TRAINING IN LGBTQ-AFFIRMATIVE COGNITIVE BEHAVIORAL THERAPY IN VIETNAM

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Abstract:

LGBTQ individuals are more likely to have poor mental health outcomes such depression, anxiety, substance addiction, and suicidal thoughts. Although cognitive behavioral therapy (CBT) has long been regarded as a best practice option for the broader adolescent population with mental health issues, understanding of CBT's application to LGBTQ youth is still in its infancy. In order to clearly adapt CBT for the LGBTQ community and incorporate same-sex affirmation activities for young people, the purpose of this paper is to do just that (e.g. gender openness, discrimination against gender identity). trial), the community's and society's supportive role). In order to learn more about: (1) the psychological challenges faced by LGBTQ people; (2) the suitability of CBT to LGBTQ people; (3) the significance of using pro-LGBTQ practices; and (4) making recommendations to incorporate gay affirmation practices into CBT models to better meet LGBTQ needs, the study specifically conducted a trial to apply CBT with 54 members of the LGBTQ community in Vietnam.

Keyword: LGBTQ, cognitive behavioral therapy, Vietnam.

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1. Introduction

The controversy over whether homosexuality should be considered a mental condition in the 1960s and early 1970s hindered research on the mental health of lesbian, gay, bisexual, transgender and queer (LGBTQ) communities. A conservative viewpoint, which favored keeping the categorization of homosexuality as a mental condition, was pitted against a gay-affirmative one, which favored declassifying homosexuality (Bayer, 1981).

The homosexual lifestyle was eliminated from the Diagnostic and Statistical Manual of Mental Disorders' second edition in 1973, but the classification's controversy has persisted ever since. Due to the historical anti-gay position and stigmatization of LGBTQ people, this history has poisoned discussions on the mental health of lesbians and gay men by linking, if not directly equating, claims that LGBTQ people have higher prevalences of mental problems than heterosexual people (Bailey, 1999).

Following the example of the shifting social context, which has elevated the topic of LGBTQ injustice, LGBTQ research has recently started to expand. LGBTQ youth have a higher chance of developing mood, anxiety, and substance use disorders than do heterosexual youth (Fergusson et al. 1999; Hatzenbuehler et al. 2008). In addition, LGBTQ youth have a two to seven times higher risk of suicide attempt than heterosexual youth (Haas et al. 2011). Since LGBTQ people are more likely to have mental health issues, effective preventative and intervention programs should concentrate on this community (Meyer et al. 2007). It is crucial to comprehend this danger as well as the elements that reduce stress and support mental health if LGBTQ people are truly at risk for excessive mental anguish and disorders as a result of social stress. Psychologists, public health experts, and public policy officials may only create successful prevention and intervention programs with such expertise.

Contemporary applications suggest that cognitive behavioral therapy (CBT) can be adapted to address the psychologically complex experiences of LGBTQ youth. Cognitive behavioral therapy (CBT) has long been established as a best practice option for the general adolescent population suffering from mental health problems (Compton et al. 2004). (eg, encountering homophobia and victimization). There is not much proof, though, that the LGBTQ community's mental health is a serious concern. In Vietnam, there are still many biases towards the LGBTQ community that prevent people from expressing themselves and integrating into society. Nearly all LGBTQ persons have experienced at least one push to reject them from family, friends, or society, according to a survey by the Ministry of Health. Psychotherapy for this object is not interested.

In order to find ways to help LGBTQ get rid of their psychological phobia, this study conducted an LGBTQ- affirmative CBT training experiment on 54 gay people in Hanoi. In this process, the psychological issues of LGBTQ effectiveness and the effectiveness of CBT will be.

2. Literature

2.1. LGBTQ

Lesbian, gay, bisexual, transgender and queer are abbreviated as LGBTQ. The initialism and several of its frequent variations have been in use since the 1990s and serve as an all-encompassing term for

sexuality and gender identity (Parent et al, 2013). Youth nowadays are coming out as LGBTQ in greater numbers and at younger ages than at any other time in history (Floyd &Bakeman, 2006). At the most fundamental level, we accept this at face value: basically, there just wasn't much of a concept of a "gay teenager" since there weren't many opportunities for teens to come out as LGBTQ. The reported stages of sexual identity development—self awareness, self-labeling, and disclosing an LGBTQ identity to others—are reported at younger ages in more recent cohorts, according to scholars who reviewed studies of lesbian and gay kids spanning the last 30 years (Ryan& Futterman, 1998). One recent study (Floyd &Bakeman, 2006) examined the ages of these sexual identity development milestones in LGBTQ adults across a wide age range. Those from more recent cohorts (those born after the 1980s) who self-identified as gay or lesbian during the teenage years were asked about these milestones. 2 For instance, a Human Rights Tribunal case brought against the provincial Ministry of Education in British Columbia, the westernmost province, in 1999 over the lack of inclusion of LGBTQ historical figures and role models in the curriculum, proposed in a settlement in 2006, which involved developing a Social Justice course for 12th graders, curriculum changes, and requirements for all schools to have codes of conduct based on the BC Charter of Rights, which includes sexuality (Hansen, 2006).

These studies support the notion that LGBTQ youth are coming out at earlier ages, even though they are not definitive. In addition, it is evident that more young people are coming out, as seen by the expansion and increased visibility of Gay-Straight Alliance (GSA) organizations in middle and high schools (Miceli, 2005). There was not much population-based, representative research that demonstrates these patterns since until the 1990s, social scientists seldom asked questions about sexual orientation or identity on representative surveys. But according to a persistent poll of Canadian high school students, from 85% in 1992 to 82% in 2003, fewer kids are identifying as primarily heterosexual (Saewyc, et al, 2007).

There isn't much evidence to support the idea that the ontogeny of sexual orientation has changed significantly over time; as a result, explanations for these cohort differences center on the dramatic social and historical changes in LGBTQ people's visibility and the corresponding shifts in attitudes towards LGBTQ people and issues (Horn, 2010). Modern youth are the first to have accessible same-sex information and support in their communities and online, as well as visible LGBTQ role models (Russell, 2002). Due to these significant changes, it is now possible for LGBTQ youth to identify as LGBTQ at younger ages or in greater numbers than in the past.

A developmental tendency that appears to work in opposition to the trend of coming

out is that attitudes toward same-sex sexuality are less positive among early teens and increase as children get older (Heinze & Horn, 2009). Early adolescence is a time when awareness of and adherence to gender roles and norms become especially prominent (Galambos et al, 1990). This understanding of traditional views on (hetero)sexuality coexists with sensitivity to gender roles. Furthermore, it is well known that regular interaction with a close friend or family member who identifies as LGBTQ is one of the best predictors of tolerance and inclusiveness (Horn, 2010); a recent study found that heterosexual youth who had at least one LGBTQ friend were less likely to tolerate unfair treatment towards LGBTQ peers (Heinze & Horn, 2009). Youth who identify as heterosexual and have no contact with LG persons in their families or communities may only encounter LG people at school as other pupils become aware of and start claiming their LG identities.

Many LGBTQ kids find it difficult to balance the development of their own awareness and desire to come out with the degree to which doing so would run afoul of the social demands to conform that appear to be especially strong throughout the early and middle years of adolescence. Thus, despite the fact that the last few decades have seen significant social development, homophobia and prejudice continue to frequently exploit the interpersonal and cultural reality of LGBTQ kids.

2.2. Cognitive behavioral therapy

2.2.1. Formation and development

Initiated in the 1950s, cognitive behavioral therapy (CBT) had gained widespread acceptance by 1990. CBT is typically viewed as a form of treatment used to identify and address the negative thought patterns that people have about a particular circumstance or incident and that can lead to psychological issues, interpersonal issues, or mental health issues. An incident may occur that sets off a person's thoughts, which then influences their emotions, causing them to respond in a way that then has an impact on their physical health. We occasionally experience physical ailments that have an impact on our feelings, ideas, and behaviors as well. Interactions between thoughts, feelings, behaviors, and bodies are also present.

For instance, if we receive good grades or a positive performance review, we feel proud, believe we can succeed, and act appropriately by telling your loved ones. However, if someone unexpectedly knocks into us or passes in front of us, we might feel surprised, think, "How impolite!", and then react by yelling at them or complaining to someone, which would put us back in the loop.

For those suffering from depression, Aron Beck created Cognitive Therapy in the late 1950s and early 1960s. Most people who employ this strategy today call it cognitive behavior. In industrialized nations like the

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UK, USA, France, and others, cognitive behavioral therapy has been utilized extensively over time. It is employed in mental health services in hospitals, in schools, for vocational programs, etc. Cognitive behavioral therapy is used to support young people who have experienced mental disorders such as depression, anxiety disorders, anger, and eating disorders. It is also used to teach life skills and social skills to adolescents through mentoring of anger management, decision-making, problem-solving, and communication skills; working with cancer patients, etc.

Beginning in the 1980s of the 20th century, counseling and psychological support institutions started to spring up in Vietnam. However, there haven't been any studies to survey, quantify, or characterize the condition using any approach. A relatively small amount of testing and study has been done on CBT for the LGBTQ population.

2.2.2. Approaches of CBT

The focus of cognitive behavioral therapy is on six fundamental strategies:

First, how a person interprets occurrences in life has a significant impact on how that person responds to those circumstances. Counselors and therapists must first identify the client's current thoughts, including those that result in feelings of sadness, loneliness, and challenging behaviors; they must then determine what influences the client's thoughts; and finally, they must recognize the client's current events and how the client interprets them.

Second, clients are perceived as having too pessimistic beliefs and making inappropriate use of facts when developing solutions.

Third: Active engagement and cooperation are key components of each session in cognitive behavioral therapy. CBT therapists strongly encourage clients to actively disclose subjects they care about by directly offering suggestions, conversation techniques, and homework assignments. The client's participation and initiative are shown when they do their homework or practice outside of the counseling session.

Fourth: Since cognitive behavior focuses on problem solving and emphasizes the current problem from the start, it is important to set goals, look for causes, and direct clients to their irrational beliefs, such as a propensity for negative thought processes; systematically examine the accuracy of these beliefs and tendencies; and encourage the accuracy of the client to take part in a number of experiments where current problems are the focus.

Fifth, a psycho-educational approach to cognitive-behavioral treatment with the aim of enabling the client to become their own "guide" and preventing recurrence.

Sixth: Cognitive behavioral therapy sessions follow a predetermined format. It is structured with clear processes including

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goal-setting, content-related activities, closing, and evaluation.

The study evaluated training in LGBTQ-affirmative cognitive behavioral therapy using these six viewpoints and five guiding principles:

3. Methods

Prepare

In 2020 and 2021, we enlisted the help of community-based groups that support the LGBTQ community, college counseling centers, and advertisements put on social networking websites and mobile applications (such as Facebook, sex party listservs, and a well-known sex-seeking app). All participants filled out a quick screening questionnaire over the phone to confirm their eligibility, which included the following criteria: (1) a member of LGBTQ community; (2) 18 to 35 years old; (3) marketing in Vietnam; (4) being HIV-negative; (5) using stimulants like alcohol, tobacco, sleeping pills, and tranquilizers; (6) exhibiting symptoms of depression and/or anxiety in the previous 90 days; and (7) not currently receiving regular mental health services.

Procedure

After reading a study advertisement in print or online, potential participants called the research office to complete a phone eligibility screening. In order to complete the remaining baseline measurements and be randomly assigned to conditions, eligible participants were emailed an internet link with at-home baseline tests. They were also scheduled for an in-person appointment. Before coming to the office, a research assistant makes sure that each participant completed baseline tests at home.

Participants were randomly assigned to either immediate treatment or a waiting list after completing the baseline evaluation component in-office and ensuring eligibility. Participants were randomly assigned to therapy or to a waiting list after completing a baseline in-office examination and ensuring eligibility. By homosexual orientation (lesbian, gay, bisexual, and transgender or queer) and psychological condition, randomization was stratified. Participants on the waitlist received one call or email each month to remind them of their appointment. In order to reduce participant burden, participants completed around half of the survey measures at home and the other half in the study office at each assessment point. They finished the timetable follow-back interview with a trained interviewer after completing all surveys. Participants in immediate treatment received care between the baseline and 3-month assessments.

A 10-session intervention based on the Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders (Barlow et al., 2010) is effective for reducing stress-sensitive mental health disorders (such as depression and anxiety) by improving

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emotion regulation skills, minimizing maladaptive cognitive, affective, and behavioral avoidance patterns, and boosting motivation and self-efficacy for enacting change (Ellard et al, 2010). The intervention sessions' topics included: The key topics of discussion and motivation-building in session 1 were challenges related to sexual, behavioral, and mental health. The effects of stress on health, specific signs of stress, and contemporary coping mechanisms were covered in session 2. The emotional impact of initial and continuous stress was brought up in Session 3. In session four, participants learned how to respond to minority stress in the present moment and with mindfulness. The cognitive effects of minority stress were discussed in Session 5 along with cognitive restructuring exercises. Session 6 will explore the effects of emotions on sexual, behavioral, and mental health as well as personal patterns toward emotion avoidance brought on by minority stress. In session 7, the effects of minority stress on behavioral avoidance were discussed, with a focus on developing a hierarchy of emotional and behavioral avoidance. Participants in session 8 were exposed to behavioral trials that they had previously encountered. In Session 9, the graduated behavioral tests were resumed, with a particular emphasis on assertiveness training as a tool for managing minority stress. In session 10, we discussed fresh cognitive, emotional, and behavioral coping mechanisms and how to use them for upcoming stress situations (Pachankis, 2014). After every session, therapists gave between-session assignments to encourage skill generalization.

During the experimental period, there was always a clinical psychologist, who supervised the delivery of the intervention over one year in weekly group and individual meetings. All sessions were video-recorded for supervision. Of the 54 participants, nearly 55% completed 10 sessions, 24% performed less than 8 sessions and the remaining 21% completed less than 5 sessions.

4. Results

4.1. Psychological issues faced by LGBT

According to the findings of the interviews, numerous mental diseases were encountered by members of the LGBTQ community as they sought for ways to live authentic lives. LGBTQ people can experience a variety of mental health problems, including loss, stigma and discrimination, fear of others' reactions, uncertainty about the future, changes in one's appearance, and psychological disorders, particularly depressive and anxiety disorders linked to illness or particular circumstances.

Most of them acknowledge that their lives do not resemble those of the majority of individuals in society. If they wish to live authentically, they must live covertly out of fear of being discovered by others and with fewer rights than others. Some people formerly believed they were worthless, a disgrace, and unworthy of live. Many people

have turned to stimulants like alcohol, beer, smoke, or unrestrained sex to get away from bad thoughts and mental exhaustion. Some people have tried to commit suicide, and others have tried but failed. They typically end up being the underdog in society.

"I experienced a crisis when I discovered I was gay in the eighth grade since there wasn't enough information available. Even though I have the support of my close friends and coworkers, right now when I venture out into society, I always think badly, feel lonely, and clutch to me, which makes me have suicide thoughts. I feel bad for my parents since I didn't deserve to be born and to be alive " - a 28-year-old man.

Many people must pretend to be someone they are not in order to fit in with their friends, families, or the community in which they live. They occasionally feel as though they are denying themselves or concealing a piece of their true selves. These participants kept their sexual orientation a secret, even from their friends and family, due to worries about *"fear of being stigmatized," "fear of not being accepted," and "fear of being debated."*

"In an effort to live a normal life and keep my proclivities hidden from friends, I once dated a female. I don't really care for her, though, and I am totally lost. We parted ways. - A 26-year-old female.

"*In high school or college, the majority of my closest pals were gay. Around them, I can only feel secure and at ease. It might be quite difficult for regular folks to open out."* - 29-year-old male

"*In order to get along with my coworkers and supervisor, I have to pretend to live in opposition to my genuine feelings. I occasionally feel as though I am denying myself*." - A 34-year-old woman

"Making the decision to come out was harsher than I had anticipated. I lose my closest brother whenever I give myself a signal by changing my appearance, like adding lipstick or growing out my hair. I was imprisoned after attempting to elicit sympathy from my family and remained there until I realized I was mistaken. I am really at a loss. I am not cut out for this planet." - 24-year-old male.

Numerous people claim that these psychological pressures have a negative impact on their health. Even more gravely, there are those who are highly susceptible to suicide, which is linked to depression. They experience complexity and difficulty as a result of having to deal with challenging life circumstances, such as health issues.

"*I sometimes have difficulties falling asleep. Simply closing your eyes will cause all of your thoughts—including anxiety about the future, loneliness, and the purpose of life—to flood your mind. I occasionally find it impossible to control myself and have to yell and smash things* "- 28-year-old woman.

"*I have occasionally remained awake for nearly a week. I was powerless to silence the*

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murmurs in my thoughts. I need to figure out how to stop my thoughts from being on high alert. I really deteriorated and lost control.”. - 35-year-old male.

“I simply want to vanish before people find out I am a lesbian.” - 28-year-old woman.

“I must be completely dead since I feel ashamed in front of my wife, kids, relatives, and neighbors and have no face left to live!” - a 34-year-old male.

It is clear that the LGBTQ population in Vietnam is under a great deal of stress. The majority of them are caused by prejudices held by family, friends, and society, but some of them may also be the result of personal prejudices, which results in low self-esteem and lack of self-confidence. Additionally, they are not explicitly guaranteed a fair standing in society by Vietnamese law. As a result, people start to feel rejected and lose their place in society. These detrimental factors have had a minor to severe impact on the mental and physical health of LGBTQ people, including insomnia, ongoing anxiety, lack of behavioral control (use of stimulants, etc.), and self-denial (suicidal thoughts).

4.2. Psychological support for specific cases

4.2.1. Psychological support for people at risk of suicide

First case: A male (hence referred to as LGBTQ11) who is extremely stressed out, has been unable to sleep for a week, and is constantly thinking, "*I want to die a regular death like everyone else before my family found out I was gay,"* consults with a counselor.

This person is a 34-year-old married finance professional with two small children. Since high school, he has observed unusual gender-related behaviors, but he is unsure. He didn't become aware of his own gender bias until his final year of college, when he took part in a school fashion festival and saw gender-neutral clothing. But because he felt bad for his parents, he always kept it a secret and didn't tell anyone, not even his friends. In the future, he wed and had kids as a person outside the LGBTQ community. However, he has recently come to the realization that his attraction to people of the same sex is intensifying. He has always had psychological issues, blamed himself, and apologized to his family, but he has never been able to overcome his loneliness.

The conversation reveals the client's reality:

LGBTQ11: *“I must be dead because I no longer have the courage to face my wife, kids, family, and neighbors.”*

Counselor: *"Have you ever considered yourself to be dead?"*

LGBTQ11: *"I've been haunted by that for a long time, especially this week."*

Counselor*: “Is that simply a thought, or do you have other plans?”*

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LGBTQ11: "*In fact, I have other ideas; I intend to take medication. What would you think if I used it to kill myself? I don't, however, wish to do that. if I decide on medications. My wife and kids, as well as the rest of my family, are mostly to blame. They might assume that I am dissatisfied with my life right now. It's true, but I don't detest them. My wife shouldn't have to put up with that mindset, in my opinion. She has already endured a great deal."*

LGBTQ11: *"I had other intentions, My family will be more understanding if I go to the street where the truck passes and cross the street. My family will think that it was just an accident that I got hit by a car."*

Counselor*: "What if you simply had an accident and weren't already dead at the time?*"

LGBTQ11: *"I don't want to live a "half-life," I want to die. However, I feel bad for the driver because they have a wife, kids, and a family. Why is dying so difficult?"*

LGBTQ11 is clearly at a very high risk; in addition to considering suicide, he also intends to harm himself. Counselors should work on and concentrate on these issues.

Suicidal reasons: *"I was worried that they would be disappointed in me. I am worried that my family may split apart. What if a wife has a peculiarly unfaithful husband? As for my kids, their friends will make fun of them for having a dad like mine."*

After that, the therapist conducted a discussion to explore the purpose of life for LGBTQ11.

Counselor: "*What else do you want to do for your loved ones and whom do you really care about and want to do something for before you pass away."*

LGBTQ11: *"First and foremost, I want to renovate my home. You see, I am currently residing in an old home, and I've also saved some money. I want to reconstruct my home so that my wife and kids would have a place to live. I wish to atone for them."*

Consultant: "*Who will help you and how long will it take to construct a house like that?"*

LGBTQ11: "*Design is quick; I also have a construction-related acquaintance and a design idea."*

Consultant*: "How long does it take you to finish the design and build the house?"*

LGBTQ11: "*About 5 weeks or a month, although it takes at least 4 to 7 months to build a house, according to."*

Counselor: "*That way, you will spend your priority time building and planning the house first. As a result, your wife and kids will have a secure home to live in the event that you had to leave abruptly."*

LGBTQ11: *"That's right."*

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The researcher spent two hours working with LGBTQ11 and came to the following conclusions: First of all, LGBTQ11 was unsure of whether his wife and family would accept him. The second is the home's layout and construction, the third is restlessness and unease, LGBTQ11 gave in after being persuaded and agreed to try to address each issue separately.

Within a week, counselors helped LGBTQ11 learn relaxation techniques that help them unwind and fall asleep more quickly. The therapist then gives LGBTQ11 a phone number to contact them at the moment of need and sets up an appointment for the upcoming therapy sessions.

When it comes to his suicide inclinations, LGBTQ11 still frequently struggles with having both a good cause to live and a good reason to die. His internal battle between the want to live and the urge to die is shown in this. Suicide risk rises when the latter desire takes precedence and surpasses the former. really high. What it would be like to intervene psychologically on a client who feels hopeless, believes life has no purpose, and commits suicide is the crucial therapeutic question. Help LGBTQ11 deal with suicide by determining their risk of self-harm, such as whether they have suicidal thoughts, suicide plans, or a history of suicide, and then figuring out how to help. Help LGBTQ11, lead him in problem-solving, and reframe false beliefs like "*LGBTQ is a social bad," "I am the one with the right guilt, and shame is tormented in my heart,"* and *"discrimination is a fear."* They can overcome psychological barriers, help themselves, take care of themselves, restructure their perceptions, manage their emotions, which can help them accept the disease, adhere to treatment, and integrate into life by understanding the their psychology and using cognitive behavior to assess negative automatic thoughts, including negative thoughts about oneself, about society, about the future, and destructive core beliefs related to illness.

Given that LGBTQ11 is in this situation at high risk, the counselor took LGBTQ11 to a psychiatrist for a thorough diagnostic and to determine whether antidepressant treatment was necessary. The counselor also got in touch with his family. Find out the wife's accepting and supporting views by first asking her about her opinions on the LGBTQ community. The consultant then spoke with the wife about LGBTQ11 in conjunction with the psychological LGBTQ11 results that the doctor had provided. The findings indicated that she was also aware of some of her husband's cues and that she wanted to improve his ability to think. LGBTQ11 has shown evidence of recovery with the help of family and certain counseling therapy techniques (mixed with treatments for anxiety disorders, despair, and self-awareness) increased benefits from better sleep manifestations.

4.2.2. Psychological support to cope with depression

In the second instance, a 19-year-old member of the LGBTQ group resides with his parents and younger sister. She is referred to as LGBTQ28 throughout this document. LGBTQ28 parents work for the government. When LGBTQ28 was ten years old, her parents gave her permission to live with her aunt and cousins. Her aunt was not wed and is there to look after the kids. The LGBTQ28 school was close to her aunt's home, making pick-up and drop-off easy. LGBTQ28 had lived independently since they were little children, had to care for themselves when they were not with their parents, get up and study by themselves, and handle personal matters under the watchful supervision of their aunts. LGBTQ28's aunt was a conservative woman who appreciates her grandchildren's cultural heritage and educational needs. For LGBTQ28 and cousins, getting spanked by an aunt is commonplace: 8 points results in two lashes, 7, three lashes, and 6, four lashes. Because of this, LGBTQ28 did not dare to tell her aunt that she was showing some odd behaviors, such as being attracted to her female pals. The most difficult year in the life of LGBTQ28 was year 11, when she transferred to a new school and made new acquaintances. LGBTQ28 made the decision to come out at this point after realizing her own gender orientation and deciding she desired a new existence in a new setting. But she had a hard time making friends. LGBTQ28 only had one close buddy, and as a result of her expression, their friendship grew progressively more distant. While LGBTQ28 returned to live with their parents during this period, she and their family encountered struggles when discussing gender with their parents. Dad beat LGBTQ28 that LGBTQ28 could not forgive him for. LGBTQ28 had only ever intended to die by suicide once, but her mother found out and counseled her. She had done so in order to avoid upsetting her father. She slowly overcame this difficult time in her life as an LGBTQ28 to continue studying and taking entrance examinations for universities. LGBTQ28 spended the majority of her time studying. LGBTQ28 no longer has any suicidal thoughts or feelings, but LGBTQ28 still feels uncomfortable and did not want to bear the feelings touch as before. Now LGBTQ28 thinks that the terrible emotions from before are returning, but somewhat lighter. LGBTQ28 struggle to express themselves and demonstrate their worth since they are unaware of their true potential. LGBTQ28 is upset with her parents because they think of her as bizarre and a little bit deranged. However, LGBTQ28 is aware that gay people are not like that, and she wants to show her parents that LGBTQ persons are humans who deserve to be loved and respected.

LGBTQ28 students no longer experience the same level of alienation at their universities as they did in the past, but she still experienced boredom and sadness. She felt out of place in this environment because "*people don't accept me for who I am and*

because I can't do anything well", and "*they frequently question and judge me*". Following that, LGBTQ28 progressively gave up their interests, such as quitting a martial art that she was interested in in the midst of school, quitting the art club because she believed she was not as talented as others, could not draw as well, or not being as well-known as others. Outside of school hours, LGBTQ28 isolated herself and only wants to interact with a friend and her sister. She refuses to eat and only wants to sleep. When she does fall asleep, she doesn't want to wake up. She did not want to go out with hẻ friend. LGBTQ28 is constantly depressed, has a heavy head, and is filled with anxiety because she felt as though her life has no purpose and that she was nothing.

According to studies using the CBT model, the effects of negative LGBTQ28 encounters are caused by psychological issues in early life, or, to put it another way, the initial negative self-image has already been formed. Negative thought patterns are likely the result of early experiences, such as strained family ties, abuse, estrangement from friends and family, etc. Due to these experiences, LGBTQ28 people may lack confidence, respect for themselves, or have a negative self-image. Later occurrences like breakups, disappointment in a significant other, or the end of close relationships might act as fresh triggers for the beginning of depression. The impact of negative thoughts and thought patterns on mood is significant; as depression deepens, unpleasant perceptions increase in frequency and influence more and more behaviors.

According to the status of LGBTQ28, we can deduce that the most common feelings among LGBTQ28 members are boredom and anger, which are exhibited through the abandonment of interests, homebound conduct, and a lack of social interaction or group participation. Additionally, LGBTQ28 experience regular headaches and bodily discomfort (body response). "I can't do anything well" and "no one accepts me" are the prevailing thoughts that frequently surface. Cognitive behavioral models are aware that stressful situations or circumstances can set off depression, which builds over time. This mechanism can be divided into five categories:

Self-control, inhibition, change, and action control are all topics covered by control mechanisms:

- Interpreting oneself and others is a matter of cognitive systems.

- Feelings and emotions are produced by affective systems.

- Mechanisms of motivation based on goals and aspirations.

- Tool mechanisms that get people ready to take action.

Together, these strategies help us comprehend situations and come up with appropriate reactions.

The researcher gives LGBTQ28 the following instructions for conducting therapy with coping mechanisms in accordance with the model's name:

Step 1: Apply the Socrates Exercise to real reason to counteract depressive thought patterns.

By defining: (1) the concept of "*inability to do anything*" and (2) looking for what is acceptable, such as a way to get to school, the Socrates exercise aids in the analysis and clarification of the client's perception that "*I am incapable of doing anything*." Is he able to run, walk, and think? Can you type on a computer, surf online, and ride a motorcycle?

Step 2: Activities to help overcome depression

- *Analysis of daily activities:* In order to guide new activities, learn how to manage avoidance activities, advance toward behavior change, engage in positive activities, and set goals, the study examined the client's daily activity levels to better understand those levels, the interaction between activity and mood, avoidance activity patterns, and limits the LGBTQ28's influence in live.

- *Make a list of positive activities:* Compile a list of constructive actions: Make a list of 5 uplifting things LGBTQ28 has done in the past or wants to do, whether or not she enjoys them. LGBTQ28 was asked by the counselor to organize and carry it out.

- *Exercise for the senses:* Exercises such as listening to music that LGBTQ28 has never heard before, going sightseeing or seeing landscapes that LGBTQ28 have never been to; step out of the house to walk barefoot on the grass etc., use the power of the senses directly to avoid LGBTQ28 noticing their depression.

The counselor then instructed LGBTQ28 to keep track of their everyday actions involving their senses using a chart. For instance, LGBTQ28 has sensory abilities that allow them to detect the aromas of food, flowers, weeds, roses, coffee, and hot tea. This activity enables LGBTQ28 to monitor their level of depression while stepping up their constructive endeavors to break free from its circle.

LGBTQ28 have begun enrolling in their favorite art classes three months after taking part in the experiment and using CBT. Despite still feeling awkward with friends at school, LGBTQ28 has actively taken part in group activities.

4.2.3. Psychological support to cope with anxiety disorders

Case 3: A 21-year-old male (hence referred to as LGBT34) recently received his bachelor's degree and is searching for a career that will suit him. He applied to a corporation but was turned down in the last round. He spent a few months working for a company before leaving due of his poor working relationships. Then, LGBT34 agreed to a six-month contract with another

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business. However, after discovering that the individual was biased against homosexuals and unfriendly to him, he left after three weeks. LGBT34 are currently getting ready to hunt for a new job and locate a university where they can study overseas. LGBTQ34 believes that *"I am a failure*" as a result of his experiences at work. LGBTQ34 struggles with self-acceptance and occasionally gets up early to go to work. LGBTQ34 experiences confusion and fear; on occasion, he wishes he were ill and unable to report to work, or he wishes he were struck by a car on the road and unable to report to work or the office. He said: "*When I saw the manager's figure walking by, my heart began to race and I felt anxious and nervous".* LGBT34 constantly askhimself, "*Why does one challenge follow another, when will I pause to take a breather?"* LGBTQ34 wants to study overseas but is concerned that their current situation won't allow them to do so because "*if's hard now, what would it be like when travelling abroad later*?" Saying, "*I don't know what will happen next*," as he fret about the future. When receiving advice or job advise, LGBTQ34 expresses concern by saying, *"I am scared I can't accomplish it."*

The medical procedure:

Step 1: Manage the conditions that cause anxiety disorders

The cycle of components in anxiety states is analyzed using the following model from a CBT perspective: Negative feelings and thoughts about oneself, others, and the world, together with avoidance, elopement, and stress-related physical reactions that show signs of anxiety.

The symptoms of LGBTQ34 include: He perceives the circumstance tragically in his head, saying things like, *"I can't handle it, I can't control it," "This is a tragedy for me,"* and "*My heart stopped breathing*." LGBTQ34 avoid interacting with sources of worry in their behavior. LGBTQ34 reacts physically to anxiety-related feelings. The interaction between these three components will keep the anxiety disorder cycle going. Intervention Based on an investigation of each element and their relationship, perceived workplace conduct.

Step 2: Manage stress and bodily sensations through relaxation

LGBTQ34's experience of stress:

"I don't know why, but I frequently have a headache that hurts in both of my temples, occasionally goes to the back of my skull, and prevents me from paying any attention at all. Other times, I also get shoulder discomfort and exhaustion. Maybe it's because I spend too much time reading on the internet, which makes it difficult for me to focus. After reading a few pages, I'll quit because I am unable to continue. When I am a little anxious, I feel like I am lethargic and don't want to move people. Additionally, I discover that my stomach and intestines are really painful. I was concerned that I might have an illness, so I went to the doctor. The doctor said there was nothing wrong, and I

should rest, eat fruit, take vitamins, and work out in addition to being stressed out and thinking a lot. But how anxious I am!"

Static and dynamic relaxation techniques are the two categories of relaxation exercises for LGBTQ34. While static relaxation concentrates on lying down or sitting still while controlling breathing, dynamic relaxation concentrates on tensing and contracting muscles.

When taught and practiced, this strategy is particularly helpful for managing anxiety, especially in the treatment of anxiety disorders, according to individuals who attend therapy with anxiety disorders: *"When you lead this exercise, I feel my body lightheaded in a very indescribable state and very pleasant. I feel the smoothness, the coolness of the grass, the sunlight, there are flowers and butterflies too. It's a lovely scene in which I may easily relax my thoughts, sentiments, and emotions. Allow yourself to express your creativity without worrying about criticism or restrictions from others."*

Steps 3: Manage psychological symptoms

LGBTQ34 were given instructions to undertake a daily practice called "negative automatic thought journaling" to track down the negative thoughts that make them feel anxious, scared, or fearful.

Table 1. Record of automatic thoughts that occur during the week

Situation happens	Automatic thinking	Emotions (on a scale of 1 to 10)
D texted that he was sick and most likely couldn't go early in the morning. (Plan aborted)	I had carefully planned everything out, but suddenly it all went wrong. I am not sure if D is actually ill or just avoiding me.	Disappointed 8/10 Sad 8/10
The former boss requested support from her pals.	I am reluctant to bother my pals with a vote for Hillary. She is so motivated to win; in contrast to her, I am not as pushy or trying to get people to vote for me. I realize that I am too passive, fearful of my hometown, and unwilling to disturb. Too sensitive to always consider others' perspectives. See how his and her personalities differ.	Confused 4/10 Pity 4/10 Pessimistic about myself 6/10
Going to my best friend's house the other day for lunch	I was afraid to bother the family even though they are very close when I went to my closest friend's house the other day for lunch.	Worry 3/10

Source: Subject's follow-up sheet

The counselor then helps LGBT34 combat the negative belief that "*I am a failure*."

LGBTs are held back by their self-defeating beliefs that they were failures and their fear of failing, which prevents them from taking advantage of these new chances. Refrain from putting LGBT in situations where they believed "*I will have to face and conquer those obstacles and hurdles*." They realize that they were overly demanding, demanding things of a chance nature, which has been made possible by challenging and struggling with a deeply ingrained belief in himself. From this realization, they also realized that they are not failures but rather a beginner, and that their mistakes are seen as life experiences that have helped them find direction rather than past mistakes that prevent them from moving on to the next step in their journey.

LGBT34 must respond to the following three inquiries in order to challenge that notion: (1) Does the evidence point to or support their failure?; (2) Is there any opposing information or another explanation?; (3) What will occur if question 1 is accurate?

LGBT34 finally realizes that he or she is not a failure after overcoming the notion *"I am a failure. Simply put, I am asking for too much, too many things, and too many things that depend on chance."* Thenegative self-declaration of being LGBT has significantly hampered him and made him anxious, which has made him avoid circumstances or risks that could result in his status and made him doubt himself. The key to altering your perspective or picture of yourself and the way you assess your own talents is to be able to identify negative remarks and change them.

From the aforementioned three situations, CBT has emphasized comprehending the relationship and interaction between ideas, feelings, and behaviors; this has helped individuals in the chain of cause and effect to understand an issue. CBT assists study participants in recognizing harmful beliefs and battling them to redesign and transform them into more sensible beliefs. It aids people in the LGBTQ community in seeing that underlying ideas about events, rather than the events themselves, are what cause emotional and behavioral reactions. They have the capacity to control unfavorable emotions, which help give rise to fresh ones.

5. Conclusion

According to the findings, training in LGBTQ-affirmative CBT dramatically decreased symptoms of despair, suicidal ideation, self-doubt issues, and anxiety disorders. During the trial period, CBT considerably reduces anxiety symptoms and substance use. In terms of lifetime persistence, the emotional and monetary costs associated with LGBTQ health disparities, as well as the social repercussions of stigma generally, a

relatively quick psychological treatment like CBT, which has the potential to simultaneously address the health threats facing the LGBTQ community, represents a promising public health tool (Hatzenbuehler et al, 2013). Training in LGBTQ-affirmative CBT's advantages include an evidence-based CBT foundation, modifications based on minority stress theory's experimentally supported components, strong ties with mental health professionals and community members, and LGBTQ affirmative viewpoints that support individual agency and resilience (Pachankis, 2014). Being founded on a hyper diagnostic basis (Barlow et al., 2010), reducing the need to train physicians in different treatment plans, and offering a collection of tailored modules are some of its practical advantages. focuses on initial risk factors that have a broad impact on how symptoms are presented.

This study's maximum number of sessions was 10, but other CBT trials frequently permit far more. Although we first thought that 10 sessions would achieve the best possible balance between teaching important skills and the counselor's limited resources, it's possible that more sessions may be even more powerful. Due to the wide range of mental and behavioral outcomes impacted in this initial experiment, the increased number of sessions may ultimately be cost-effective. Future research will examine whether the CBT method can improve critical outcomes while reducing the higher cost of more sessions. Future CBT assessments should monitor the amount of homework completed as a potential treatment moderator given the capacity to complete homework to increase the effectiveness of CBT interventions.

The foundation of CBT is the idea that minority stress processes negatively impact LGBTQ people's physical and mental health and that managing stress requires a variety of cognitive, affective, and emotional abilities. In the context of LGBTQ positive therapy, teachable behaviors (Pachankis&Goldfried, 2004). Although society has evolved to accept homosexuality more, issues with mental health will still affect members of the LGBTQ community until the stigma is totally removed. comparative psychosocial participation of homosexuals. Equally crucial is the representation of the utilization of public health resources in programs that enhance health by imparting knowledge on how to deal with stigma. According to the studies given here, CBT holds great promise for assisting young homosexual and bisexual men in overcoming stigma and empowering the mental health care field. Spirit offers clinical services that are evidence-based and LGBTQ-affirming.

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