by training and appropriate experience... take ongoing steps to maintain competence in the skills they use."
- 18VAC125-20-150B1: "Avoid harming patients or clients, research participants, students, and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable."

# Robert Wood Johnson / NPR / Harvard T.H. Chan Discrimination in America Series

Extensive phone surveying of Americans between Jan 26 – Apr 9 2017, 3453 American adults age >18. Nationally representative for:

- European Americans
- African Americans
- Asian Americans
- Hispanic/Latino Americans
- Native Americans
- Women
- LGBTQ people
- (One respondent can belong to multiple groups)
- Per group reports for each of these seven groups available for free online at [rwjf.org](http://rwjf.org)

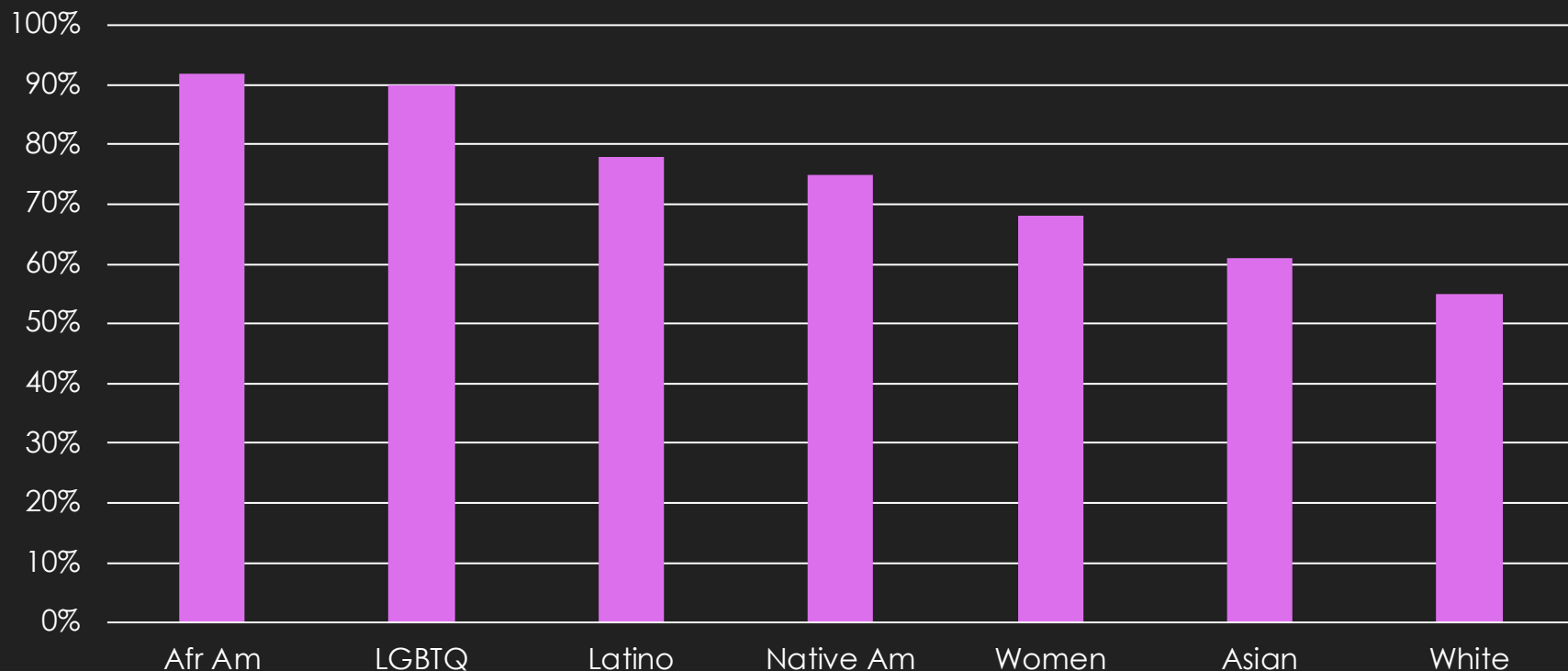
## DISCRIMINATION IN AMERICA:

## EXPERIENCES AND VIEWS OF AMERICAN WOMEN

December 2017



**HARVARD**  
**T.H. CHAN**  
SCHOOL OF PUBLIC HEALTH



This percent of [group] believe that discrimination against [their group] exists in America today.

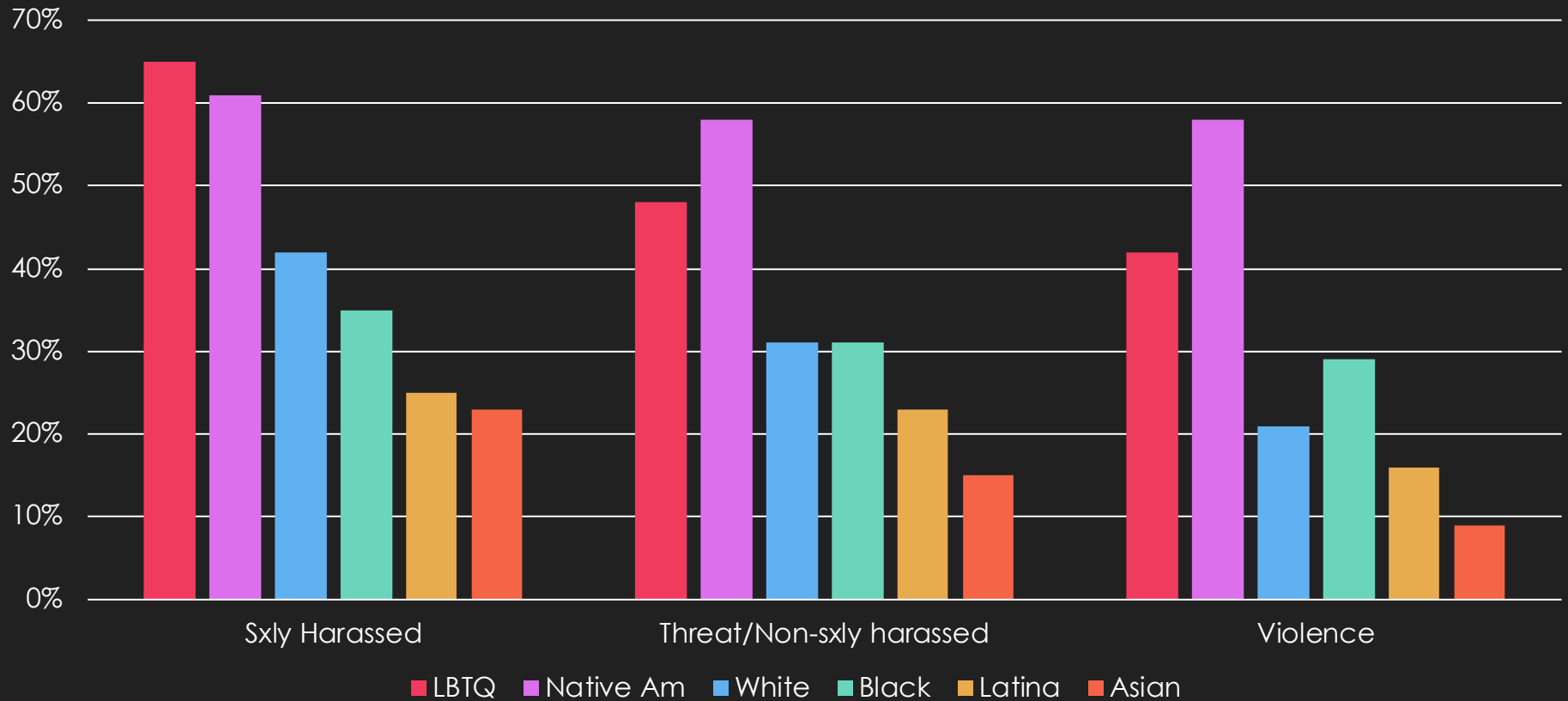
RWJF / NPR 2017





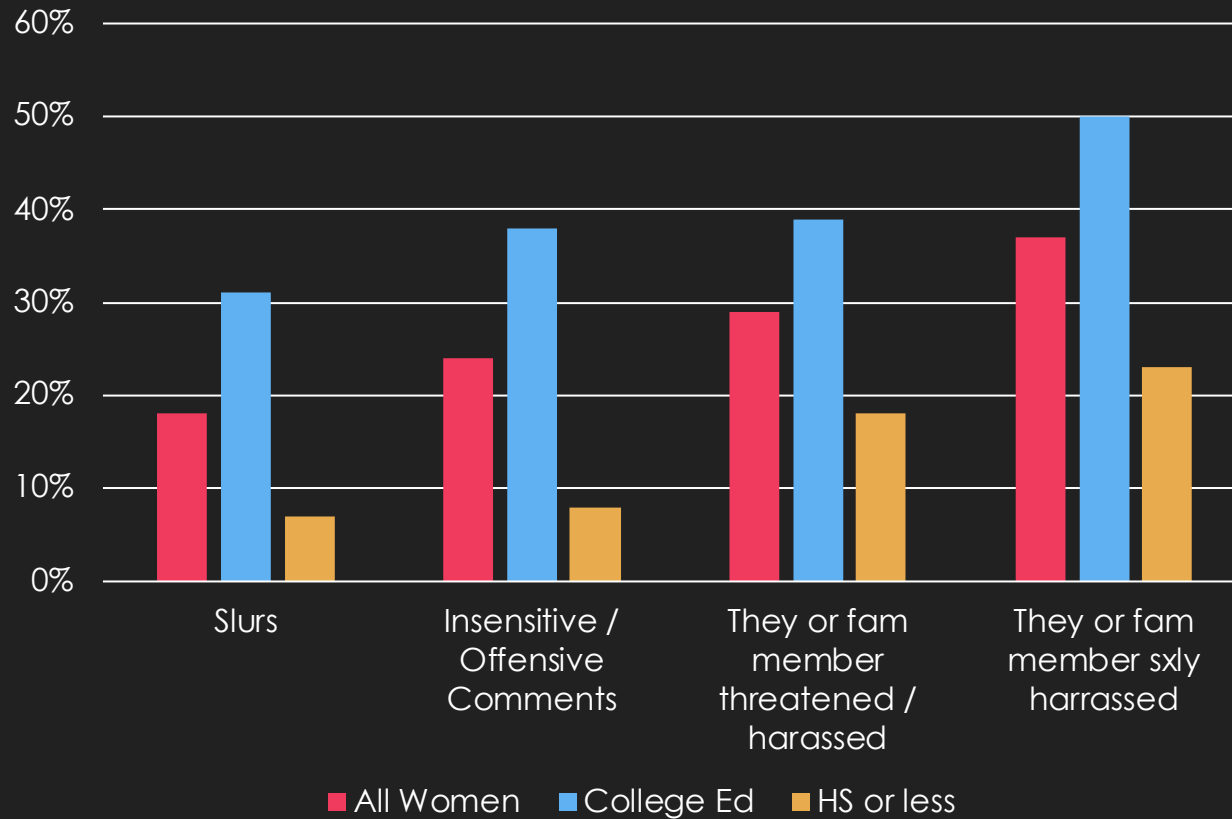
## Women's experience of individual discrimination

Have you or a female family member experienced... (RWJF/NPR 2017)



How does this break up by ethnicity & SGM status?

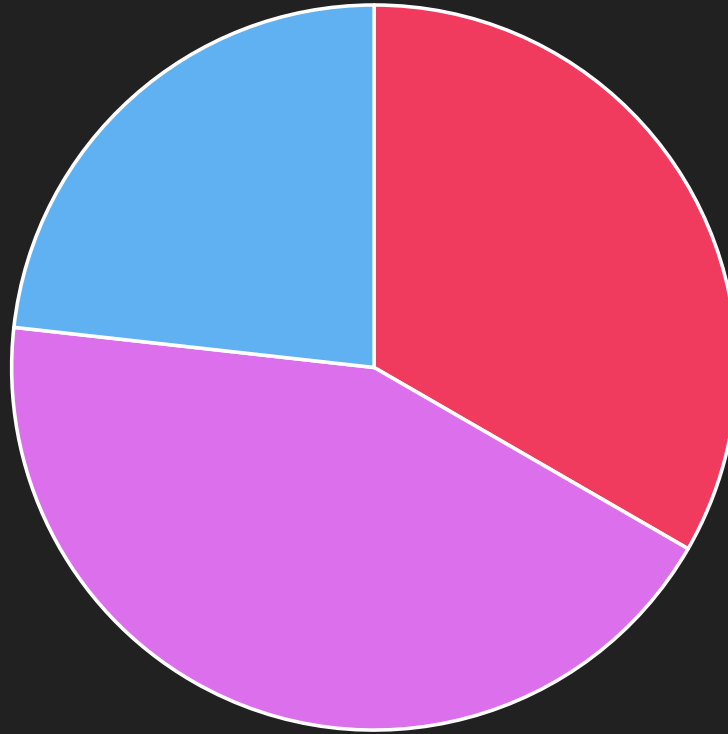
RWJF/NPR 2017



## Many responses are also stratified in other ways

E.g., women report significantly different levels of harassment with education level, with women with higher levels of education consistently reporting greater degrees of concern (what this means is not completely clear)

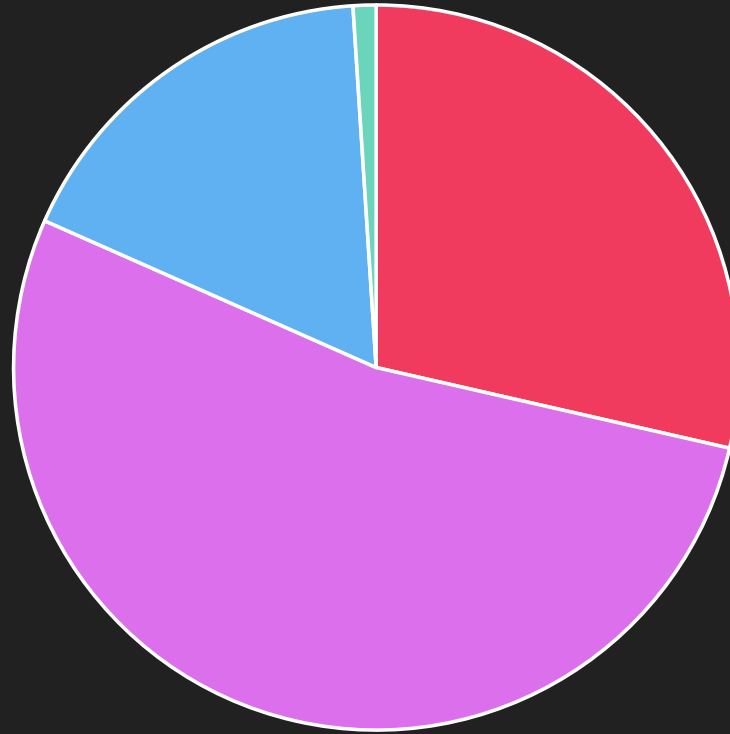




■ Legal/Policy Discrimination ■ Individual Prejudice ■ Both Equally

# LGBTQ Perception of Causes of Discrimination

RWJF / NPR 2017

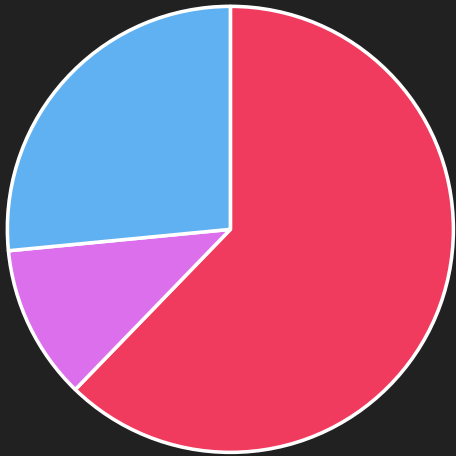


■ Legal/Policy Discrimination ■ Individual Prejudice ■ Both Equally ■ DK

Vs. Same Question for Women

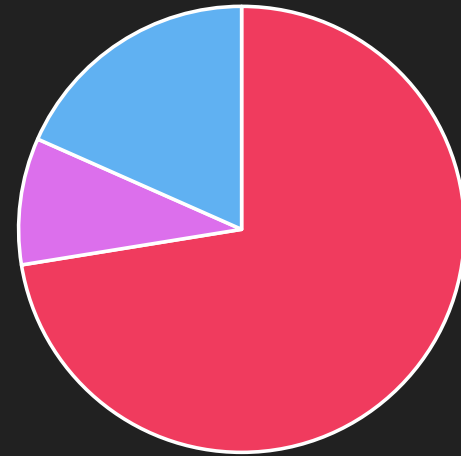
RWJF / NPR 2017

Asked about Whites



■ Individual Prejudice ■ Both Equally ■ Laws / Policies

Asked about PoC



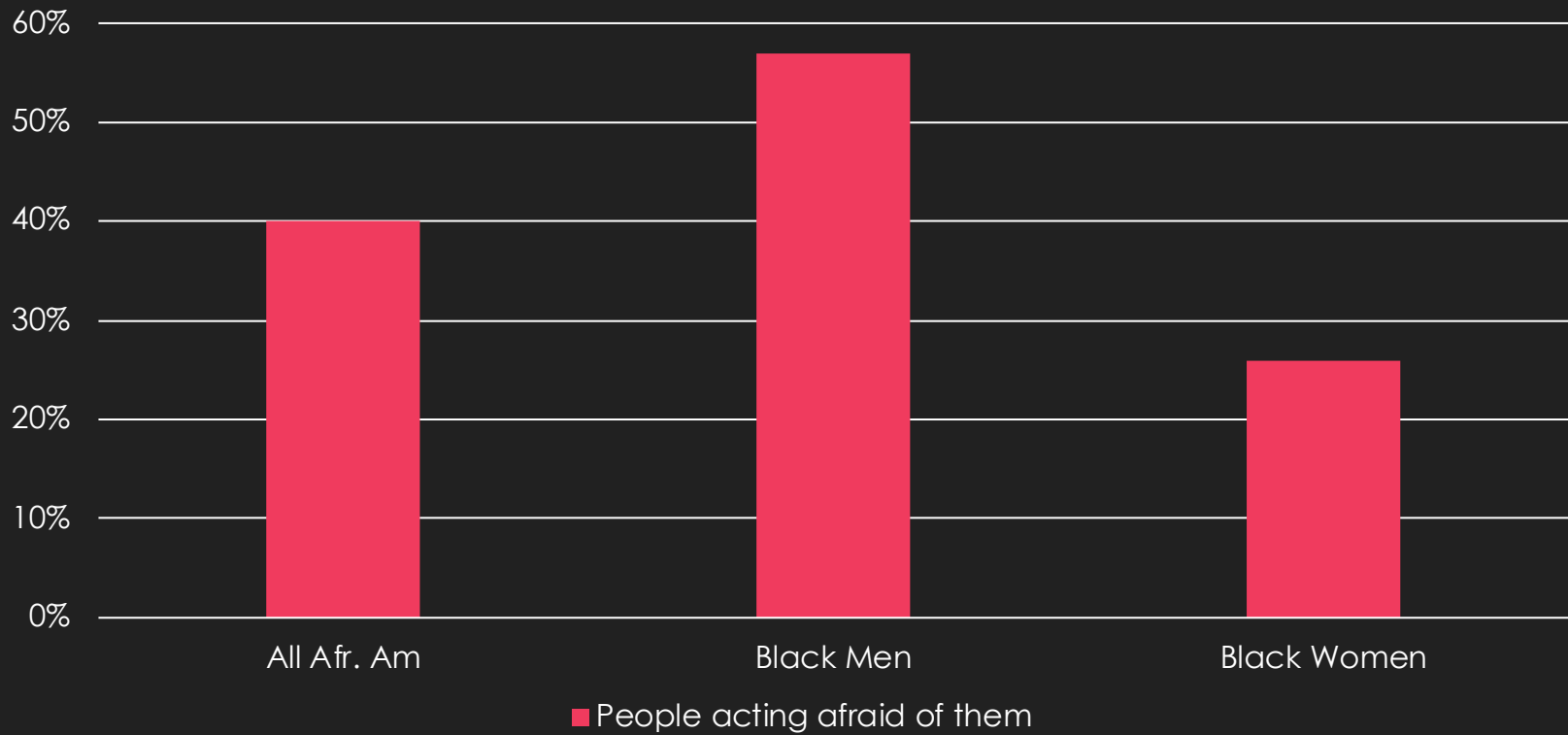
■ Individual Prejudice ■ Both Equally ■ Laws / Policies

European Americans were asked an interesting variant of this question...

RWJF/NPR 2017

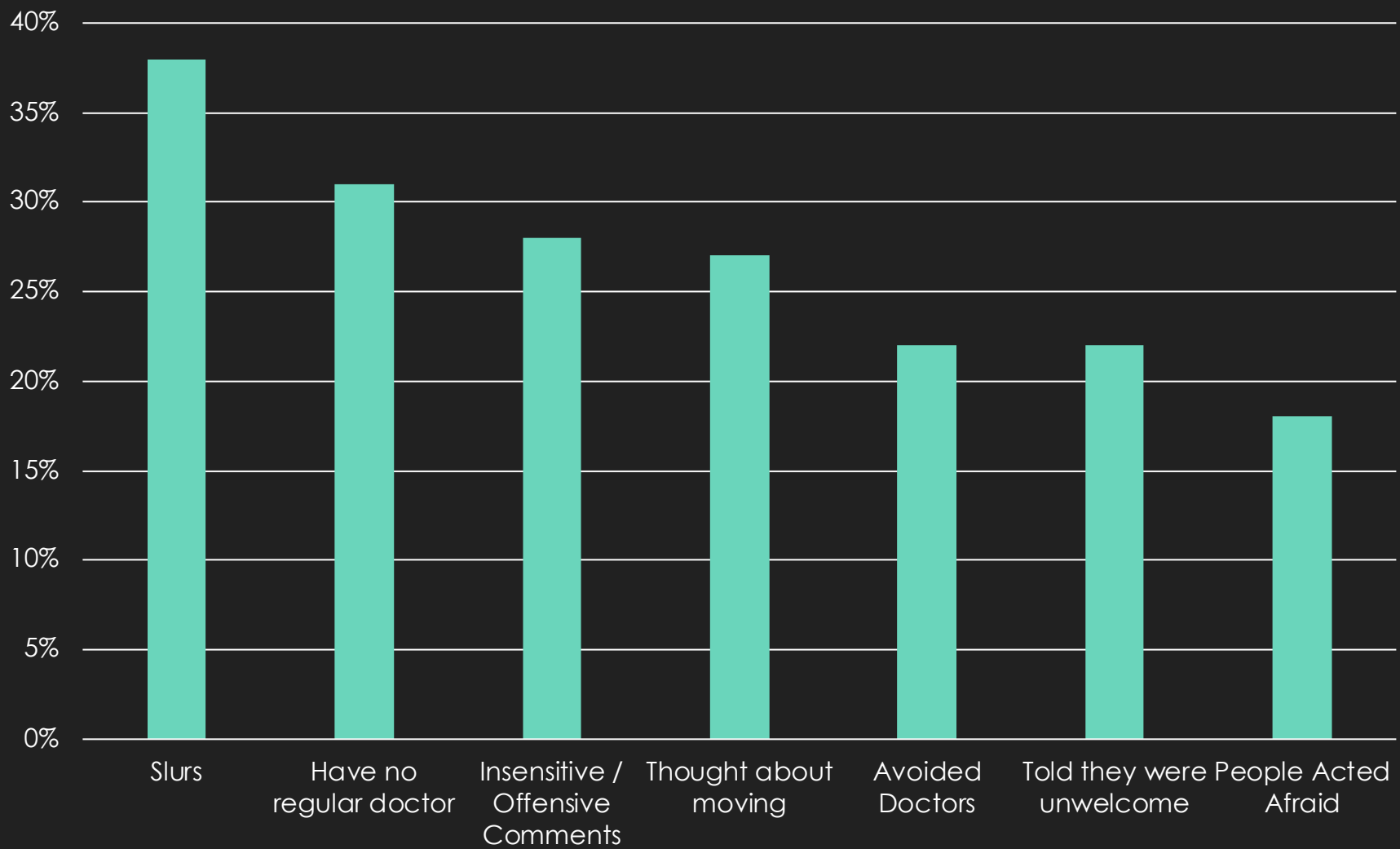


## People acting afraid of them



## Ethnicity x Gender Interaction

RWJF / NPR 2017



## Experiences reported by trans participants

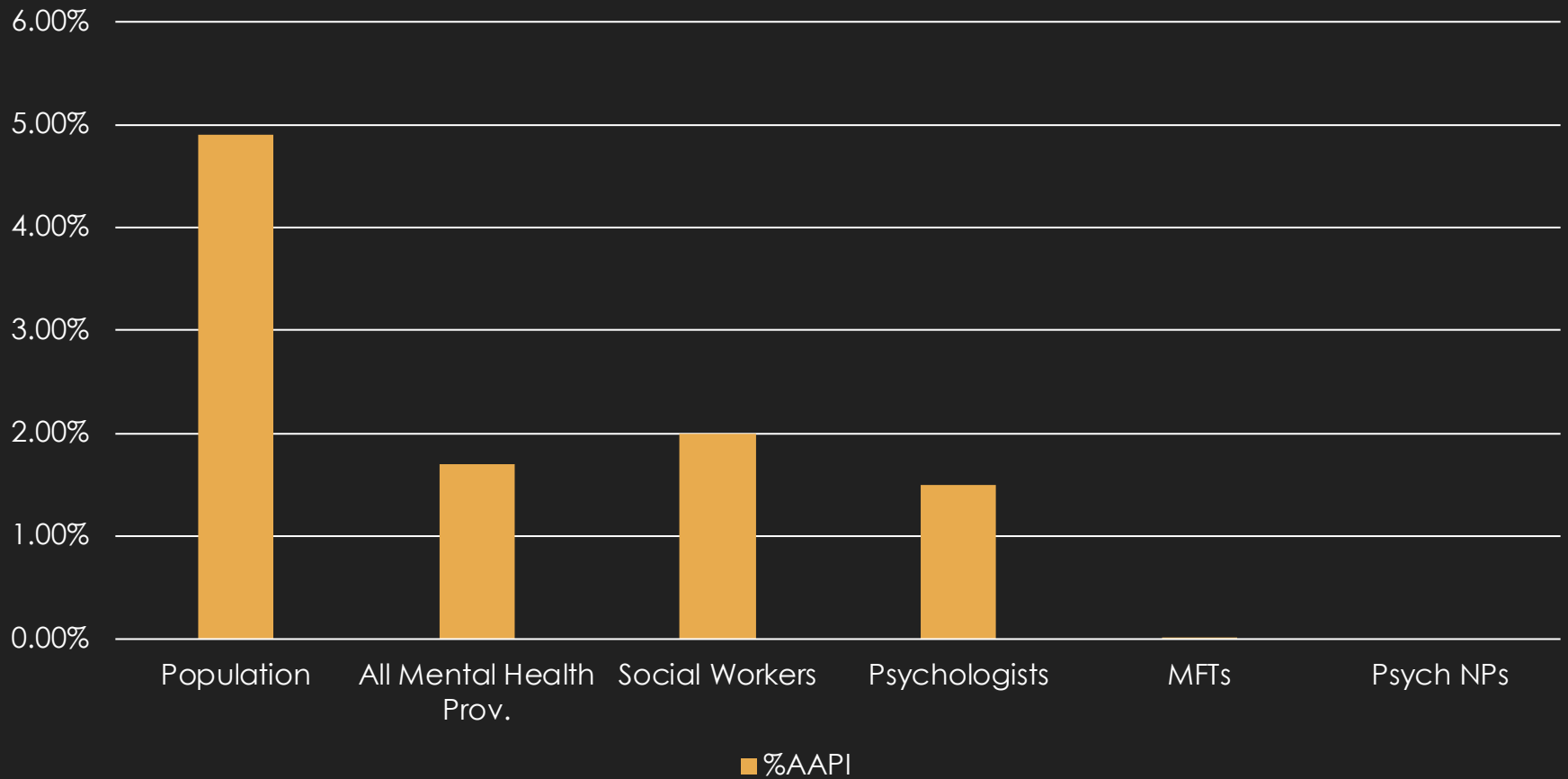
Noteworthy reports in these areas existed for all groups, including white / European American respondents (RWJF/NPR 2017)

# What does this mean?

- Many Americans from across a wide variety of majority and minority groups report a belief in discrimination against their group
- Belief in discrimination is not always directly linked to personal experience, in general, more people believe that discrimination exists than have experienced it personally
- Views are not necessarily mutually exclusive, e.g., it is possible for European Americans to perceive discrimination against them because they are white but also perceive discrimination against ethnic minorities because they are not white
- Rich data resource to help therapists understand some basics about what things are perceived as common within communities they do and/or do not belong to, and also what intersecting identity variables affect these belief rates



%AAPI



## Ethnic Differences Between Providers & Patients

Berger, Zane, & Hwang, 2014

# At a high level

- Not a lot of evidence that therapist ethnic minority status really affects therapy outcomes
- Therapists produce similar outcomes, in aggregate, for ethnic minority and majority patients (Hayes, 2014) even though some ethnic groups are less likely to enter or persist in therapy relationships
- Eclectically oriented therapists tend to see cultural awareness as more of a core therapy competency, at least compared to psychodynamic and humanist therapists (Berger, 2014)
- Studies repeatedly demonstrate a role for both organizational factors, policies, and priorities, and personal initiative on the part of therapists

# Provider differences

- Other variables discussed so far also differ between patients and providers
  - Education level
  - Exposure to violence / combat stress for service members deployed to combat situations, and exposures to elevated trauma experience levels in deployed military life even outside of combat environments

# Adverse Childhood Events

Quick estimation of early / developmental trauma

“Know your ACE score”

## Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

Like you were growing up, during your first 18 years of life:

Did a parent or other adult in the household **often** ...

Swear at you, insult you, put you down, or humiliate you?

**or**

Act in a way that made you afraid that you might be physically hurt?

Yes No

If yes enter 1 \_\_\_\_\_

Did a parent or other adult in the household **often** ...

Push, grab, slap, or throw something at you?

**or**

**Ever** hit you so hard that you had marks or were injured?

Yes No

If yes enter 1 \_\_\_\_\_

3. Did an adult or person at least 5 years older than you **ever**...

Touch or fondle you or have you touch their body in a sexual way?

**or**

Try to or actually have oral, anal, or vaginal sex with you?

Yes No

If yes enter 1 \_\_\_\_\_

Did you **often** feel that ...

No one in your family loved you or thought you were important or special?

**or**

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No

If yes enter 1 \_\_\_\_\_

Did you **often** feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

**or**

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No

If yes enter 1 \_\_\_\_\_

Were your parents **ever** separated or divorced?

Yes No

If yes enter 1 \_\_\_\_\_

Was your mother or stepmother:

**Often** pushed, grabbed, slapped, or had something thrown at her?

**or**

**Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?

**or**

**Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No

If yes enter 1 \_\_\_\_\_

Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No

If yes enter 1 \_\_\_\_\_

Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes No

If yes enter 1 \_\_\_\_\_

Did a household member go to prison?

Yes No

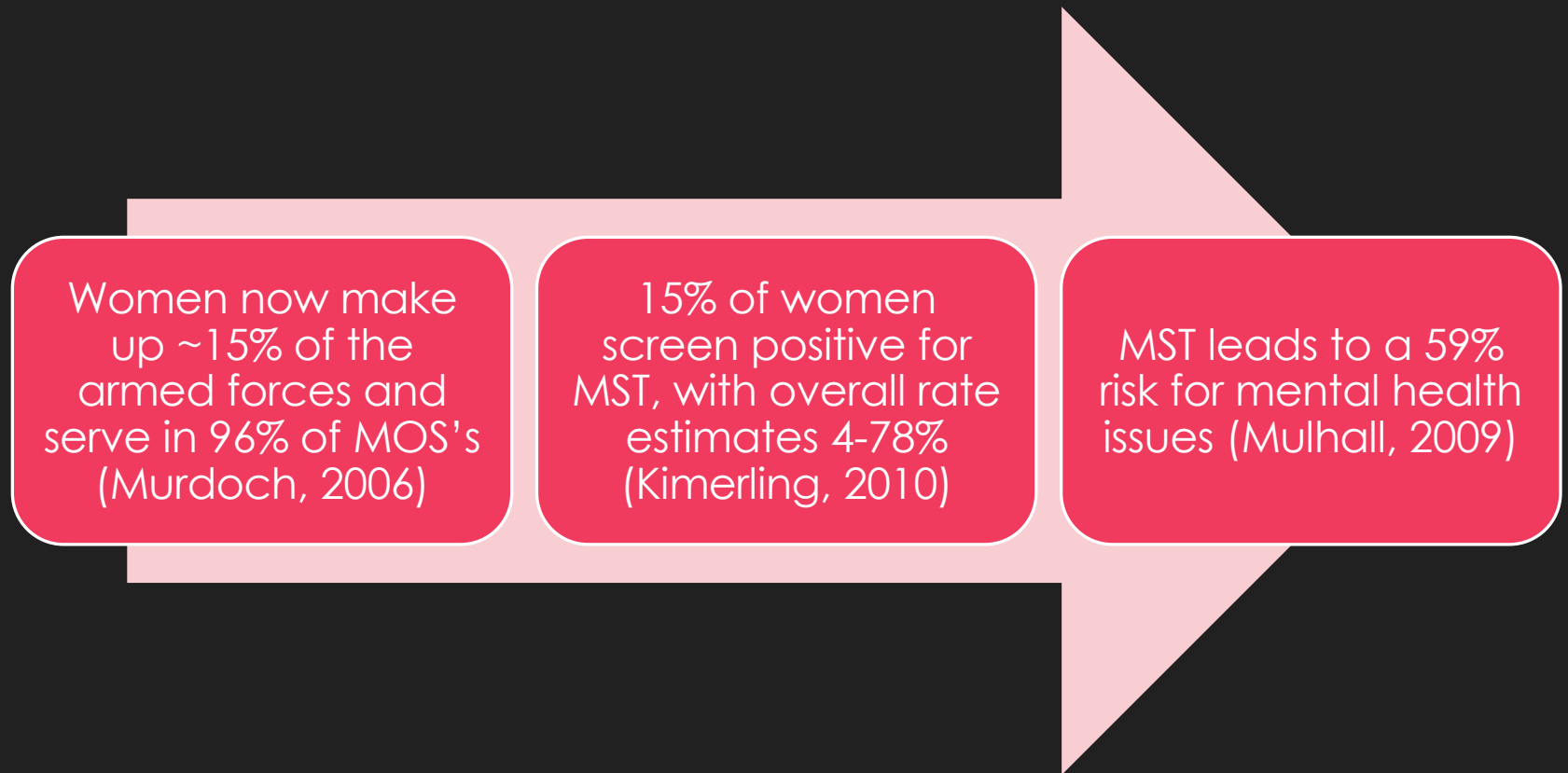
If yes enter 1 \_\_\_\_\_

Now add up your “Yes” answers: \_\_\_\_\_ This is your ACE Score

# OEF/OIF Realities

- High rates of signature injuries
  - TBI
  - Musculoskeletal injury
  - PTSD
- Higher rates of ...
  - Anxiety
  - Depression
  - Suicidality
  - Homelessness
- Different nature of intrafamilial conflict and parenting responsibility challenges for male vs. female service members (e.g., ~2 million children, 40% under 5yo, who are ADFM, 50% have deployed parents)

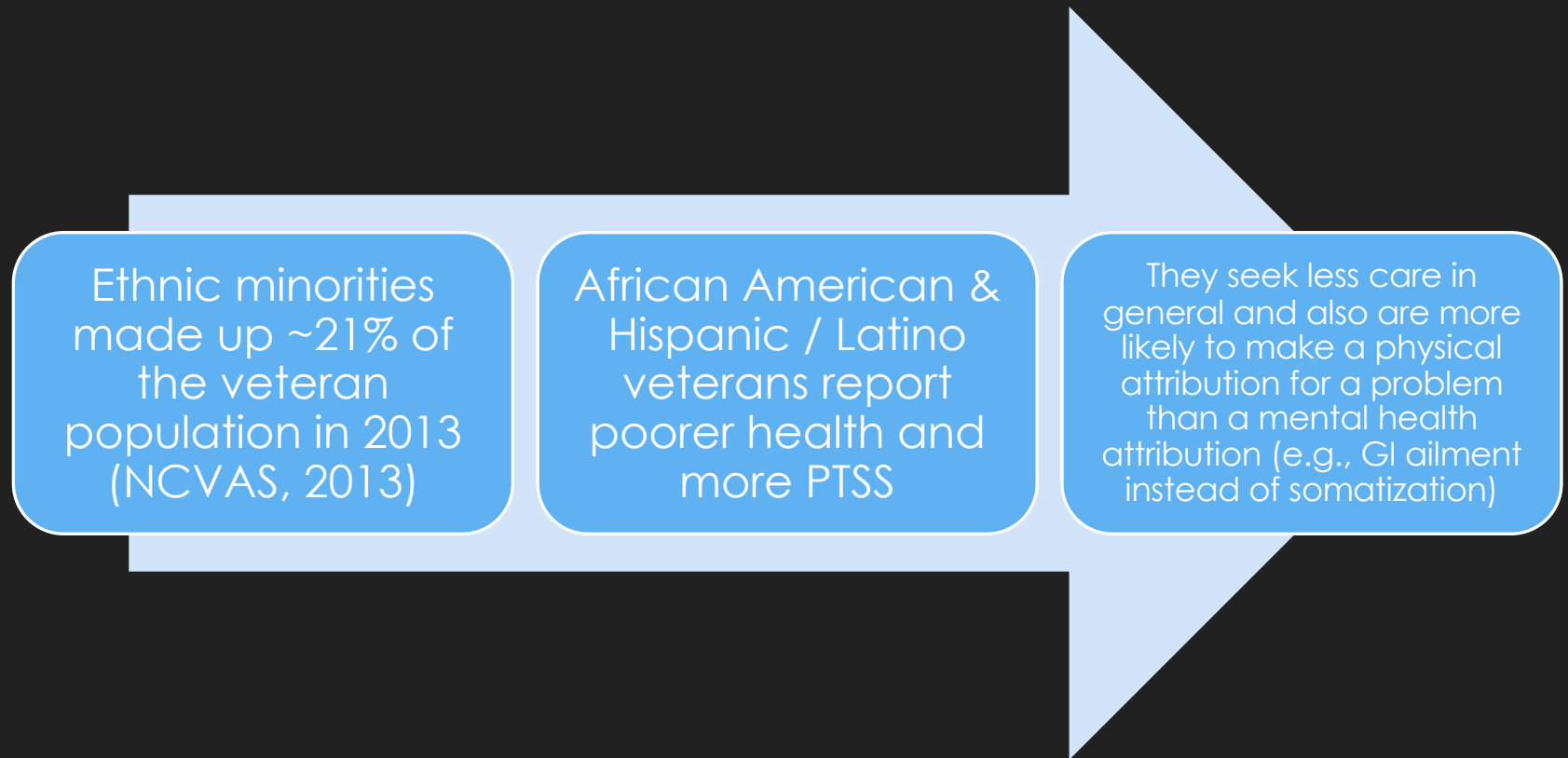
(Mankowski, 2016)



## Risk Progression for Women in the Military

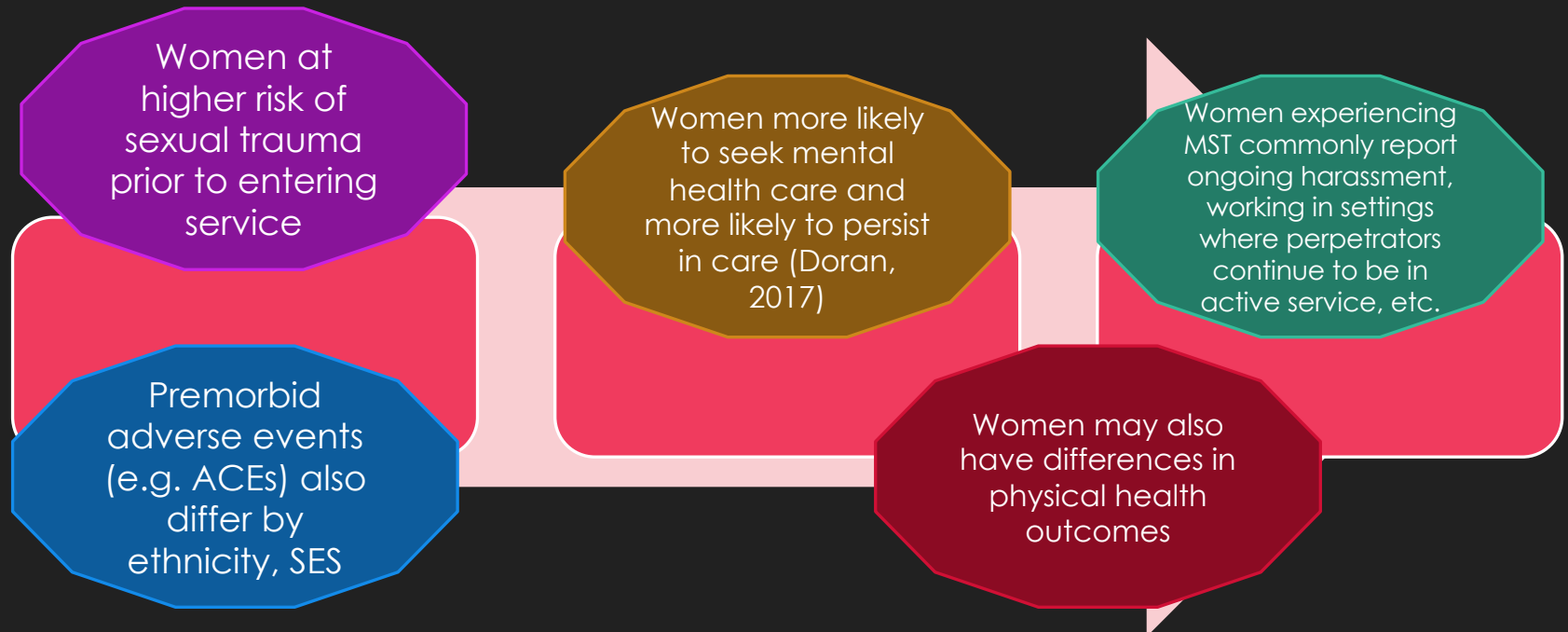
A process example (Mankowski & Everett, 2016)





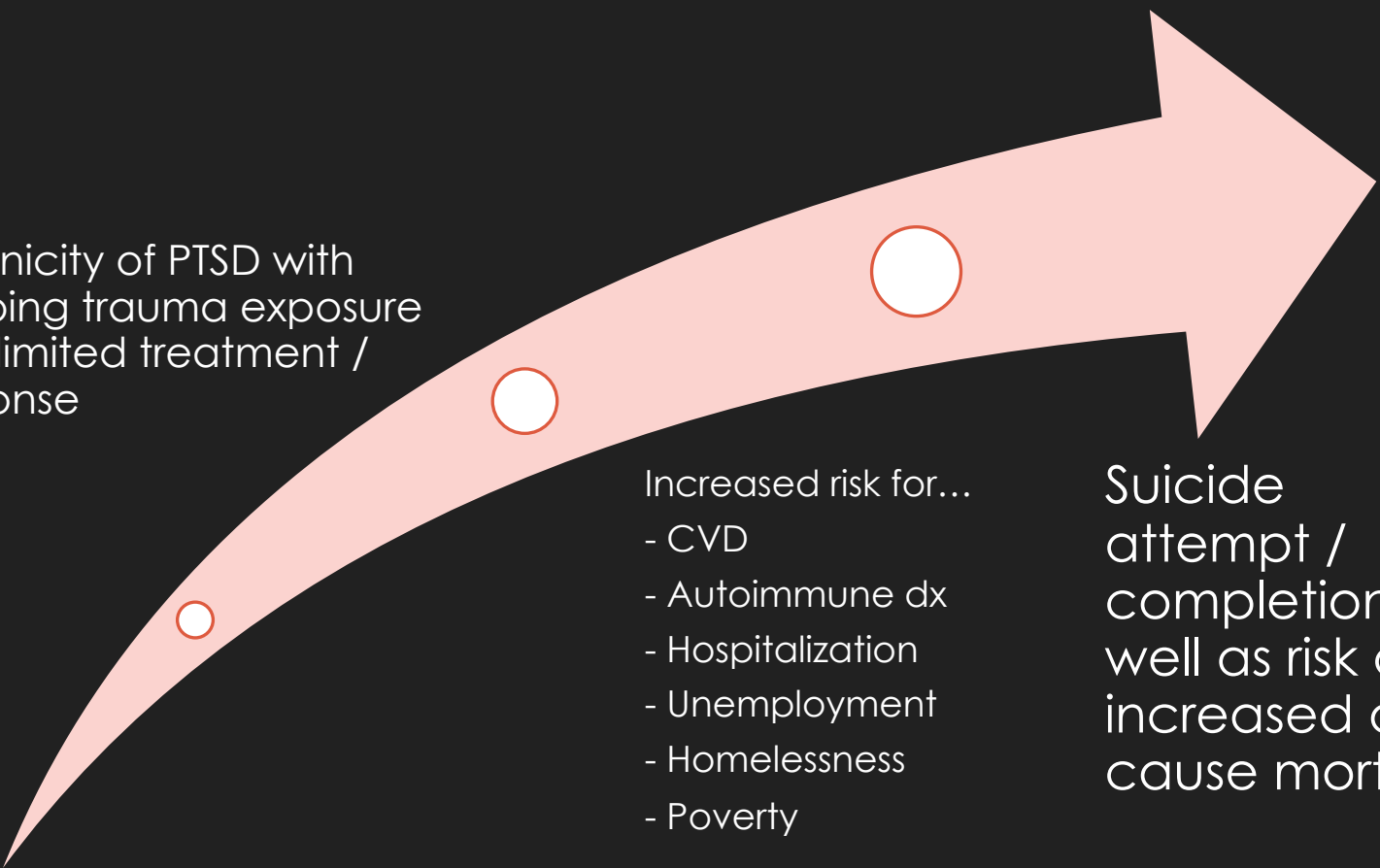
## Post-Service Risk Progression

A process example (Ahlin & Douds, 2017)



## Risk Progression for Women in the Military

A process example (Mankowski & Everett, 2016)



Chronicity of PTSD with ongoing trauma exposure and limited treatment / response

Increased risk for...

- CVD
- Autoimmune dx
- Hospitalization
- Unemployment
- Homelessness
- Poverty

Suicide attempt / completion as well as risk of increased all cause mortality

## Interaction of physical and mental health

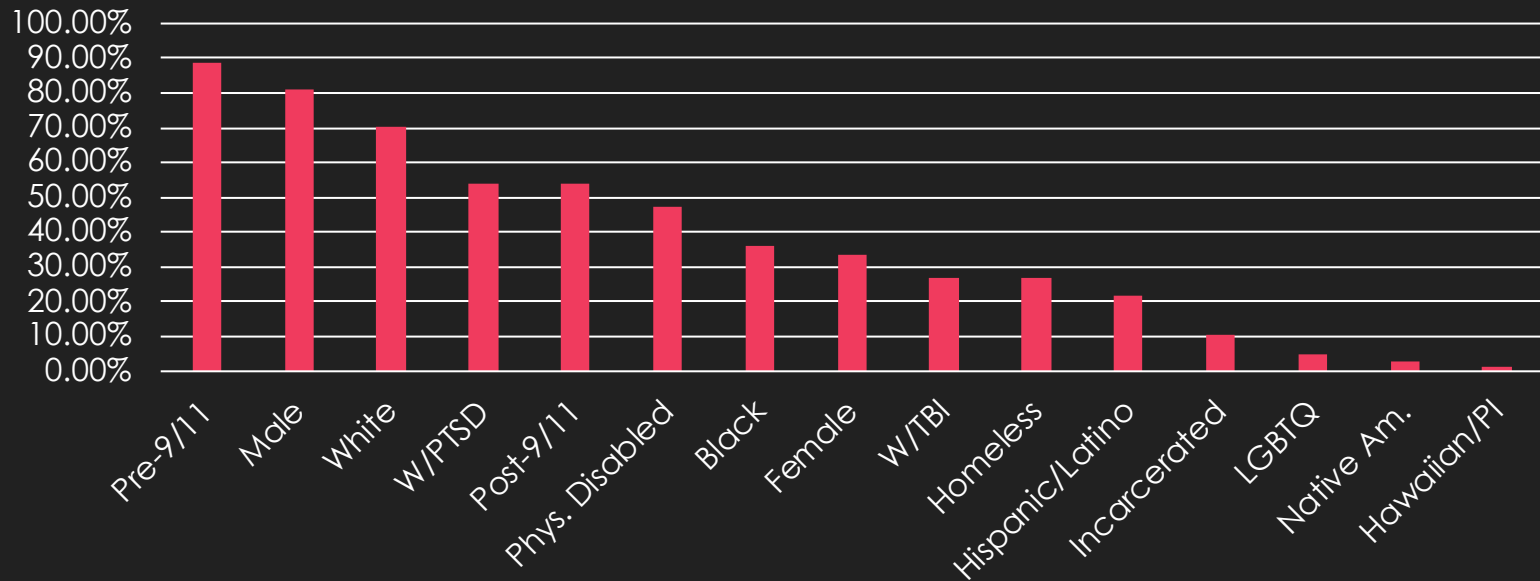
A process example (Spoont, 2017)



Varying degrees of post-deployment pathology

Mankowski & Everett 2016

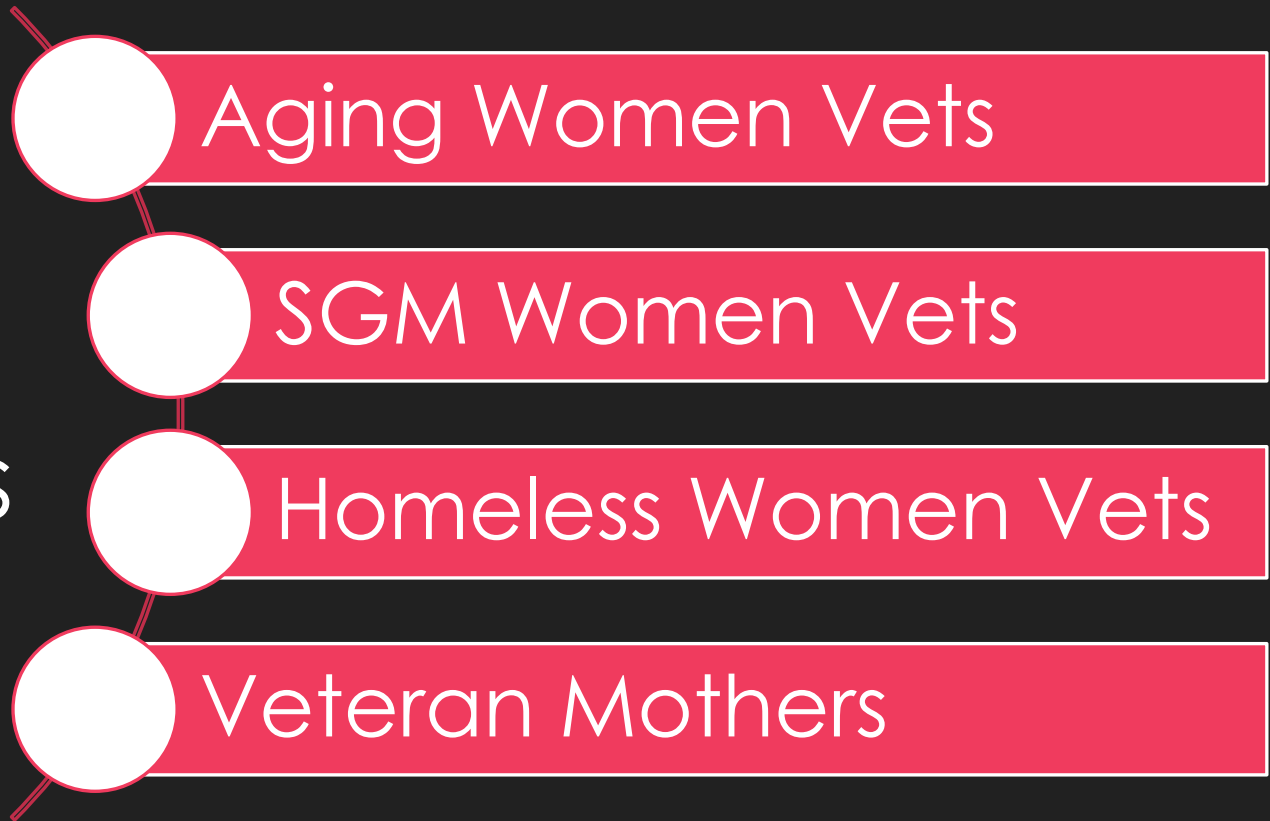
## VSO Perception of Population being Well Served



Both demographic characteristics...

...and deployment and injury characteristics drive perception of adequate service level, and interact with each other (Ahlin & Douds, 2017)

# Women Veterans

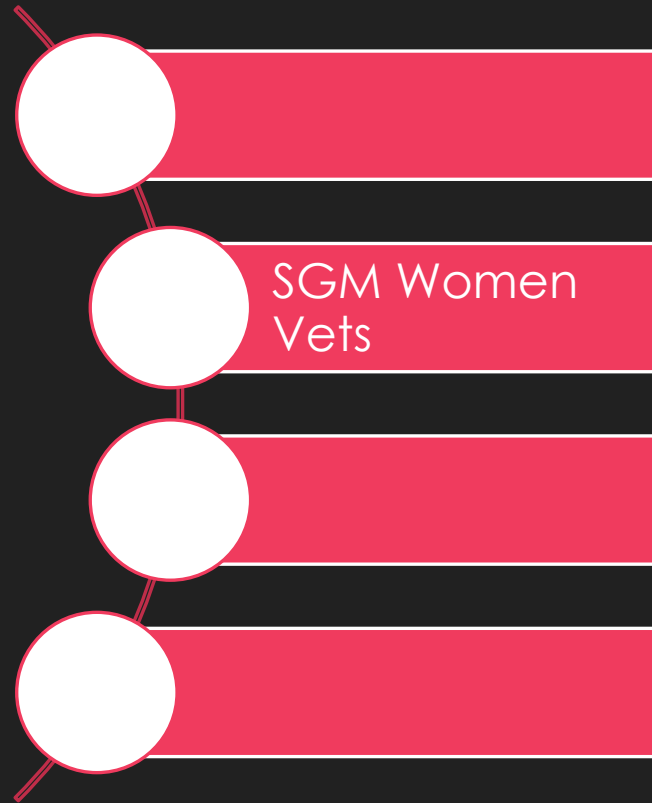


Minorities within Minorities

Mankowski & Everett 2016



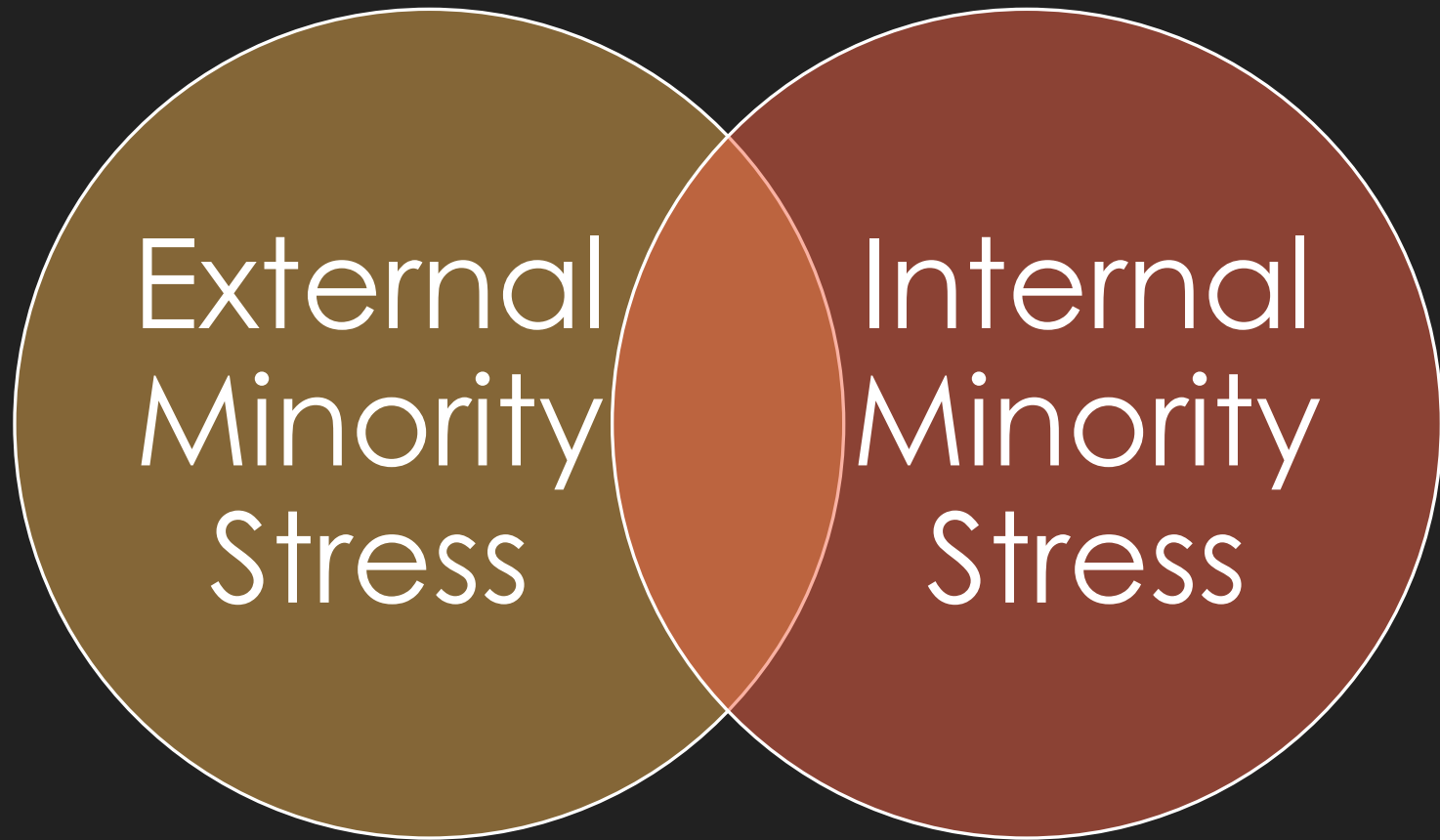
## Women Veterans



- Over-represented in armed forces (women make up 15% of AF but SGM women make up 43% of SGM svc members)
- Post-deployment poorer health, more physical disability, lower healthcare access, less financial security, ...

## Minorities within Minorities

Mankowski & Everett 2016

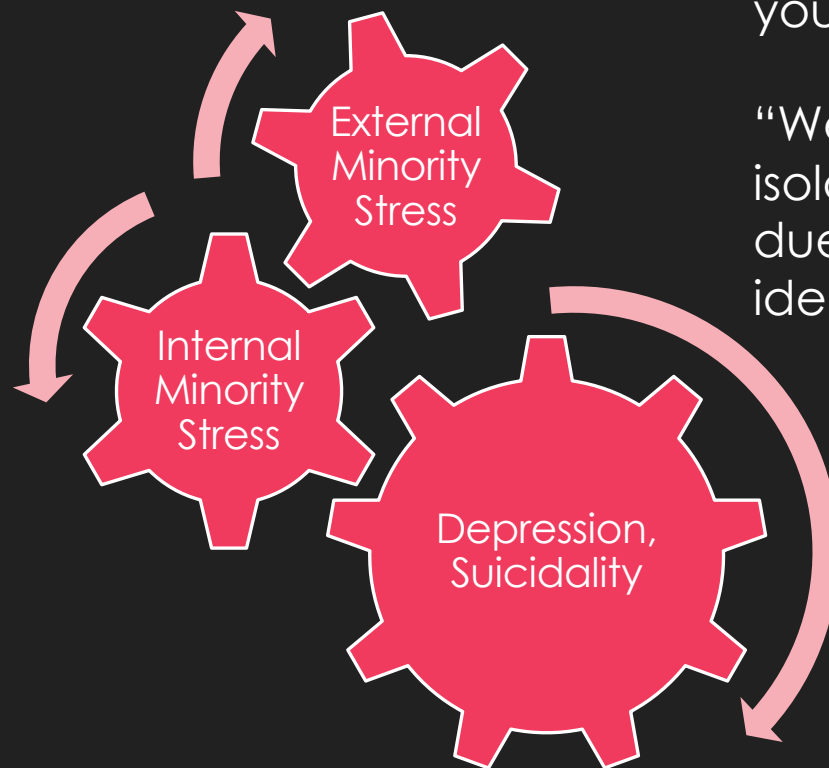


Minority service members may experience important effects of both external and internal minority stress

And these may interact to some extent based on perceptions of commonality of experiences as well as assessment of how realistic threats are

“If I had let people in the service know of my gender identity, I probably would have been harmed physically”

“In the service, I experienced a great deal of fear and anxiety about my authentic gender identity being revealed to others.



“Were you ever interrogated or investigated regarding your gender identity?”

“Were you ever physically isolated from your unit due to your gender identity?”

## External Minority Stress Feeds Internal Minority Stress

This pathway explained 33% of variance in past year SI & 40% for past two weeks SI (Tucker, 2018)



Cultural Beliefs &  
Discrimination

Institutional  
Messages

Interpersonal  
Treatment

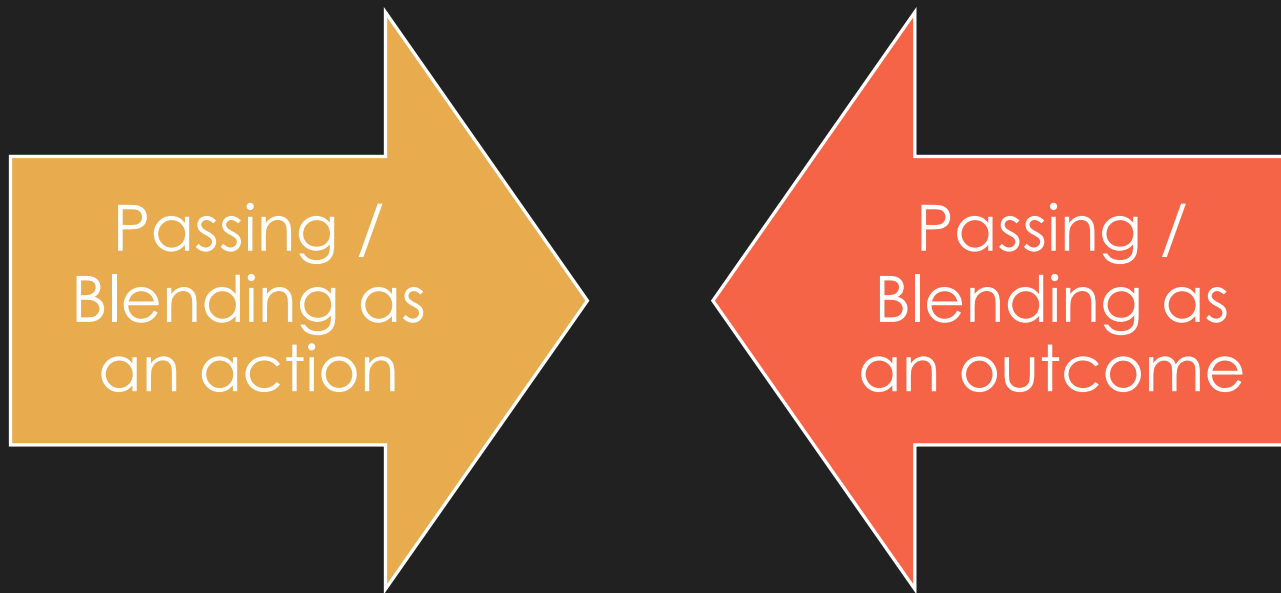
Internalized  
Belief

Cf. Model in  
TA-CBT

[How important is it for you to pass/blend?] 100%, the most important thing about that aspect of my life. Because, if you do not, then you're just a joke walking around in public, and nobody takes you seriously — and everybody stares at you, and it's a big fucking mess. Trust me, I've been in both situations [passing/blending and not passing/blending] and the differences are night and day.

Rood, 2017 study participant, white, woman / female

Passing / blending can be considered in terms of its salience both to the trans service member and to their peers



- Conformity pressure
- Avoidance of “misgendering”
- Desire not to be defined by transness

- Being “spooked” or “clocked”
- Being validated or treated in an equitable way
- Being “cisgendered”

Constructs such as “Passing” can mean different things contextually, over time, or from person to person



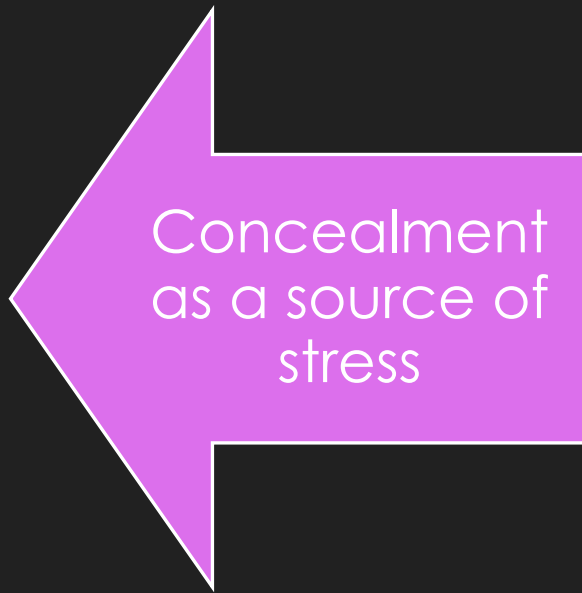
...an interesting comparison between nations, who either include or exclude transgender people in their military, about secrecy and the use of discriminatory language. More specifically, participants from nations with organisational policies that were inclusive of transgender personnel reported no requirement to be secretive and a zero tolerance to discrimination by the management infrastructure. The opposite was true for personnel from nations that excluded transgender personnel. This is a concern because harassment and discrimination at work can have negative effects on both physical and mental health

UK has been going through changes in service at a roughly similar rate, e.g., recently incorporated female submariners, with US beginning female submarine service in 2010 and at the enlisted level in 2016 (Whybrow, 2016)

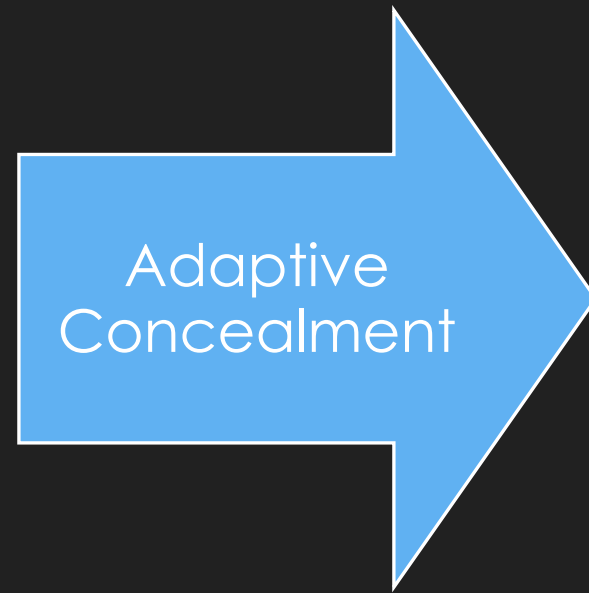
Cross-Reference Successful Trans  
Service Roll Out in UK and Elsewhere

# UK Key Recommendations

- UK AF engages in continuous attitude surveying assessing fairness and harassment experiences
- UK AF participates in Stonewall Workplace Equity Index, encourages trans service members to participate
- D&I Task Force has seat on LGBT network board
- Trans service members present at national UK AF D&I conferences
- The above have resulted for instance in the UK Navy being a benchmark in this area and consultant of choice for other navies



- Fear of mistreatment or violence
- Shame or self-loathing
- Self-consciousness



- Affirmation of true gender
- Concealment of gender history

Therapists Should Emphasize Understanding  
Motivation and Context for Identity Concealment

Rood, 2017

# Experience & Perspective

## On Campus

A time to find yourself  
Sources of social capital  
Supportive audience  
Diverse environment but also  
homogenous sub-Groups  
Reframe from obligation to  
educate to opportunity to be a  
role model

## On the street

Desire to explore identity, but...  
“Never ending search for basic  
necessities”  
Fears related to being on the street  
Focus on social capital but limited  
resources  
Solidarity among youth  
Bias challenging experiences

# Cognitive Distortions vs. Minority Stressors

The life expectancy of a trans person is 35 years

The estimate has been made, but it applies primarily to black and Latinx trans women in poor, urban environments

You know being trans doesn't kill you... what makes up that reduced life expectancy?  
What can you do to identify and manage risks?

This is salient to me



Consider  
becoming an  
advocate / ally

Explore harm  
reduction, risk  
management,  
safety awareness

Refocus on  
salient, relevant  
concerns

Psychoeducation

This is relevant to me



# Therapy Narrative – Activities & Feelings

- “So this guy, he’s actually my second cousin, I guess, he just posts something so ignorant on Facebook, you know, like ‘the gays’ caused Hurricane Harvey, like I’m the fucking rainbow version of Storm from X-Men. And I go in, and I’m commenting, I’ve just got to show that asshole. So I post about that guy who says all this stuff about God punishing the gays and how his house is flooded. Loser.”

# Therapy Narrative – Building Hope

- “You know, in Michigan, it’s perfectly legal to discriminate against queer people in the adoption system. It’s always been my dream to be a parent, and I don’t know, the natural way isn’t going to work for us, and that’s just really demoralizing. But then you know, these guys, Bethany or whatever, they invite us to their events, they keep asking me for money, I don’t even know what they’d say if we tried to work with them. And things are changing. Who’d have thought we’d have the rights we have now? And those kids, you know, they’re growing up in a world where being LGBT is just, you know, something that people are. And nobody can do anything to stop change.”

# Therapy Narratives – Fostering Connectedness

- “Pride is coming up, I’m so excited. I have the new rainbow flag, you know, the one with the brown and black stripes, and I couldn’t invite all my friends from school, but a couple are coming, and this is going to be amazing.”
- “I guess I’ve created a kind of bubble, there are a few people I don’t really talk to anymore, but I’ve got a lot of people behind me, in the community, sure, my gay friends, but I have tons of straight friends, these days, and they really get it, or at least, they support us. I know that the hate is out there, but when we’re around the haters, we have lots of people who love us, and they keep their mouths shut. I know those thoughts are out there, but I’ve made a life where, I guess I only confront them on my own terms, for the most part.”

# Therapy Narrative – Identity Synthesis

- “So I was over on campus, at an event, and this student comes up to me, and they start lecturing me about how I’m not trans anymore, because I maybe came out years ago, and transitioned, but now, I guess, nothing’s going on, so in their mind, I stopped being trans. But I’m not, I’ll always be trans, nobody takes that away from me. I used to be ashamed of it, but now I’m proud of it.”
- “I guess, yes, being trans is part of who I am, it’ll always be part of my history. But most of the time, I don’t think about it. I’ve just settled down to being. I’ve got my kids, I’m seeing a man, I’m living my life, and for the first time, maybe ever, I’m really, genuinely happy. So I took a break on going to all the parties and events, like I’m not even sure I’ll go to First Event, and it’s right here in town, it’s the right thing for me right now. Less trans and more being.”

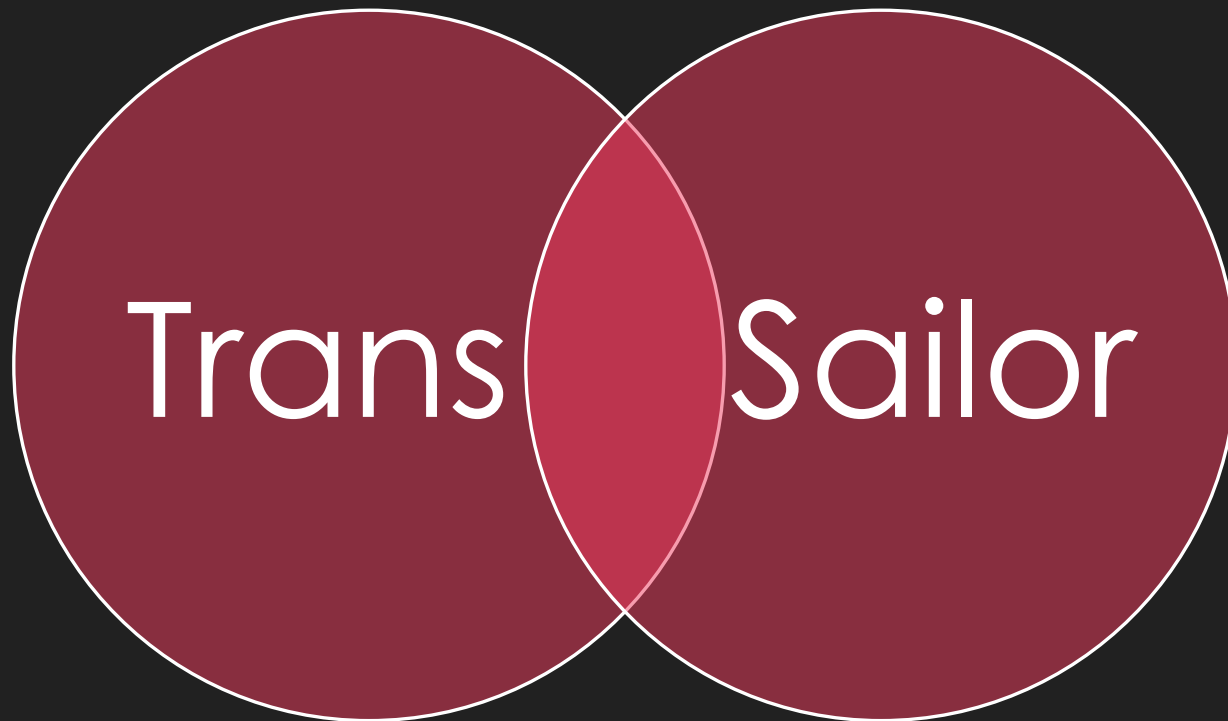
# Minority in a Minority: Call the CIA (Conflicts in Allegiance)

The LGBTQ community is Eurocentric

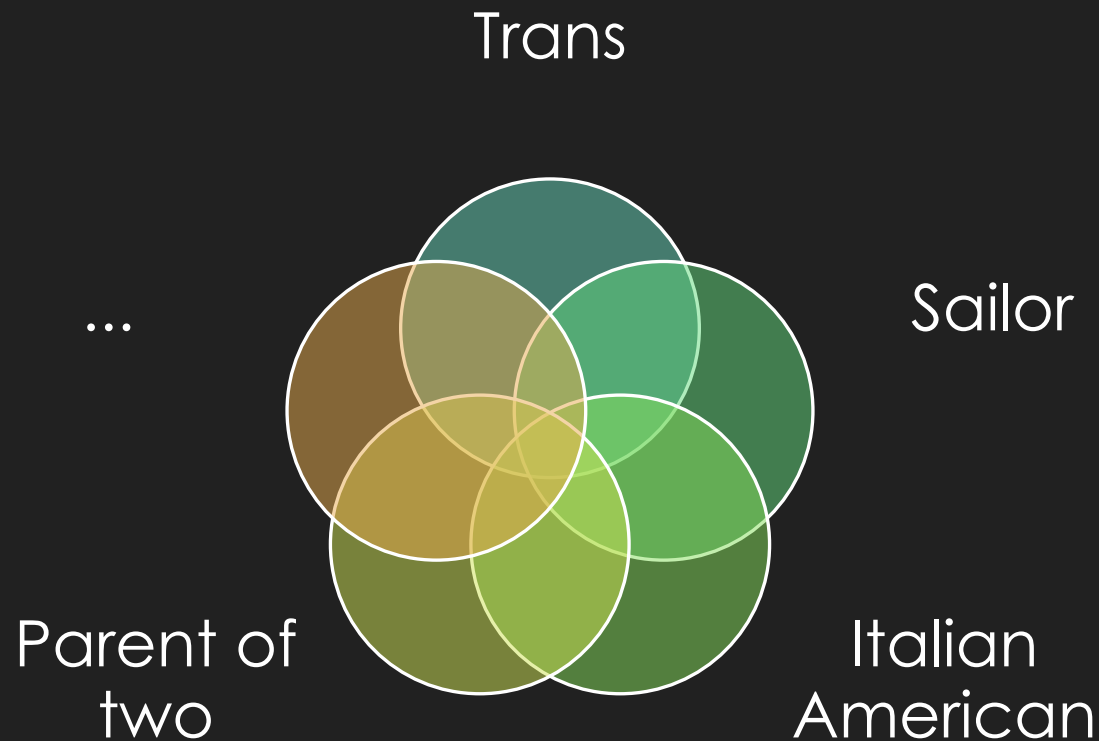
Therapist might elicit patient history vis-à-vis engagement in racial and LGBTQ identities

Responses might involve both validating the reality of this and finding helpful opportunities for connectedness in multiple communities of identity

# Defusion and Therapy



# Identity is multi-faceted but not merely additive





# Therapist Understanding Beyond Affirmative Therapy

- Idea of being LGB as an orientation that does not require change or cure (in the T context, the idea of gender identity could be inserted here)
- How LGBTQ support networks differ from those of straight people
- How patients' cultures understand gender and sexuality
- Challenges of growing up LGBTQ
- How disclosure is accomplished
- What role the therapist sexual orientation plays in the therapy relationship
- Unique psychological vulnerabilities and needs of LGBTQ people

King, 2015



# Therapist thought questions

- 'Has anyone ever asked you to change your heterosexuality?'
- 'Has anyone ever assumed that you are unsafe around children based solely on your heterosexuality?'
- 'What factors were most important or influential to your development of a heterosexual identity?'

(McGeorge & Carlson, 2011, quoted in King, 2015)

# To add to this...

- Consider understanding the role that healthcare professions have played in supporting and extending racism, sexism
- Consider the role psychology, psychiatry, behavior analysis, etc., have played in development of conversion / reparative therapies
- Consider unique resiliency resources / strengths of LGBTQ people and LGBTQ culture

# In summary...

- Many of these concepts have some level of applicability across differences of gender, ethnicity, sexual / gender minority, or other status or experiential differences
- Ethical therapists engage in continuing education and make use of available resources to better their understanding of their patient populations
- This is an ongoing process, we will end up looking back and feeling ignorant about something (or more than one somethings)
- Therapists who understand difference can insert more nuance into the therapy relationship but need to continue learning from their patients and not make assumptions about the patient's perspective
- Developing helpful patient cognitions moves therapy towards an alliance and breaks the tendency towards bad assumptions implicit in "diagnosing" cognitive distortions