The Delivery of Technology-Mediated Affirmative Cognitive Behavioural Therapy Groups to LGBTQ+ Youth During a Pandemic: A Practice Innovation

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ABSTRACT

AFFIRM, an empirically based affirmative CBT intervention was adapted and delivered virtually to LGBTQ+ youth as a rapid response to their exacerbated mental health vulnerabilities due to Covid-19. Key innovations that enabled the transition to technology-mediated groups—leveraging technology, engaging effectively, and facilitating groupwork—are detailed.

Keywords: culturally adapted CBT, LGBTQ+ youth, Covid-19, online counselling, group therapy

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RÉSUMÉ

AFFIRM, une intervention positive fondée sur des données empiriques CBT a été adaptée et livrée en ligne aux jeunes LGBTQ + comme étant une réponse rapide à la exacerbation des problemes de sante mentales en raison de COVID-19 dans cette population. Les principales innovations sont détaillées.

Mots clés : CBT culturellement adaptée, jeunes LGBTQ +, Covid-19, counseling en ligne, thérapie de groupe

INTRODUCTION: LGBTQ+ YOUTH AND COVID-19

Pandemics greatly affect all aspects of life for the general public, vulnerable populations, and community mental health systems. To continue to meet the needs of service users, these unprecedented situations demand practice innovation to foster resilience in both clients and public health systems. The rapid onset of the Covid-19 outbreak across Canada has contributed to a crisis in mental health services (MHCC, 2020; WHO, 2020). Pandemics create a perfect storm for vulnerable populations by exacerbating existing stressors and eliminating access to services that are even more urgently needed. LGBTQ+ youth—i.e., those who identify as lesbian, gay, bisexual, transgender, queer, etc.—are some of the most vulnerable groups due to familial rejection, pervasive discrimination and a lack of resources (e.g., housing; HRCF, 2020). To prevent the transmission of the novel coronavirus, social distancing is required during the pandemic, which intensifies the vulnerabilities of LGBTQ+ youth and may include quarantining in hostile family environments (HRCF, 2020). As a key Canadian population vulnerable to mental and sexual health risks, there is a pressing need to continue offering services to LGBTQ+ youth during the pandemic. Given such potential devastating consequences (e.g., isolation, mental health struggles, increased suicidality), the risks of discontinuing services necessitate adaptation of programs to the current context. Despite these needs, most LGBTQ+ youth are presently unable to access crucial mental health supports due to the paucity of empirically based virtual supports for this population. The purpose of this article is to describe the technology-mediated, affirmative cognitive behavioural therapy (CBT) group intervention (AFFIRM) that was innovated to respond to the immediate needs of LBGTQ+ youth during the pandemic and provide key strategies for implementation gleaned through an emergent pilot project.

Responding to the Pandemic through Technology-Mediated Affirmative CBT Groups for LGBTQ+ Youth

The practice innovation responds to Covid-19 by virtually providing a rapid-response, evidenced-informed, clinical intervention to LGBTQ+ youth who are isolated as a result of the pandemic crisis. This technology-mediated intervention leverages an existing intervention framework, AFFIRM, that had been delivered traditionally at a range of community mental health sites until the onset of Covid-19. AFFIRM is an empirically based, nine-session (meet and greet + 8 sessions) manualized affirmative intervention that is designed to increase coping and decrease psychosocial distress and depression among LGBTQ+ youth (Craig

& Austin, 2016). AFFIRM was designed by Shelley Craig and is being implemented by Gio Iacono and Rachael Pascoe as part of the clinical team. AFFIRM provides opportunities for youth to develop cognition (self-awareness, identifying risk), mood (recognizing the link between thoughts and feelings), and behaviour (identifying strengths and coping skills). AFFIRM participants who have completed the intervention in traditional delivery format report positive outcomes (e.g., decreased depression and increased coping) as well as improved social support (Craig & Austin, 2016). Given the rapid increase in technology-engaged mental health care and the evidence illustrating the effectiveness of virtual CBT (Lewis et al., 2018), technologymediated interventions appear to have promise to increase access and deliver interventions that are suitable for youth. With the unexpected onset of Covid-19, our clinical team swiftly responded by adapting the community-based groups to a virtual platform to provide continuous care to our current AFFIRM clients. The AFFIRM team weighed any potential issues in offering the group online (such as confidentiality issues and internet access), with the benefit of youth having access to supports, each other, and the intervention content. Since mid-March, the AFFIRM team has offered four groups via encrypted Zoom—some that had already commenced in-person before the announcement of the state of emergency—with consistent attendance by participants. Feedback from LGBTQ+ youth and service providers has been overwhelmingly positive (e.g., "you are saving lives," "thank you for providing this in a scary time and in a way that is so helpful"). Three specific innovations enabled the rapid transition of AFFIRM to a technology-mediated intervention: leveraging technology, engaging effectively, and facilitating groupwork.

Leveraging Technology

Initially, the AFFIRM team explored the potential of virtual platforms that would support groups, be easy for youth to utilize, and maximize the engagement of LGBTQ+ youth virtually. Once it became clear that LGBTQ+ youth needed to continue receiving mental health services and would participate in an online offering after an encouraging response to emails, it was determined that Zoom videoconferencing software (encrypted and password protected) was the most suitable option as it was also familiar to the participants, due to increased popularity and as a platform for their school engagement during the pandemic. The technology allowed LGBTQ+ youth the opportunity to provide their thoughts and feedback via the chat box and the use of emojis.

Engaging Effectively

During each virtual group, facilitators discussed the range of participation strategies open to the participants (e.g., speaking, chatting, emojis) and offered verbal support for any engagement strategy most comfortable to them. Further, facilitators articulated a collectivist approach to the AFFIRM groups and noted the importance of each person to the well-being of other participants. Facilitators also acknowledged the potential awkwardness and humour implicit in utilizing the Zoom platform and stayed open to suggestions from LGBTQ+ youth to support a positive experience. In addition, technology was used between sessions to engage youth. For example, facilitators used text messages to remind LGBTQ+ youth of "homework" and action steps between sessions, to remind them about the groups and to send affirming messages about their participation. One of the challenges in delivering to groups online is not being able to "read the room" when there is decreased energy and attention. Facilitators managed this by asking youth to identify how they were

feeling, often using Socratic questioning. The use of role-play and rehearsal through the technology-mediated intervention also served to further engage LGBTQ+ youth as often the screen enabled youth to feel safer to try something new (e.g., practicing a new behaviour such as talking back to a negative thought). These engagement strategies seemed to be effective as between 80–100% of the LGBTQ+ who initially registered attended the remainder of the virtual AFFIRM sessions.

Facilitating Groupwork

The video-conferencing platform was helpful as it allowed LGBTQ+ youth to see one another and keep connected. They could also reach out and have individual chats which further deepened their feelings of social support and reduced the emotions associated with isolation. Participants also used emojis, such as clapping, to provide affirmative feedback to one another. Facilitators identified group ground rules that incorporated the virtual space (e.g., online confidentiality, not recording sessions). To further build group cohesion, and in keeping with the design of CBT interventions, there remained a focus on the sequencing and expectations of the AFFIRM curriculum. Facilitators found a balance within the groups through expressing and articulating the connection between thoughts, feelings, and behaviours in relation to the pandemic stressors and LGBTQ+ content. LGBTQ+ youth noted that the structure and the expected nature of the AFFIRM intervention was calming in a social context that was chaotic. To further their shared group goals, participants completed the AFFIRM activities in their workbooks, often prior to, or while participating in, the groups. The workbooks were hosted online in editable portable document formats (PDFs) to facilitate completion and were also shown through the Zoom screen share function to enhance accessibility and facilitate adaptation of group activities. LGBTQ+ youth then shared their feedback with the group in an extended debriefing time followed by facilitators and other participants affirming their efforts.

IMPLICATIONS AND FUTURE DIRECTIONS

This technology-mediated AFFIRM practice innovation has important implications for service provision in responding to the needs of LGBTQ+ youth and has the potential to strengthen the public health service delivery system during the pandemic and beyond. In the short-term, LGBTQ+ youth who were experiencing isolation received immediate benefits, which we expect will support overall mental health and potentially interrupt other negative outcomes. Through virtual access, LGBTQ+ youth are also supported in obtaining critical supports and implementing strategies for adequate social distancing (HRCF, 2020). Potentially, this will facilitate the development of adaptive behaviour, during the Covid-19 pandemic and beyond, through developing skills in interpretation and re-interpretation of thoughts and experiences. Technology-mediated AFFIRM also extends an established empirical mental health intervention to an emerging virtual delivery platform. More research is needed to identify the effectiveness of technology-mediated AFFIRM on the mental health and coping of LGBTQ+ youth. More training of potential facilitators to deliver and engage youth in an experiential and virtual intervention is needed. This practice innovation is a valuable approach to respond to crises and has potential for future, more sophisticated, delivery of technology-mediated affirmative CBT interventions to LGBTQ+ youth, especially the most marginalized (i.e., transgender or racialized) as they heavily rely on community agencies to survive (HRCF, 2020).

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