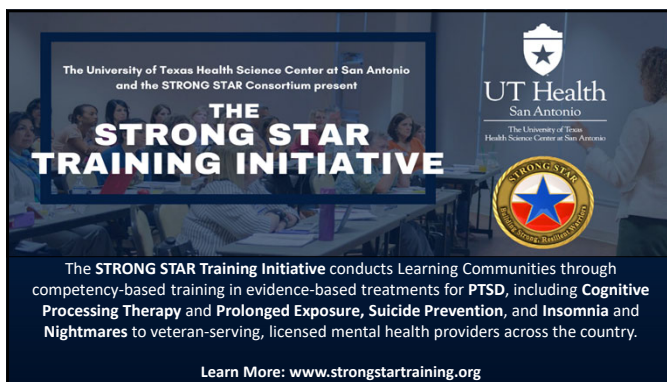


Clinical Considerations for the Implementation of CPT Among LGBTQIA+ Populations

John Moring, PhD
Assistant Professor, UT Health San Antonio
San Antonio, TX

1



The University of Texas Health Science Center at San Antonio and the STRONG STAR Consortium present

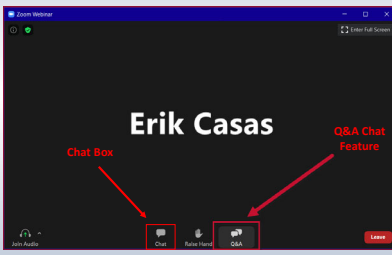
THE STRONG STAR TRAINING INITIATIVE

The STRONG STAR Training Initiative conducts Learning Communities through competency-based training in evidence-based treatments for PTSD, including **Cognitive Processing Therapy** and **Prolonged Exposure**, **Suicide Prevention**, and **Insomnia** and **Nightmares** to veteran-serving, licensed mental health providers across the country.

Learn More: www.strongstartraining.org

2

Housekeeping Rules



- Place questions in the "Q&A" chat feature – questions will be answered at the end of the presentation.
- Place technical issues in the chat box.

3

Continuing Education Credits



If attending this presentation live: CE evaluation link will be provided in chat box at end of the webinar and emailed to you.

If viewing this recorded presentation through the Provider Portal:

- ****Two passwords** will be shared during this recording**
- You will need **both passwords** in order to complete the CE evaluation and receive your CE certificate.
- To access the CE evaluation, click on the CE credit link provided in this webinar's [description](#) on the Provider Portal.

Your CE certificate will be emailed to the address you provide in the CE evaluation form.

PLEASE NOTE: The CE evaluation link and CE certificate are often blocked by government/VA email accounts. If applicable, please forward the link to your personal email address, and provide a personal email address on the CE evaluation in order to avoid a delay in receiving your certificate.

The University of Texas Health Science Center at San Antonio is approved by the American Psychological Association to sponsor continuing education for psychologists. The University of Texas Health Science Center at San Antonio maintains responsibility for this program and its content.

4



**STRONG STAR
TRAINING
INITIATIVE**

Clinical Considerations for the Implementation of CPT Among LGBTQIA+ Populations

John Moring, PhD
Assistant Professor, UT Health San Antonio
San Antonio, TX

5

Conflict of Interest Disclosure



The presenter has no conflicts of interests to disclose.

6

Learning Objectives



Learning Objectives:

At the end of this course, participants will be able to:

1. Identify and assess trauma based on sexual orientation and gender identity.
2. Recognize the intersection of trauma and sexual orientation identity.
3. Identify strategies to Socratically challenge assimilated and over-accommodated stuck points in a culturally sensitive manner.

7

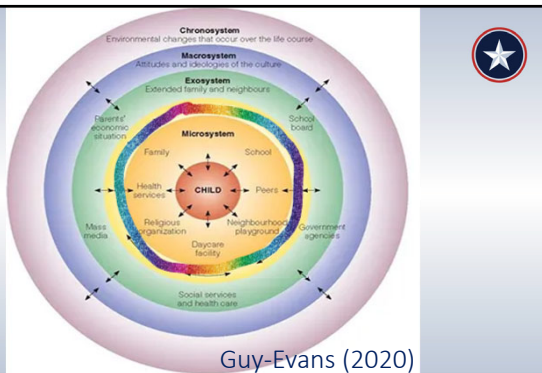
An Up-Hill Battle



The process of LGBTQIA+ identity development can be extremely difficult, confusing, and stressful without accepting and nurturing caretakers.

Common messages of anti-gay/trans sentiment are received from family, school, society, and certain religions. At times, LGBTQIA youth resort to running away from home as a way to cope, and without having disclosed their orientation or gender identities.

8



9

Heartbreaking Statistics



Higher rates of parental maltreatment are reported among gay and lesbian populations, compared to their heterosexual counterparts (Felitti et al., 1998).

Additionally, LGBTQIA+ children are at significantly higher risk of childhood sexual assault (CSA) and childhood physical assault (CPA), compared to their heterosexual counterparts.

-34% CSA among males; 45% among females (Balsam et al., 2005)

-35% CPA among males; 38% among females (Balsam et al., 2010)

10

LGBTQIA+ POC



LGB people of color may experience elevated risk not only compared to White LGB people, but also compared to their ethnic heterosexual counterparts.

Balsam et al (2004) found higher rates of childhood physical abuse among LGB Native Americans compared to heterosexual Native Americans.

Cultural or religious beliefs within ethnic minority families may include strong prohibitions against homosexuality (Chung & Katayam, 1998)

Gender atypicality may elevate risk for abuse (Grossman et al., 2006)

Overall: due to homophobia/transphobia among family members

11

Factors to consider



Approximately 1/3 of LGBTQIA+ youth have been physically threatened or harmed in their lifetime due to their identity, while almost half of transgender and nonbinary youth report being physically threatened or harmed (Trevor Project, 2020)

Many of these events happen at home, and it would be ideal to have an environment, such as school, to feel safe.

However, most LGBTQIA+ youth do not feel safe at schools because of their sexual orientation. Almost half of students do not feel safe because of their gender expression (Kosciw et al. 2018).

Transgender youth face higher victimization rates in school than nontransgender gay and lesbian youth (Gay, Lesbian, and Straight Education Network, 2009).

12



A Path to Homelessness

As youth, homelessness may become the best available option at the time, considering the CSA and PSA that occurs at home

Or, there is no option, and the family rejects them

13



Factors to Consider

LGBTQIA+ youth account for up to 45% of those served by youth agencies, outreach and housing programs (Durso & Gates, 2012), and represent a larger proportion of homeless youth compared to the overall population

Reasons for homelessness among LGBTQIA+ populations overwhelmingly are 1) running away from families who reject them due to their sexual orientation or gender identity, and 2) being forced out due to their sexual orientation or gender identity, despite wanting to stay (Durso & Gates, 2012)

14



Homelessness Risk Factors

LGBTQIA+ homeless engage significantly more in survival sex and are significantly more at risk for sexual victimization compared to heterosexual homeless (Walls & Bell, 2011; Cochran et al., 2002)

15

Homelessness Risk Factors



Overall, this abuse and neglect leads to increased psychiatric symptoms within this population (Schneeberger et al., 2014), which can be compounded by trauma endured during periods of homelessness.

Lesbian, gay, or bisexual homeless adolescents are more likely than homeless heterosexual adolescents to have a :

current major depressive episode (41.3% vs. 28.5%),

posttraumatic stress disorder (PTSD; 47.6% vs. 33.4%),

suicidal ideation (73% vs. 53.2%),

at least one suicide attempt (57.1% vs. 33.7%; Whitbeck et al., 2004)

Lesbian adolescents are more likely than heterosexual females to meet criteria for alcohol abuse (61.4% vs. 35.5%) and drug abuse (47.7% vs. 32.5%). LGBT homeless youth 13 to 21 years are more likely than non-LGBT homeless youth to use cocaine, crack, or methamphetamines and to report depressive symptoms (Cochran et al., 2002).

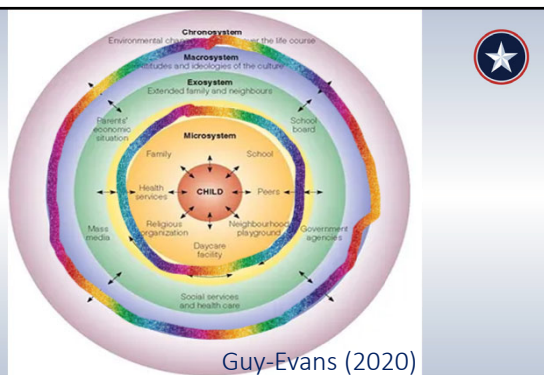
16

Alternatively...



LGBTQIA+ youth who identified as having at least one accepting adult in their lives were significantly less likely to attempt suicide

17



18

Systemic Risk Factors

HIV epidemic in the 80s (Nicholson & Long, 1990)
 Politics, religion
 Promotes a deviant characteristic (Goffman, 1961)
 Form of psychopathology in the DSM III
 Social stigma and marginalization against the LGBTQIA+ community (Hillier et al., 2012)
 Social stigma and prejudice are not defended
 Attitudes and behaviors sometimes (or often) kept secret (Troiden, 1989)

19

Internalized Heterosexism

Deviance associated with homosexuality
 Discrepancy between what the individual becomes and expectations (heterosexuality)
 Lowered self-esteem, self hatred (Igarua, Gill, & Montoro, 2003)
 Higher levels of sex-guilt, lower self-esteem, poorer self-concept (Rowan & Malcolm, 2003)

20

Internalized Heterosexism

Specific, unique type of minority stress
 Internalization of the antigay societal sentiment
 Internalization of microaggressions
 Internal conflict associated with "norms regarding sexuality, intimacy, and more generally, human existence and purpose" (Meyer & Dean, p. 161)

21

Internalized Heterosexism



Positively correlated with shame and inversely correlated with self-esteem among gay men (Allen & Oleson, 1999)

Positively associated with gay men's dissatisfaction and anxiety about sexual relationships, concern about sexual image, inversely related to confidence and satisfaction with sexual relationships

Avoidance of unpleasant feelings associated with limited social support (Meyer, 1995)

Use of illicit drugs and alcohol

Strategy to cope with stress

Leads to devaluation of the self and results in internal conflicts and poor self-regard

Overt self-destructive behavior

22

"I'm already a deviant..."



Perceived as a deviant of society

Generalized to other deviant behaviors

Smoking, Alcohol use, drug use, risky sexual behavior

More common among gay men compared to heterosexual men (Hamilton & Mahalik, 2009; Cochran, Ackerman, Mays, & Ross, 2004)

More likely to use drugs and alcohol, more likely to develop substance abuse compared to heterosexual counterparts, more likely to continue the drugs and alcohol (CSAT, 2001)

23

Risky behaviors



Drug use among MSM has been specifically linked to seeking or having sex with other men (Shernoff, 2005)

Enhance sexual experience

Increase arousal

Facilitate sexual encounters

Increase the capacity to engage in sexual behavior

Increase sexual longevity of the sexual experience

Increase capacity to engage in sex work (Meyers et al., 2004)

Increased risk of exposure to trauma

24

Overt Aggression & Violence

In addition to the additional risk associated with belonging to the LGBTQIA+ community (and before that awareness), societal demands of heteronormativity, increased internalized heterosexism, increased risk for psychopathology and maladaptive coping, we also have overt aggression and violence toward this community, as adults

In 2019, over 20% of hate crimes were motivated by sexual orientation and/or gender identity (Newsweek, 2020)

Political strategies to claim that LGBTQIA+ community is inclusive of pedophilia

FBI report shows increased hate crimes toward LGBTQ community (HRC, 2020)

25

Reported LGBT hate crimes by type, 2018

Hate Crime Type	Count (approx.)
Anti-gay	180
Mixed group	120
Anti-transgender	80
Anti-lesbian	40
Anti-bisexual	20

Pulse nightclub shooting
In June 2016, a shooter opened fire at Pulse, an LGBTQ nightclub in Orlando, Florida, killing people — most of whom were LGBTQ Latinx people — and wounding 53 others. The attack marked the largest mass shooting in U.S. history and was described by President Barack Obama as both “an act of terror and an act of hate.” The attack also marked the country’s largest mass casualty event specifically targeting LGBTQ people. In June 2021, President Joe Biden signed a bill into law designating the Pulse site as the National Pulse Memorial.

26

Increases in Hate Crimes

Most severe spike were racially motivated hate crimes
LGBTQ+ people also increased significantly. The FBI recorded 440 hate crimes against lesbian, gay, bisexual, or transgender people as a mixed group in 2020, a 16% uptick from 378 the year prior.

Hate crimes against trans people specifically rose more sharply: from 186 in 2019 to 232 in 2020, a nearly 25% increase.

(<https://crime-data-explorer.fr.cloud.gov/pages/explorer/crime/hate-crime>)

27

Dangerous Fake Narratives



(Them.Us)

"But perhaps the most malicious campaign came in 2016, when a faction of 4Chan users attempted to create a false movement to include the letter 'P' for pedosexuals, into the LGBTQ+ acronym. Snopes has debunked this, but what's most chilling about this campaign is the planning and patience the organizers exhibited when putting it together. 'If they want to demand that society accept their horseshit identities, then it's time we slip in one of our own,' wrote the post's author. 'How do we do this? We convince them that Pedos deserve rights too. Think about it, if this were to catch any traction at all it would only further remove any legitimization they've gained.'"

28

Dangerous Narratives



MTG said in a speech that Transport Secretary Pete Buttigieg and his husband Chasten should "stay out of our girls' bathrooms" while speaking at a Donald Trump rally.

Tweeted without basis, that "teaching racism and promoting sex, homosexuality, & normalizing transgender to children is mental/emotional child abuse."

Attempts to link LGBTQIA+ community with pedophilia

Dog whistle for white nationalists supporting their homophobia/transphobia, increases violence

29



PASSWORD #1:

strong

30

Assessment & Conceptualization

Offer a safe, inclusive environment

Address any difficulties or concerns about working with a straight ally

Allow the Life Events Checklist to become a conversation about childhood, adverse childhood events (ACES), obstacles while growing up related to sexual orientation or gender-identity

31

Assessment and Conceptualization

Be curious about their process of identifying and communicating their sexual orientation or gender-identity (e.g., their "coming out")

These conversations can often lead to a discussion about whether their identification with the LGBTQIA+ community was problematic for the family, family dynamics, and whether there was any abuse or neglect

Adaptive and maladaptive coping strategies (e.g., running away, non-disclosure, drug/alcohol use, protected or unprotected sex)

Current level of functioning that includes aspects of sexuality and gender (proper pronouns, stage of transitioning, level of "outness," internalized heterosexism, relationships and social support, family support)

Victimization related to sexual orientation or gender-identity as an adult, perceived microaggressions

32

Measures to Consider

Mohr & Fassinger (2000) OUTNESS INVENTORY

Use the following rating scale to indicate how open you are about your sexual orientation to the people listed below. Try to respond to all of the items, but leave items blank if they do not apply to you. If an item refers to a group of people (e.g., work peers), then indicate how open you generally are to that group.

- 1 = person definitely does NOT know about your sexual orientation status
 2 = person might know about your sexual orientation status, but it is NEVER talked about
 3 = person probably knows about your sexual orientation status, but it is NEVER talked about
 4 = person probably knows about your sexual orientation status, but it is RARELY talked about
 5 = person definitely knows about your sexual orientation status, but it is RARELY talked about
 6 = person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
 7 = person definitely knows about your sexual orientation status, and it is OPENLY talked about

0 = not applicable to your situation; there is no such person or group of people in your life

1. mother	1	2	3	4	5	6	7	0
2. father	1	2	3	4	5	6	7	0
3. siblings (sisters, brothers)	1	2	3	4	5	6	7	0
4. extended family/relatives	1	2	3	4	5	6	7	0
5. my gay/straight friends	1	2	3	4	5	6	7	0
6. my work peers	1	2	3	4	5	6	7	0
7. my work supervisor(s)	1	2	3	4	5	6	7	0
8. members of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
9. leaders of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
10. strangers, new acquaintances	1	2	3	4	5	6	7	0
11. my gay/lesbian/bisexual friends	1	2	3	4	5	6	7	0

33

22. I am not worried about anyone finding out that I am gay.	.73
11. I feel comfortable discussing homosexuality in a public setting.	.69
25. Even if I could change my sexual orientation, I wouldn't.	-.67
12. It is important to me to control who knows about my homosexuality.	.67
21. I feel comfortable about being homosexual.	.60
10. I feel comfortable about being seen in public with an obviously gay person.	-.59
19. I would prefer to be more heterosexual.	-.41
8. I don't like thinking about my homosexuality.	-.36
1. Obviously effeminate homosexual men make me feel uncomfortable.	
3. It would not be easier in life to be heterosexual.	
(23.8% of variance)	
Factor 2: Perception of Stigma Associated with Being Gay	
17. I worry about becoming old and gay.	.76
18. I worry about becoming unattractive.	.71
15. Society still punishes people for being gay.	.59
13. Most people have negative reactions to homosexuality.	.44
24. Discrimination against gay people is still common.	-.44
20. Most people don't discriminate against homosexuals.	-.41
(9.1% of variance)	
Factor 3: Social Comfort with Gay Men	
6. I feel comfortable in gay bars.	.62
4. Most of my friends are homosexual.	.59
5. I do not feel confident about making an advance to another man.	-.55
9. When I think about other homosexual men, I think of negative situations.	-.54
7. Social situations with gay men make me feel uncomfortable.	-.50
2. I prefer to have anonymous sexual partners.	.48
(6.4% of variance)	
Factor 4: Moral and Religious Acceptability of Being Gay	
14. Homosexuality is not against the will of God.	.65
22. Homosexuality is morally acceptable.	.60
26. Homosexuality is as natural as heterosexuality.	.56
16. I object if an anti-gay joke is told in my presence.	.42
(5.8% of variance)	

Internalized Homophobia (Herek et al., 2009)

34

Resources for Assessment

<https://gasp.psych.utah.edu/measures.php>

<https://socialidentityteam.weebly.com>

35

Cognitive Processing Therapy

Session 1: Psychoeducation about the traumatic event.
Explore beliefs that existed prior to the event. What did they learn from their family, religion, school, society about what it meant to be LGBTQIA+

36

Cognitive Techniques



We are NOT restructuring reality
 We ARE exploring whether thoughts are helpful/unhelpful
 Recognize and respect cultural differences
 Validate experiences of microaggressions, gender or sexual-orientation-based overt aggression & violence
 Encourage patients to self-advocate, while exploring possible positive and negative outcomes
 Explore helpfulness of social support systems, including family members, coworkers

37

Sessions 2 - 7



Main focus is on assimilation
 "Would have..."
 "Should have..."
 "Could have..."
 "If I had done something different..."

 Stuck points may focus on identities as a source of blame/fault

38

ACTIVATING EVENT
A
"Something happens"

A-B-C Worksheet
BELIEF/STUCK POINT
B
"I tell myself something"

CONSEQUENCE
C
"I feel something"

I was molested as a child	I deserved it because I was too effeminate	Shame, guilt
---------------------------	--	--------------

Are my thoughts above in "B" realistic?
 Maybe not...

What can you tell yourself on such occasions in the future?
 Just because I was a feminine child, it doesn't make it ok...

39

A-B-C Worksheet		
ACTIVATING EVENT A "Something happens."	BELIEF/STUCK POINT B "I tell myself something."	CONSEQUENCE C "I feel something."
I was molested as a child	I was molested because I'm gay	Shame, guilt

Are my thoughts above in "B" realistic?
Not realistic

What can you tell yourself on such occasions in the future?
It doesn't matter, because I'm not at fault

40

1. What is the evidence for and against this Stuck Point?

FOR: None

AGAINST: There's no research to support that. A lot of LGBTQIA+ have not been molested

2. Is your Stuck Point a habit or based on facts?
Habit

3. In what ways is your Stuck Point not including all of the information?
Not including the fact that not all LGBTQIA were molested as children

4. Does your Stuck Point include all-or-none terms?
Black or white, very simple when there are a lot of other factors

5. Does the Stuck Point include words or phrases that are extreme or exaggerated (i.e., always, forever, never, need, should, must, can't, and every time)?
It's extreme for me to think that one thing can make someone gay

6. In what way is your Stuck Point focused on just one piece of the story?
Just focused on being molested as the only thing that caused me to be gay

7. Where did this Stuck Point come from? Is this a dependable source of information on this Stuck Point?
Probably what society has conveyed

8. How is your Stuck Point confusing something that is possible with something that is likely?
Maybe possible? But not likely

9. In what ways is your Stuck Point based on feelings rather than facts?
Based on shame

10. In what ways is this Stuck Point focused on unrelated parts of the story?

41

1. What is the evidence for and against this Stuck Point?

FOR: None

AGAINST: I don't control other people's behavior

2. Is your Stuck Point a habit or based on facts?
Habit

3. In what ways is your Stuck Point not including all of the information?
Not including the attacker's responsibility

4. Does your Stuck Point include all-or-none terms?
Blaming myself instead of my attacker

5. Does the Stuck Point include words or phrases that are extreme or exaggerated (i.e., always, forever, never, need, should, must, can't, and every time)?
It's extreme to think that I could somehow be to blame for the attack

6. In what way is your Stuck Point focused on just one piece of the story?
Just focused on me being gay, instead of individual responsibility

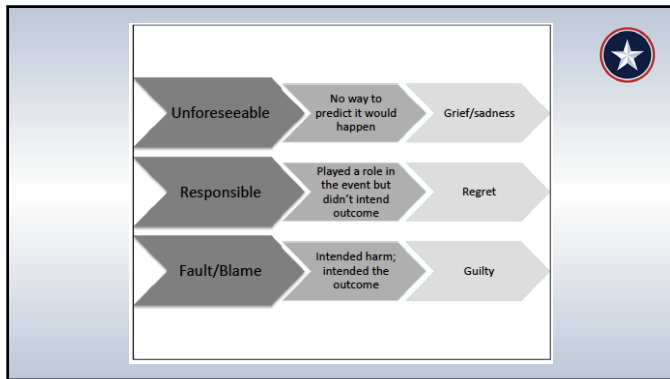
7. Where did this Stuck Point come from? Is this a dependable source of information on this Stuck Point?
Some people think that it's what we deserve for being gay

8. How is your Stuck Point confusing something that is possible with something that is likely?
N/A

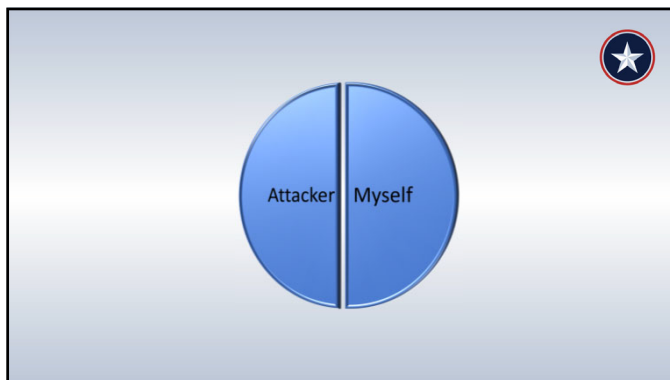
9. In what ways is your Stuck Point based on feelings rather than facts?
Based on guilt

10. In what ways is this Stuck Point focused on unrelated parts of the story?

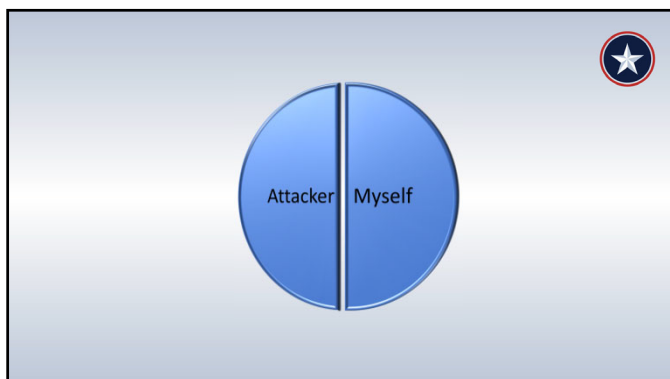
42



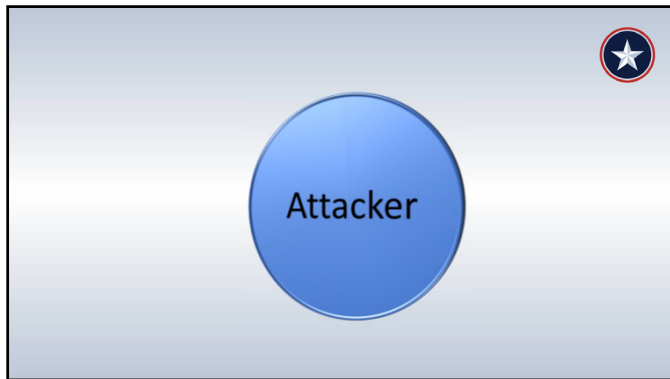
43



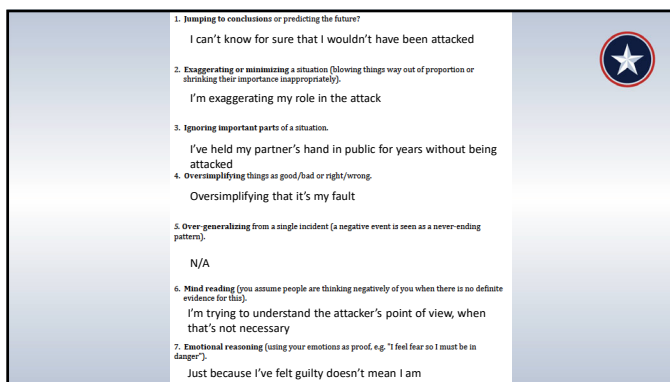
44



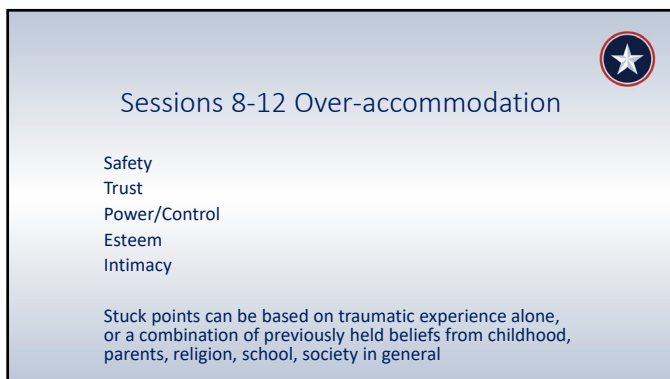
45



46



47



48

A. Situation	B. Thought/Stuck Point	D. Challenging Thoughts	E. Problematic Patterns	F. Alternative Thought(s)
Describe the event, thought or belief leading to the unpleasant emotion(s).	Write thought/stuck point related to Column A. Rate belief in each thought/stuck point below from 0-100% (How much do you believe this thought?)	Use Challenging Questions to examine your automatic thought from Column B. Consider if the thought is balanced and factual or extreme.	Use the Patterns of Problematic Thinking Worksheet to decide if this is one of your problematic patterns of thinking.	What else can I say instead of Column B? How else can I interpret the event instead of Column B? Rate belief in alternative thought(s) from 0-100%.
Going out to the grocery store	I'm going to be attacked again 100% C. Emotion(s) Specify sad, angry, etc., and rate how strongly you feel each emotion from 0-100% Fear 100%	Evidence For? It's happened before Evidence Against? I can't know the future Habit or fact? Habit Not including all information? I'm usually not attacked All or none? Yes, like it's 100% chance Extreme or exaggerated? Extreme Focused on just one piece? Just on the recent attack Source dependable? Myself Confusing possible with likely? It's not likely Based on feelings or facts? Based on fear Focused on unrelated parts?	Jumping to conclusions: Yes- can't predict the future Exaggerating or minimizing: Yes- exaggerating the likelihood Ignoring important parts: Yes- can't predict the future Over-simplifying: Stating that it will definitely happen Over-generalizing: Yes- from one attack Mind-reading: Thinking everyone is homophobic Emotional reasoning: Based on fear	There is a higher possibility that I would be attacked just based on my sexual orientation/gender identity; however, the likelihood is still low 100% G. Re-rate Old Thought/Stuck Point Re-rate how much you now believe the thought/stuck point in Column B from 0-100% 0% H. Emotion(s) Now what do you feel? 0-100% Confident: 70% Concern: 30%

49

A. Situation	B. Thought/Stuck Point	D. Challenging Thoughts	E. Problematic Patterns	F. Alternative Thought(s)
Describe the event, thought or belief leading to the unpleasant emotion(s).	Write thought/stuck point related to Column A. Rate belief in each thought/stuck point below from 0-100% (How much do you believe this thought?)	Use Challenging Questions to examine your automatic thought from Column B. Consider if the thought is balanced and factual or extreme.	Use the Patterns of Problematic Thinking Worksheet to decide if this is one of your problematic patterns of thinking.	What else can I say instead of Column B? How else can I interpret the event instead of Column B? Rate belief in alternative thought(s) from 0-100%.
Coworker told me that being gay was "abnormal"	If I speak up, I'll be reprimanded 100% C. Emotion(s) Specify sad, angry, etc., and rate how strongly you feel each emotion from 0-100% Angry at coworker, work 100%	Evidence For? Evidence Against? My job is protected Habit or fact? Habit Not including all information? Does he know it's rude? All or none? 100% punishment Extreme or exaggerated? Extreme Focused on just one piece? Focused on possibility Source dependable? Probably my family Confusing possible with likely? It's possible, not likely Based on feelings or facts? Based on my own esteem Focused on unrelated parts? Past unrelated times	Jumping to conclusions: Predicting I'll be fired Exaggerating or minimizing: Yes- exaggerating Ignoring important parts: Yes- my boss is supportive Over-simplifying: Thinking the worst Over-generalizing: Yes- from past experience Mind-reading: Maybe he wouldn't be receptive Emotional reasoning: Anger	If I speak up appropriately, I wouldn't have to worry about being fired. I would feel better about educating and advocating for myself 100% G. Re-rate Old Thought/Stuck Point Re-rate how much you now believe the thought/stuck point in Column B from 0-100% 0% H. Emotion(s) Now what do you feel? 0-100% Confident: 100% Proud: 100%

50

A. Situation	B. Thought/Stuck Point	D. Challenging Thoughts	E. Problematic Patterns	F. Alternative Thought(s)
Describe the event, thought or belief leading to the unpleasant emotion(s).	Write thought/stuck point related to Column A. Rate belief in each thought/stuck point below from 0-100% (How much do you believe this thought?)	Use Challenging Questions to examine your automatic thought from Column B. Consider if the thought is balanced and factual or extreme.	Use the Patterns of Problematic Thinking Worksheet to decide if this is one of your problematic patterns of thinking.	What else can I say instead of Column B? How else can I interpret the event instead of Column B? Rate belief in alternative thought(s) from 0-100%.
Intercourse with my partner	Sex is dirty 100% C. Emotion(s) Specify sad, angry, etc., and rate how strongly you feel each emotion from 0-100% Guilt, sadness 100%	Evidence For? Evidence Against? Sex is normal Habit or fact? Habit Not including all information? It's meant to be pleasurable All or none? N/A Extreme or exaggerated? Extreme Focused on just one piece? Focused on the rape Source dependable? Religion, family Confusing possible with likely? N/A Based on feelings or facts? Based on shame, guilt Focused on unrelated parts?	Jumping to conclusions: N/A Exaggerating or minimizing: Yes- exaggerating Ignoring important parts: Yes- not all religions state this Over-simplifying: Stating it's 100% dirty Over-generalizing: Yes- from just a couple religions Mind-reading: N/A Emotional reasoning: Based on shame	Sex is something to be enjoyed by me and my partner 100% G. Re-rate Old Thought/Stuck Point Re-rate how much you now believe the thought/stuck point in Column B from 0-100% 0% H. Emotion(s) Now what do you feel? 0-100% Proud: 70% Confident: 50%

51

Other Possible Stuck Points

"Everyone is anti-LGBTQIA" (Trust)

"God does not love me" (Esteem)

"I will never be accepted by my family" (Esteem)

-Might be true... what does it mean about you?

-"If I'm not accepted by my family..."

"The government is becoming more discriminative"

-Might be true... is it ALL government? Do we have political allies?

52

May Extend CPT

We can continue to focus on the intersection between trauma, prior experiences, and current level of functioning

Encourage continuing to challenge unhelpful thoughts related to their sexual orientation or gender-identity, discern reality from exaggeration, and discern when and how to address micro-aggressions

53

Conclusions

The LGBTQIA+ community is diverse and resilient. Trauma based on sexual orientation and gender identity is unfortunately too prevalent, and CPT can assist in restructuring maladaptive beliefs related to these traumas, as well as previously held beliefs and over-accommodated stuck points.

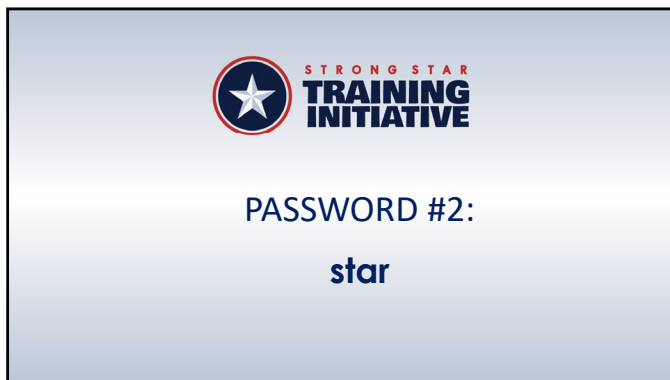
Using measurement-based approaches, we can open up conversations concerning identity-based trauma.

The Socratic approach is a powerful way to lead patients to the reality that their identities are not a fault, and hopefully that rather, their identities are powerful, meaningful, and an asset to our community.

54



55



56

Continuing Education Credits

If attending this presentation live: CE evaluation link will be provided in chat box at end of webinar and emailed to you tomorrow.

If viewing this recorded presentation through the Provider Portal:

- ****Two passwords** will be shared during this recording**
- You will need **both passwords** in order to complete the CE evaluation and receive your CE certificate.
- To access the CE evaluation, click on the CE credit link provided in this webinar's [description](#) on the Provider Portal.

Your CE certificate will be emailed to the address you provide in the CE evaluation form.

PLEASE NOTE: The CE evaluation link and CE certificate are often blocked by government/VA email accounts. If applicable, please forward the link to your personal email address, and provide a personal email address on the CE evaluation in order to avoid a delay in receiving your certificate.

The University of Texas Health Science Center at San Antonio is approved by the American Psychological Association to sponsor continuing education for psychologists. The University of Texas Health Science Center at San Antonio maintains responsibility for this program and its content.

57



Next Month’s Webinar



- *Culturally Adapting Trauma Treatments for Asian Heritage Populations*
- Presented by Dr. Wei-Chin Hwang, Professor of Clinical Psychology at Claremont McKenna College.
- **When:** Thursday, July 7, 2022, at 1 pm CDT/2 pm EDT
