AN AFFIRMATIVE COGNITIVE BEHAVIORAL INTERVENTION TO IMPROVE MENTAL HEALTH OF SEXUAL & GENDER MINORITY YOUTH (AFFIRM)

Promising practices in mental, emotional, and physical health

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Reducing Inequalities Between Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Adolescents and Cisgender, Heterosexual Adolescents

National Academies of Sciences, Engineering, and Medicine
Objectives

• Describe the development and implementation of AFFIRM, a manualized affirmative CBT intervention

• Detail the impact on depression, coping and hope for diverse populations of LGBTQ+ youth and young adults

• Articulate the evidence from offline and online trials

• Highlight emerging program: AFFIRM Caregiver
Fast Facts

• 8 session cognitive behavioral (CBT) intervention developed to target the unique needs of SGMY

• Promotes positive change and healthy coping through the creation of a safe, affirming, and collaborative therapeutic experience

• Rooted in the tenets of CBT and aims to improve emotional and behavioural functioning by targeting underlying, problematic cognitions

• Developed to counter the harmful and unethical ‘conversion’ therapies which pathologize LGBTQ+ identities and coercively aim to change minority sexual orientations and/or gender identities

(Beck, 1970; Beck, 2011)
AFFIRMative Tenets

Using community member and youth input, AFFIRM was developed and adapted to ensure:

• Inclusive and affirming stance toward sexual and gender diversity;
• Recognition and awareness of sexual and gender identity specific sources of stress (e.g., transphobia, homophobia, biphobia, cissexism, heterosexism, etc.);
• Youth-centric orientation that recognizes and attends to the unique experiences of navigating sexual and gender minority identities during adolescence/young adulthood;
• Delivery of cognitive behaviour therapy (CBT) content within an affirming framework that attends to the intersectionality of identity-based experiences.

(Austin & Craig, 2015; Craig, Austin, & Alessi, 2013)
Goals of AFFIRM

- **Decrease unhelpful thoughts**: Decrease unhelpful thoughts that may have roots in stigma and homo/bi/transphobia
- **Feel better**: Feel better about selves and lives
- **Cope**: Cope in ways that affirm identities and support healthy behaviours/ actions
Evidence-informed, community-based intervention

- Systematically developed (adapt and evaluate framework) to enhance the practice “toolbox”
- Transdiagnostic/intersectional to modify cognitions related to underlying minority stressors
- Grounded in realities of contemporary mental health service delivery
  - Can be delivered in natural settings (e.g., schools, LGBTQ+ community centers, hospitals etc.)
  - Can be easily integrated into existing programs

“AFFIRM is holistic-focused on the intersection between context, psychosocial factors and mental health.”

For full details on AFFIRM’s intervention structure and methods of the current trial:
- [https://www.researchprotocols.org/2019/6/e13462/](https://www.researchprotocols.org/2019/6/e13462/)
- [https://clinicaltrials.gov/ct2/show/NCT04318769](https://clinicaltrials.gov/ct2/show/NCT04318769)
- [http://www.projectyouthaffirm.org](http://www.projectyouthaffirm.org)
Key concepts

- Minority Stress
- Trauma-Informed Care
- General stress processes
- Coping
- Intersectionality
- Resilience
2014 Open Pilot Feasibility Study

Positive outcomes were achieved for depression, coping, and stress appraisal during a pilot implementation delivered at an LGBTQ+ Center in Toronto (youth:15-18)
Ongoing clinical trial
Participants (N=461)

Since 2017, AFFIRM has been delivered:
• 56 times
• 16 community sites & online
• LGBTQ+ youth aged 11-25
• 8.5% attrition

• 71% were born in Canada
• 51% at least 1 newcomer/immigrant parent
• 35% moderate to severe depression
• 31% previous suicide
• Most were accessing other LGBTQ+ services

Race/Ethnicity
(Categories were not mutually exclusive)
Pivot to AFFIRM Online

March 23, 2020
AFFIRM: Demographics

Gender Identity

Sexual Orientation
AFFIRM Results: Mental Health

Four time points

Depression (BDI-II)
Significant reduction in depression ***

Coping (Brief COPE)
Significant increase in:
• Emotional support ***
• Instrumental Support ***
• Positive Framing ***
• Planning ***
• Reflective coping (PCI-A) **

Stress Appraisal (SAMA)

Threat appraisal
decreased significantly ***

Challenge appraisal
increased significantly **

Resource appraisal *
increased significantly

Hope (AHS)
Significant increase in:
• Agency **
• Pathway **

All measures: Cohens $d = 0.42 - 0.70$

*p<.05; **p<.01; ***p<.001

(Craig et al., 2021)
## Acceptability, Satisfaction and Fidelity

### Satisfaction
- 98% felt AFFIRM helped them understand how feelings, actions and thoughts are connected.
- 97% indicated that could apply what they learned to deal with stress.
- 98% would recommend AFFIRM to others.

### Fidelity
- Extensive training
  - significant improvement in competence (ACCS) $t(128) = -16.21, p < .001$.
  - Clinicians (multiple identities/experiences)
- Implementation coaching
- Clinical supervision
- Co-facilitation (community co-facilitators)
- Fidelity study (in progress)

(Craig et al., 2020; Craig et al., 2021)
Youth Highlights

- Being able to connect real life situations to skills we were building.
- The loving atmosphere and counselors helped me try to love myself.
- I have benefited immensely from AFFIRM. This program has had a profound impact on the way that I think and has given me hope that I thought I'd never find.
- It feels like AFFIRM was made just for queer youth like me!
- Learning from others’ lives.
• 7-session manualized intervention designed for parents and caregivers of LGBTQ+ children and youth

• Three key domains:
  • (a) fostering an affirming stance toward sexual and gender diversity
  • (b) developing awareness and understanding of LGBTQ+-specific sources of stress (e.g., identity-based rejection, bullying, stigma, etc.)
  • (c) the delivery of content within an affirming and trauma-informed framework

• Through a variety of therapeutic strategies, AFFIRM Caregiver helps caregivers move away from rejection of LGBTQ+ identities and towards affirmation.

(Austin et al., 2021)
AFFIRM Caregiver: Study results

- 103 caregivers
  - Three child welfare settings across the U. S. (Cuyahoga Cty, OH; Allegheny Cty, PA & Prince Georges Cty, MD)
- Recruitment criteria ranged by jurisdiction (voluntary self-referral, case manager referral, or all foster parents)
  - 97% were current foster parents
  - 10% foster/kinship providers

Statistically significant pre-test to post-test differences for all key variables (e.g., LGBTQ+ affirming knowledge, attitudes, and behaviour).

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre(SD)</th>
<th>Post(SD)</th>
<th>3-Mo(SD)</th>
<th>F(df)</th>
<th>p</th>
<th>Partial $\eta^2$</th>
<th>Observed Power</th>
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<tbody>
<tr>
<td>Attitudes LGB</td>
<td>4.4(.6)</td>
<td>4.7(.4)</td>
<td>4.6(.5)</td>
<td>11.506(1.968)</td>
<td>&lt;.0001</td>
<td>.228</td>
<td>.991</td>
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<tr>
<td>Attitudes T</td>
<td>4.4(.6)</td>
<td>4.7(.5)</td>
<td>4.6(.5)</td>
<td>13.896(1.876)</td>
<td>&lt;.0001</td>
<td>.268</td>
<td>.997</td>
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<tr>
<td>Behavior LGB</td>
<td>4.5(.6)</td>
<td>4.7(.4)</td>
<td>4.6(.5)</td>
<td>9.717(1.661)</td>
<td>&lt;.0001</td>
<td>.204</td>
<td>.959</td>
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<tr>
<td>Behavior T</td>
<td>4.4(.6)</td>
<td>4.6(.5)</td>
<td>4.6(.5)</td>
<td>15.089(1.912)</td>
<td>&lt;.0001</td>
<td>.284</td>
<td>.999</td>
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<tr>
<td>Confidence</td>
<td>5.4(1)</td>
<td>6.3(.7)</td>
<td>6.1(.8)</td>
<td>10.847(1.593)</td>
<td>&lt;.0001</td>
<td>.448</td>
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All post-test gains were maintained at 3-month follow-up.
• At the close of a recent group series, a foster father stated, “I am not the same man that I was” prior to his participation.

• He described a transformation of some of his core beliefs and shared that the intervention had impacted his life beyond skills for caring for LGBTQ+ youth.
References and Selected Publications on the AFFIRM Model


Conclusion

Interventions such as AFFIRM and Affirmative Caregiver can:

• support the mental health of LGBTQ+ youth and their families in community

• develop organizational capacity to implement interventions for LGBTQ+ youth

Currently conducting studies:

• impact on anxiety, suicidality

• longer-term outcomes (one year)

• key fidelity indicators

• Implementation sites (US, Mexico, Amsterdam, Australia)
Thank you to...

Dr. Ashley Austin, brilliant co-developer of AFFIRM

Our amazing small but mighty AFFIRM implementation team!

The amazing youth that thoughtfully engage with our research and interventions

LGBTQ+ Behavioral Health Equity Center of Excellence for their guidance and support