



Clinical Considerations for the Implementation of CPT Among LGBTQIA+ Populations

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

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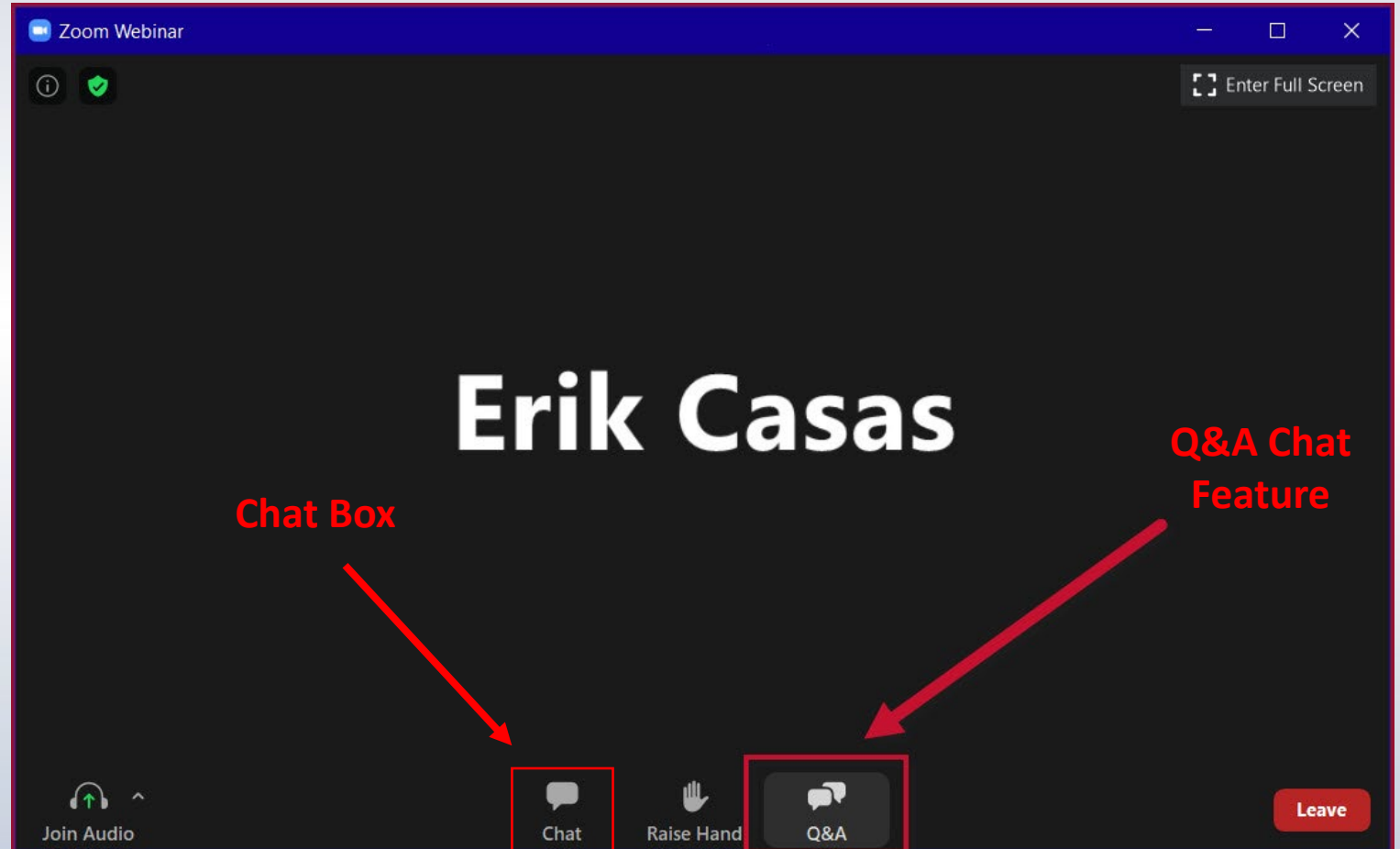
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Clinical Considerations for the Implementation of CPT Among LGBTQIA+ Populations

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Conflict of Interest Disclosure



The presenter has no conflicts of interests to disclose.



Learning Objectives

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

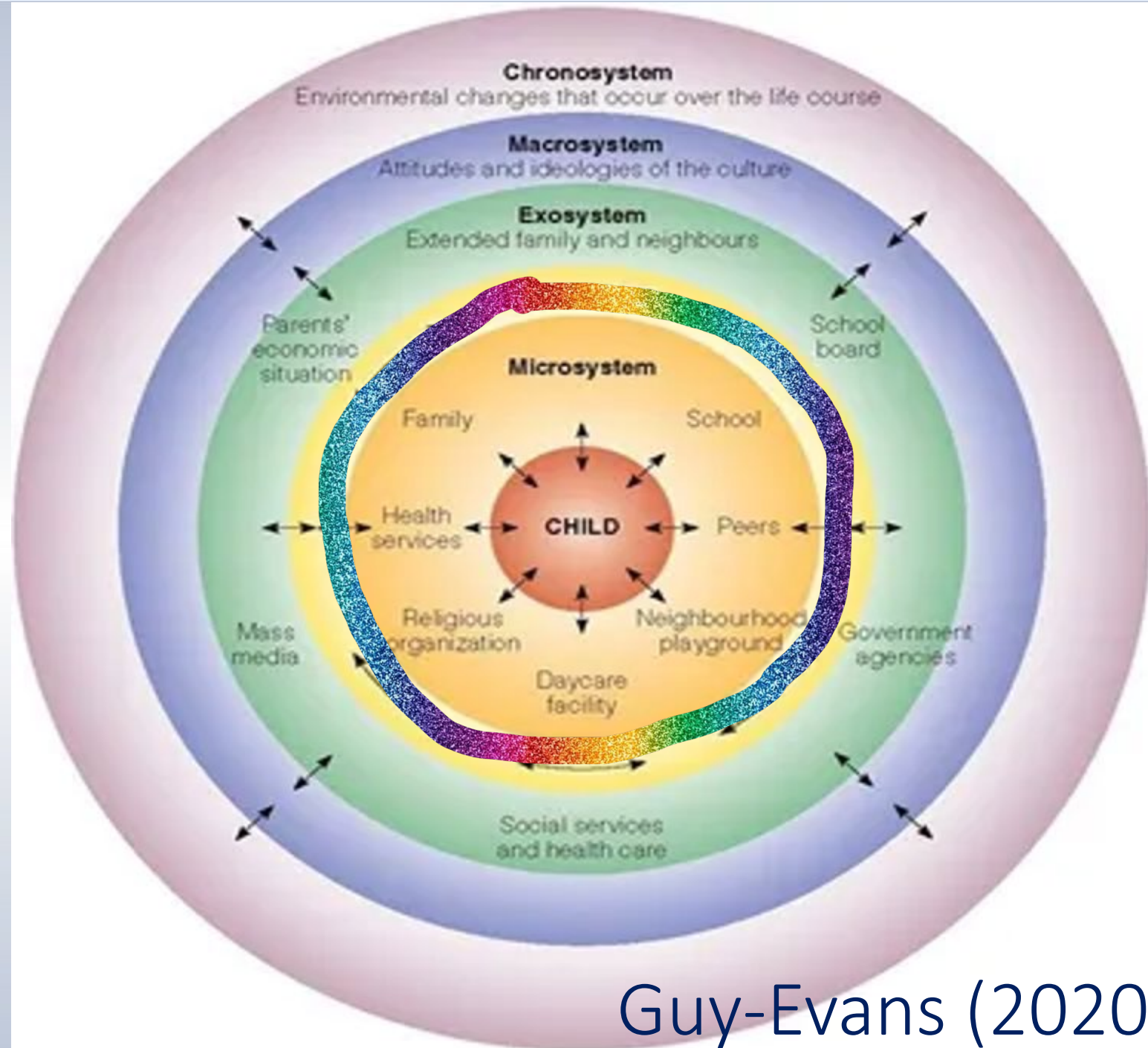
1. Identify and assess trauma based on sexual orientation and gender identity.
2. Recognize the intersection of trauma and sexual orientation identity.
3. Identify strategies to Socratically challenge assimilated and over-accommodated stuck points in a culturally sensitive manner.



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.



Guy-Evans (2020)



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)



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



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).



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



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)



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)



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%),

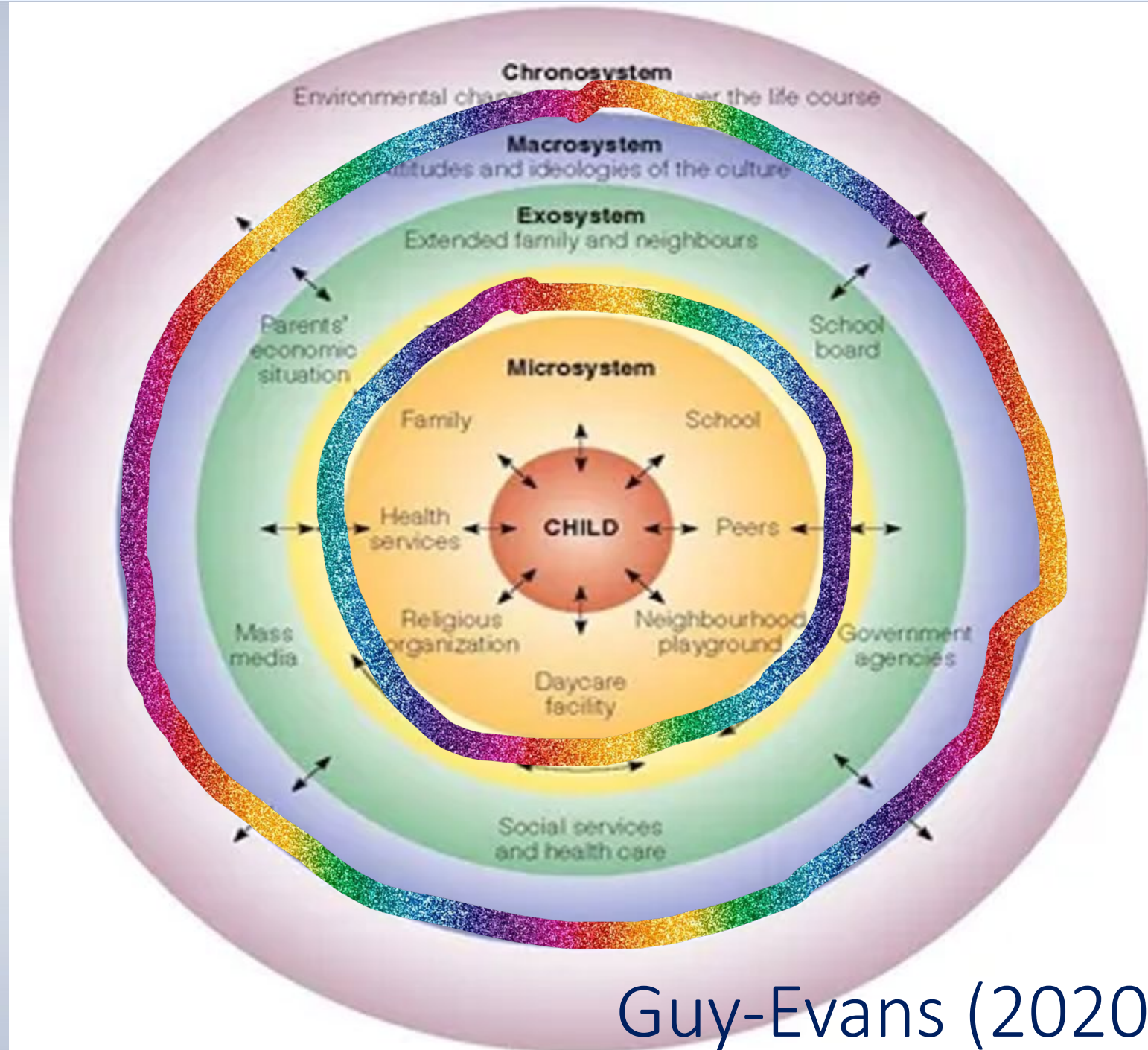
at least one suicide attempt (57.1% vs. 33.7%; Whitbeck et al., 2004)

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](#)).



Alternatively...

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



Guy-Evans (2020)



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)



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)



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)



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



“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)



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



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)

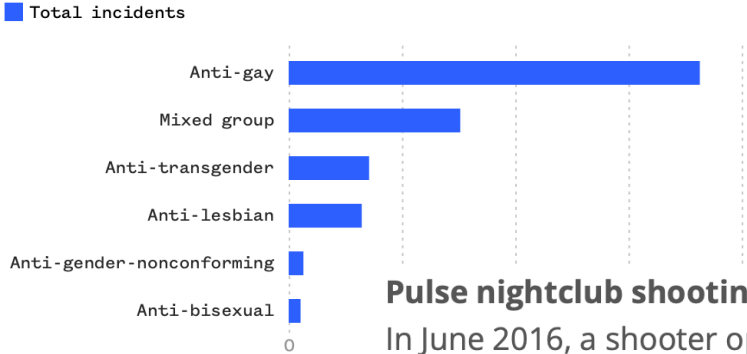


HRC is deeply saddened to learn of the death of Helle Jae O'Regan, a 20-year-old transgender woman killed in San Antonio, Texas, on May 6.

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Reported LGBT hate crimes by type, 2018

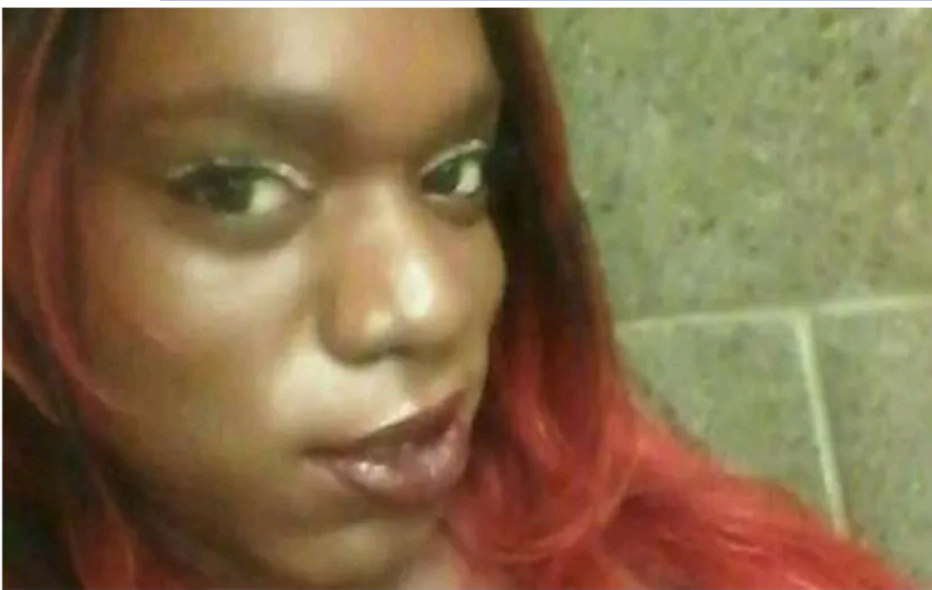


Notes
Mixed group includes more than one t

Source: FBI
Graphic: Nigel Chiwaya / NBC News

Pulse nightclub shooting

In June 2016, a shooter opened fire at Pulse, an LGBTQ nightclub in Orlando, Florida, killing 49 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.



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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>)



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.””



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



PASSWORD #1:

strong



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



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



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 out 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 <u>new</u> 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 <u>old</u> heterosexual friends	1	2	3	4	5	6	7	0



Internalized Homophobia (Herek et al., 2009)

23. I am not worried about anyone finding out that I am gay.	.77
11. I feel comfortable discussing homosexuality in a public setting.	.73
25. Even if I could change my sexual orientation, I wouldn't.	.69
12. It is important to me to control who knows about my homosexuality.	-.67
21. I feel comfortable about being homosexual.	.67
10. I feel comfortable about being seen in public with an obviously gay person.	.60
19. I would prefer to be more heterosexual.	-.59
8. I don't like thinking about my homosexuality.	-.59
1. Obviously effeminate homosexual men make me feel uncomfortable.	-.41
3. It would not be easier in life to be heterosexual.	.36

(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)



Resources for Assessment

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

<https://socialidentityteam.weebly.com>



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+



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



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



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 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...



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



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?



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?



Unforeseeable

No way to
predict it would
happen

Grief/sadness

Responsible

Played a role in
the event but
didn't intend
outcome

Regret

Fault/Blame

Intended harm;
intended the
outcome

Guilty







Attacker



1. Jumping to conclusions or predicting the future?

I can't know for sure that I wouldn't have been attacked

2. Exaggerating or minimizing a situation (blowing things way out of proportion or shrinking their importance inappropriately).

I'm exaggerating my role in the attack

3. Ignoring important parts of a situation.

I've held my partner's hand in public for years without being attacked

4. Oversimplifying things as good/bad or right/wrong.

Oversimplifying that it's my fault

5. Over-generalizing from a single incident (a negative event is seen as a never-ending pattern).

N/A

6. Mind reading (you assume people are thinking negatively of you when there is no definite evidence for this).

I'm trying to understand the attacker's point of view, when that's not necessary

7. Emotional reasoning (using your emotions as proof, e.g. "I feel fear so I must be in danger").

Just because I've felt guilty doesn't mean I am



Sessions 8-12 Over-accommodation

Safety

Trust

Power/Control

Esteem

Intimacy

Stuck points can be based on traumatic experience alone,
or a combination of previously held beliefs from childhood,
parents, religion, school, society in general

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%	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 Oversimplifying: 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 identify; however, the likelihood is still low 100%
	C. Emotion(s)			G. Re-rate Old Thought/Stuck Point
	Specify sad, angry, etc., and rate how strongly you feel each emotion from 0-100%			Re-rate how much you now believe the thought/stuck point in Column B from 0-100%
	Fear 100%			0%
				H. Emotion(s)
				Now what do you feel? 0-100%
				Confident 70%
				Concern 30%



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%	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? `00% 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 Oversimplifying: 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%
	C. Emotion(s)			G. Re-rate Old Thought/Stuck Point
	Specify sad, angry, etc., and rate how strongly you feel each emotion from 0-100%			Re-rate how much you now believe the thought/stuck point in Column B from 0-100% 0%
	Angry at coworker, work 100%			H. Emotion(s)
				Now what do you feel? 0-100% Confident 100% Proud 100%



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%	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 Oversimplifying: 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%
	C. Emotion(s) Specify sad, angry, etc., and rate how strongly you feel each emotion from 0-100% Guilt, sadness 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%





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?



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



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.





PASSWORD #2:

star

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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