Hypnotherapy With Black Gay Men

Muria Nisbett

Required Slides

APA Requirements for Approved CE Sponsors

The Affirmative Couch

Limitations of Data

- Limitations of Available Data: Due to limited research on Cognitive Hypnotherapy (CH), the information presented here is limited to the data that is available to the presenter at this time.
- Limitations of Selected Data: The information presented here is limited in scope and was selectively chosen from a wider breadth of material.

Potential Risks

- There are no foreseeable risks to attending this training.

Conflict of Interests

- There is no reported conflict of interest.

Compensation

- Muria Nisbett has received compensation for creation of this course and may receive bonuses based on sales.

Hypnotherapy With Black Gay Men

- Being black and gay in the United States (HRC, 2019)
- Discriminatory treatment
  - Economic insecurity
  - Violence and harassment
  - Criminal injustice

Stigma

- Gender expectations and conditioning (HRC, 2019)
  - Cultural norms

Religious Consideration

- Religious intolerance (HRC, 2019)
- Protective factor in the Black community
- But a source of rejection for Black Gay men

Increased Violence

- Multiple faces
  - Internal Violence (Lee, Oliffe, Kelly, & Ferlatte, 2017)
  - External violence (Hutchinson, 2019, Zaveri, 2019)
  - Intimate partner violence (NCADV, 2018)

Being Black and Mental Health

- Being Black Means Never Having to Say You're Crazy — or Depressed
  - The terms depression and crazy are often used synonymously in the black community
    - African Americans are 20% more likely to experience serious mental health problems than the general population. (AADA, 2018)

Anxiety and Depression

- Research has found a 32.6% prevalence of depression among black men who have sex with men. (Graham, Aronson, Nichols, Stephens & Rhodes, 2011).
- African American gay men had higher rates of anxiety and isolation but were unlikely to seek professional help (Graham, et. al, 2011)

Black, Gay, Mental Health Trifecta

- Little is known about the specific factors that influence the psychosocial health of African American gay men (Graham, et. al, 2011).
  - Much of the research has been conducted with predominantly white participants (Graham, et. al, 2011).

Suicidal Ideation

- Black and gay
  - 2X more likely to be depressed
  - 5X more likely to have attempted suicide than white and gay (Andriote, 2018)

Mental Health Treatment: Cognitive Behavioral

- Cognitive behavioral therapy has been deemed an effective treatment for mental health disorders as it can address a wide range of issues (Mayo, 2019).
  - Help clients become aware of inaccurate or negative thinking, view challenging situations more clearly, and respond to them in a more effective way (Mayo, 2019)

Mental Health Treatment: Cognitive Behavioral cont.

- Cognitive behavioral therapy can be adapted to meet client's specific needs
  - LGB-Affirmative Cognitive-Behavioral Therapy
    - targets the universal risk factors disproportionately affecting sexual minorities (Pachankis, Hatzenbuehler, Rendina, Safren, Parsons, 2015)

Mental Health Treatment: CBT Limitations

- CBT focuses primarily on cognitive restructuring via conscious reasoning (Alladin, 2008)
- Fails to consider the effects of unconscious cognitive restructuring (Alladin, 2008)

Mental Health Treatment: Hypnotherapy

- Type of therapy that involves putting people into a trance-like state (Alladin, 2008).
- Focuses on helping a person achieve a state of relaxation in which they can discuss their feelings and emotions without raising stress and anxiety levels (Alladin, 2008).

Mental Health Treatment: Hypnotherapy cont.

- Hypnotherapy can help a person learn to reduce feelings of anxiety, stress, and sadness. It can also address negative behaviors that could be worsening a person's depression (Alladin, 1994).

Hypnotherapy Limitations

- Hypnotherapy has traditionally focused on unconscious reframing, with less focus on systematic conscious restructuring of dysfunctional cognitions (Alladin, 2008).
  - Hypnotherapy can be most effective when used with cognitive behavioral therapy

Cognitive Hypnotherapy

- A multimodal approach that combines CBT and hypnotic techniques, for treating emotional disorders, as an assimilative model of psychotherapy.
  - The integration of the two treatment modalities to compensate for the shortcomings of each single treatment (Alladin, 1994).

Cognitive Hypnotherapy

- 16 weekly sessions, or the sessions can be spread out over four to six months.
  - The number of sessions and the sequence of therapy, however, can vary according to the patient's clinical needs, areas of concern and presenting symptoms.

Cognitive Hypnotherapy Case Vignette

Michael is a 27-year-old gay African-American male attending a historically Black university. He has not formally come out about his sexual orientation, but rumors have been spreading throughout the halls of the university. Michael has been dealing with bullying from other college students that entails homophobic slurs, being omitted from activities, and having his contributions overlooked in group projects. He also reported harassment by campus police, but his reports were all determined to be unfounded and dismissed. Michael spends most of his time in his room and isolates himself as much as possible. He often feels different and like an outsider. He is often depressed and self-medicates with alcohol to dull the feeling of low self-worth and negative self-image. Michael also has these feelings at home because his family members tell him that he has to 'pray away the gay.' Michael's presenting symptoms include depression, anxiety, difficulty sleeping, headaches, and passive suicidal ideation. He has decided to seek therapy to manage his symptoms, but due to previous experience in therapy, he is not hopeful for a positive outcome. This case will be used to demonstrate the application of CH.

Phase 1: Clinical Assessment

- Before implementing CH, a detailed clinical history is required to identify the essential psychological, physiological and social aspects of the patient's behaviors.
    - This is done via a case formulation approach

Phase 1: Clinical Assessment Case Formulation Plan

- Identifying Information:
  - Today's date; name; age; gender; relationship status; ethnicity; occupational status; living situation; referral information

Phase 1: Clinical Assessment Case Formulation Plan

- Problem List: List all major symptoms and problems in functioning
  - Psychological/psychiatric symptoms; medical problems; interpersonal difficulties; occupational problems; financial difficulties; housing problems; legal issues; leisure activities

Phase 1: Clinical Assessment Case Formulation Plan

- Diagnosis:
  - Based on criteria outlined in the DSM-5
  - If qualified, some clients come with dx and that can be used or the clinician make a dx if qualified. If not clinical impression using an assessment tool such as the BDI, PCL5

Phase 1: Clinical Assessment Case Formulation Plan

- Working Hypothesis: Hypothesize the underlying mechanism producing the listed problems
  - Assess schemas related to: self; other; world; future; recurrent core beliefs; rumination/negative self-hypnosis; hypnotic suggestibility

Phase 1: Clinical Assessment Case Formulation Plan

- Precipitant/Activating Situations: List triggers for current problems, establish connection between underlying mechanism and triggers
  - Triggers: Are triggers congruent with self-schemas/ rumination/self-hypnosis?

Phase 1: Clinical Assessment Case Formulation Plan

- Origins of core beliefs: Establish origin of core beliefs from childhood experiences
  - Early adverse negative life events
  - Genetic predisposition
  - History of treatment (include response)

Phase 1: Clinical Assessment Case Formulation Plan

- Strengths and Assets: Based on the formulation, predict obstacles to treatment that may arise
  - 1.
  - 2.
  - 3.

Phase 1: Clinical Assessment Case Formulation Plan

- Treatment Plan:
  - 1. 2. 3. 4
- Components:
  - goals; modality; frequency; interventions; adjunct therapies; obstacles

Phase 1: Clinical Assessment Case Formulation Plan

- Based on the information gathered during the case formulation, clinician will determine appropriate strategies for each individual patient, the number of sessions required, and the sequence of the stages of cognitive hypnotherapy are determined.

Phase 2-5: Cognitive Behavior Therapy

- The primary goal of CBT here is to educate client on various techniques that will allow them to examine and modify their depressogenic beliefs and behaviors.
  - recognize and modify their idiosyncratic style of thinking
  - identify and restructure their dysfunctional beliefs that reinforce their depressive affect

Phase 2-5: Cognitive Behavior Therapy

- Over four to six sessions, the client will:
  - Be provided with a simple but practical explanation of the cognitive model
  - Be encouraged to identify cognitive distortions
  - Use the ABC form as homework to log: A = Event; B = Automatic Thoughts; C = Emotional Responses

Phase 2-5: Cognitive Behavior Therapy

DATE	C = EMOTIONS	A = FACTS OR EVENTS	B = AUTOMATIC THOUGHTS ABOUT A
	1. Specify sad/anxious/ angry, etc. 2. Rate degree of emotion 0–100	Describe: 1. Actual event that activated unpleasant emotion/reaction 2. Images, daydreams, recollections leading to unpleasant emotion	1. Write automatic thoughts that preceded emotions/reactions 2. Rate belief in automatic thoughts 0–100%
Nov.06/04	*Scared (100)* *Anxious (100)* *Depressed (85)* *Miserable (90)*	*Thinking of going to Christmas party organised by husband's office*	*I won't enjoy it (100)* *I will lose control (100)* *Everyone will hate me (90)* *I will spoil it for everyone (90)* *I can never go out and enjoy myself (100)*

Phase 2-5: Cognitive Behavior Therapy

- Clients are expected to complete the ABC form for one week.
  - The Cognitive Restructuring (ABCDE) form is then introduced to log disputation and the effects of disputation over negative affect. This form is an expanded version of the ABC form and includes two more columns (D=Disputation; E=Consequences).

Phase 2-5: Cognitive Behavior Therapy

- Client is given a completed version of the Cognitive Restructuring form, which provides them with the opportunity to identify and restructure their cognitive distortions.

Phase 2-5: Cognitive Behavior Therapy

- Patients learn to differentiate between surface or automatic cognitive distortions (‘I can’t’) and deeper or enduring (‘I’m a failure’) negative cognitive structures (self-schemas) using different techniques to restructure the deeper self-schemas.

Phase 2-5: Cognitive Behavior Therapy

- Techniques
  - Downward Arrow Method
    - Uncovering core beliefs
  - Circle of Life Technique
    - Restructuring core beliefs

Phase 2-5: Cognitive Behavior Therapy

- The patient is advised to constantly monitor and restructure negative cognitions until this becomes a habit.

Phase 6-7: Hypnotherapy

- Relaxation Training
- Producing somatosensory changes
- Demonstration of the power of mind
- Expansion of Awareness

Phase 6-7: Hypnotherapy

- Ego strengthening
- Post-hypnotic suggestions
- Self-hypnosis training

Phase 6-7: Hypnotherapy

- Most depressed patients experience high levels of anxiety either due to comorbid anxiety
- Hypnosis within the CH context is used to induce relaxation

Sessions 8–10: Cognitive Restructuring

- The next three sessions introduce cognitive and hypnotic strategies in the treatment.
  - Client's unconscious cognitive processing, non-conscious cognitive distortions, and self-schemas can be easily retrieved and restructured under hypnosis. This is achieved by directing the patient's attention to the psychological content of an experience or situation.

Sessions 8–10: Cognitive Restructuring

- Subconscious cognitive distortions can be explored and expanded using the following strategies:
  - regression to the event that triggered the negative affect;
  - regression to the original traumatic event;
  - editing and deleting the unconscious file; and symbolic imagery techniques

Session 6-7: Hypnotherapy

- Regression to the event
  - It is suggested that while in a deep hypnotic trance state, the patient imagines a situation that normally causes upset. The patient is then instructed to focus on the emotional, physiological, and behavioral responses, and then to become aware of the associated dysfunctional cognitions.

Session 6-7: Hypnotherapy

- Encouragement is given to identify or 'freeze' (frame by frame, like a movie) the faulty cognitions in terms of thoughts, beliefs, images, fantasies, and daydreams.

Session 6-7: Hypnotherapy

- Once a particular set of faulty cognitions is frozen, client is coached to replace it with more appropriate thinking, and then to attend to the resulting (desirable) response.

Session 6-7: Hypnotherapy

- This process is repeated until the set of faulty cognitions related to a specific situation is considered to be successfully restructured.
  - Example: Client felt depressed at a party. Restructures faulty cognitions until she can think of this event without feeling upset

Session 6-7: Hypnotherapy

- Regression to the trauma
  - This is used to identify the origin of a core belief.
  - Hypnotic regression helped to bridge the link between client's affect and cognition.

Session 6-7: Hypnotherapy

- Editing and deleting the unconscious files
- A contemporary method of cognitive restructuring under hypnosis uses the metaphor of editing or deleting old computer files

Session 6-7: Hypnotherapy

- Symbolic imagery techniques
  - The Door of Forgiveness
  - Dumping the rubbish
  - Room and fire
  - The red balloon technique

Sessions 11–12: Attention Switching and Positive Mood Induction

- Clients with anxiety have the tendency to become preoccupied with catastrophic thoughts and negative images. Such ruminations can easily become obsessional in nature and may also cause the brain to develop depressive pathways, thus impeding therapeutic progress.

Sessions 11–12: Attention Switching and Positive Mood Induction

- To counter the development of depressive pathways, the Positive Mood Induction technique is used and attention-switching exercises are introduced to break the negative ruminative cycle.

Sessions 11–12: Attention Switching and Positive Mood Induction

- Just as the brain can be kindled to produce depressive pathways through conscious negative focusing, it can also be kindled to develop anti-depressive or happy pathways by focusing on positive imagery.

Sessions 11–12: Attention Switching and Positive Mood Induction

- Step 1: education
- Step 2: making a list of positive experiences
- Step 3: positive mood induction
- Step 4: post-hypnotic suggestions
- Step 5: home practice

Closed Captions – Do not use this space for your slides.

Sessions 11–12: Attention Switching and Positive Mood Induction

- Education
  - Client is provided with a scientific rationale for developing anti-depressive pathways.
- Making a list of positive experiences
  - Client is advised to make a list of 10 to 15 pleasant or positive experiences

Sessions 11–12: Attention Switching and Positive Mood Induction

- Positive Mood Induction
  - The patient is instructed to focus on a positive experience from the list of positive experiences (repeated three times).
- Post-hypnotic suggestions/home practice
  - Post-hypnotic suggestions are provided so that the patient will be able to regress completely when practicing at home with the list.

Sessions 11–12: Attention Switching and Positive Mood Induction

- Attention switching
  - Client is encouraged to practice with the list four or five times a day to switch off from negative or ‘undesirable’ experiences; whenever the patient becomes aware of dwelling on these, they are instructed to ‘put them out of your mind and replace them with one of the pleasant items from your list.’

Sessions 11–12: Attention Switching and Positive Mood Induction

- This procedure provides another technique for weakening the depressive pathways and strengthening the ‘happy pathways’
  - Clients tend to utilize negative thoughts to create the experience of depressive reality, so they can learn just as easily to use positive self-hypnosis to create an experience of anti-depressive reality.

Session 13: Active Interactive Training

- This technique helps to break ‘dissociative’ habits while encouraging ‘association’ with the relevant environment.

Session 13: Active Interactive Training

- When interacting with their internal or external environment, clients tend to automatically dissociate rather than actively interact with the relevant external information.

Session 13: Active Interactive Training

- Active interaction requires being alert and 'in tune' with the incoming information (conceptual reality)
  - Automatic dissociation is the tendency to anchor to 'inner reality' (negative schemas and associated syncretic feelings)
    - Automatic dissociations inhibit reality testing

Session 14: Social Skills Training

- This session is devoted to teaching social skills as research shows a lack of social skills may cause and maintain clients' depression.
  - The social skills training can be enhanced by hypnosis via imagery training and imaginal rehearsal.

Session 15: Behavioral Activation

- Behavioral activation (BA) is shown to be the most active ingredient in reducing depressive symptoms
  - BA is based on the theory that reinforcement of healthy behaviors is lacking in the life of depressed people, while unhealthy or depressive behaviors may be excessively reinforced

Session 15: Behavioral Activation

- Behavioral activation includes
  - Weekly activity schedule (engages clients in planned daily activities that increase access to reinforcement)
  - Behavioral activation training, which helps patients change their behaviors in such a way as to bring them into contact with positive reinforcers in their natural environment

Session 15: Behavioral Activation

- At least one session is devoted to help clients learn to deal with avoidant behaviors, and they are encouraged to get involved in physical exercise.
  - Physical exercise is one of the most efficient means for countering avoidant behaviors, fostering positive emotions,

Session 16: Mindfulness Training

- Depression involves withdrawing or turning away from experience to avoid emotional pain.
- This can deprive the client of the life that can only be found in direct experience.

Session 16: Mindfulness Training

- Mindfulness training helps the client become less upset by unpleasant experiences and hence less reactive to negative events in the present moment.
  - Mindfulness training consisting of the Body Scan Meditation exercise

Session 16: Mindfulness Training

- Body Scan
- The exercise focuses on teaching depressed patients to become aware of their breathing and the feeling in different parts of the body. The goal of this exercise is to help the depressed patient focus on the present moment and learn to appreciate that feelings are transitory states and not permanent states.

Booster and Follow-up Sessions

- Booster and Follow-up
  - CH as outlined above normally requires 16 weekly sessions. Some patients may, however, require fewer or more sessions. After these sessions, further booster or follow-up sessions may be provided as required.

Research on Cognitive Hypnotherapy

- To investigate the effectiveness of cognitive hypnotherapy (CH), hypnosis combined with cognitive-behavioral therapy (CBT), on depression, 84 depressed clients were randomly assigned to 16 weeks of treatment of either CH or CBT alone (Alladin & Alibhai, 2007).

Research on Cognitive Hypnotherapy

- CH group produced significantly larger changes in Beck Depression Inventory, Beck Anxiety Inventory, and Beck Hopelessness Scale (Alladin, & Alibhai, 2007).
    - The effect size was maintained at 6-month and 12-month follow-ups.

Research on Cognitive Hypnotherapy

- Being HIV positive can cause psychological distress such as depression, anxiety, and stress. The deeper distress people living with HIV/AIDS, the weaker immunity, the stronger virus attracts.
    - Preliminary studies have indicated that Depression Anxiety Stress Scale scores were significantly lower when hypnotherapy was used (Setyadi, Murti & Demartoto, 2016).

Limitations of Cognitive Hypnotherapy

- Some studies have found CH to be more effective than CBT without hypnosis. However, currently there are only a few studies comparing CH with CBT, or BT, in the treatment of anxiety disorders (Golden, 2012).

When to use CH

- Imaginative involvement is a skill or trait that is correlated with hypnotic suggestibility (Alladin, 2008)
- Patient expectations about hypnosis may be one of the variables in determining its effectiveness (Alladin, 2008)

When to use CH

- Hypnotherapy should therefore be considered for patients who have a moderate to high degree of imaginative skill and for patients with positive expectations and beliefs about hypnosis (Alladin, 2008)

How to Access Training

- The Quest Institute
  - https://www.questinstitute.co.uk/
- American Society of Clinical Hypnosis
  - https://www.asch.net/

References

Anxiety and Depression Association of America. (2018). African American: *Facts and Statistics.* Retrieved from: https://adaa.org/african-americans

Andriote, J.M. (2018). Depression is killing gay men. Retrieved from: https://www.psychologytoday.com/us/blog/stonewall-strong/201806/depression-is-killing-gay-men

References

Alladin, A. (1994). Cognitive hypnotherapy with depression. *Journal of Cognitive Psychotherapy*, *8*(4), 275.

Alladin, A. (2008). *Cognitive hypnotherapy: An integrated approach to the treatment of emotional disorders*. John Wiley & Sons.

References

Alladin, A., & Alibhai, A. (2007). Cognitive hypnotherapy for depression: An empirical investigation. Intl. Journal of Clinical and Experimental Hypnosis, 55(2), 147-166.

Alladin, A., & Amundson, J. (2016). Cognitive hypnotherapy as a transdiagnostic protocol for emotional disorders. *International Journal of Clinical and Experimental Hypnosis*, *64*(2), 147-166.

References

Andriote, J. M. (2018). Depression is killing gay men: Gay men experience more depression and suicide, but help is available. Retrieved from: https://www.psychologytoday.com/us/blog/stonewall strong/201806/depression-is-killing-gay-men

References

Choi, K. H., Paul, J., Ayala, G., Boylan, R., & Gregorich, S. E. (2013). Experiences of discrimination and their impact on the mental health among African American, Asian and Pacific Islander, and Latino men who have sex with men. American Journal of Public Health, 103(5), 868-874.

References

Cochran, S. D., & Mays, V. M. (1994). Depressive distress among homosexually active African American men and women. *The American Journal of Psychiatry*, *151*(4), 524.

Della, B., Wilson, M., & Miller, R. L. (2002). Strategies for managing heterosexism used among African American gay and bisexual men. *Journal of Black Psychology*, *28*(4), 371-391.

References

Golden, W. L. (2012). Cognitive hypnotherapy for anxiety disorders. *American Journal of Clinical Hypnosis*, *54*(4), 263-274.

Greene, B. (1994). Ethnic-minority lesbians and gay men: Mental health and treatment issues. *Journal of Consulting and clinical Psychology*, *62*(2), 243.

References

- Graham, L. F., Aronson, R. E., Nichols, T., Stephens, C. F., & Rhodes, S. D. (2011). Factors influencing depression and anxiety among Black sexual minority men. *Depression Research and treatment, 2011*.

References

Human Rights Campaign. (2019).

Being African American & LGBTQ: *An Introduction*. Retrieved from: https://www.hrc.org/resources/being-african-american-lgbtq-an-introduction

References

Hutchington, D. (2019). Detroit man accused of shooting 2 men, killing 1, because they were gay. Retrieved from: https://www.clickondetroit.com/news/detroit-man-accused-of-shooting-2-men-killing-1-because-they-were-gay

References

Lee, C., Oliffe, J. L., Kelly, M. T., & Ferlatte, O. (2017). Depression and suicidality in gay men: *Implications for health care providers*. American journal of men's health, 11(4), 910-919.

Mayo Clinic. (2019). Cognitive behavioral therapy. Retrieved from: https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610

References

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of health and social behavior*, 38-56.

National Coalition Against Domestic Violence. (2018). Domestic violence and the LGBTQ community. Retrieved from: https://ncadv.org/blog/posts/domestic-violence-and-the-lgbtq-community

References

Pachankis, J. E., Hatzenbuehler, M. L., Rendina, H. J., Safren, S. A., & Parsons, J. T. (2015). LGB-affirmative cognitive-behavioral therapy for young adult gay and bisexual men: A randomized controlled trial of a transdiagnostic minority stress approach. *Journal of consulting and clinical psychology*, *83*(5), 875.

References

Rhodes, S. D., Hergenrather, K. C., Vissman, A. T., Stowers, J., Davis, A. B., Hannah, A., & Marsiglia, F. F. (2011). Boys must be men, and men must have sex with women: A qualitative CBPR study to explore sexual risk among African American, Latino, and white gay men and MSM. *American Journal of Men's Health*, *5*(2), 140-151.

References

Setyadi, A. W., Murti, B., & Demartoto, A. (2016). The Effect of Hypnotherapy on Depression, Anxiety, and Stress, in People Living with HIV/AIDS, in "Friendship Plus" Peer Supporting Group, in Kediri, East Java. Journal of Health Promotion and Behavior, 1(2), 99-108.

References

Wade, R. (2018). Racialized Sexual Discrimination (RSD) and Psychological Wellbeing Among Young Black Gay/Bisexual Men (YBGBM) (Doctoral dissertation).

- Zaveri, M. (2019). Ed Buck Is Indicted in Fatal Overdoses of Two Men at His Home. Retrieved from: https://www.nytimes.com/2019/10/02/us/ed-buck-charges.html