

# A Pilot Study of an *Adapted* Cognitively-Based Compassion Training® for Transgender Youth and Their Parents

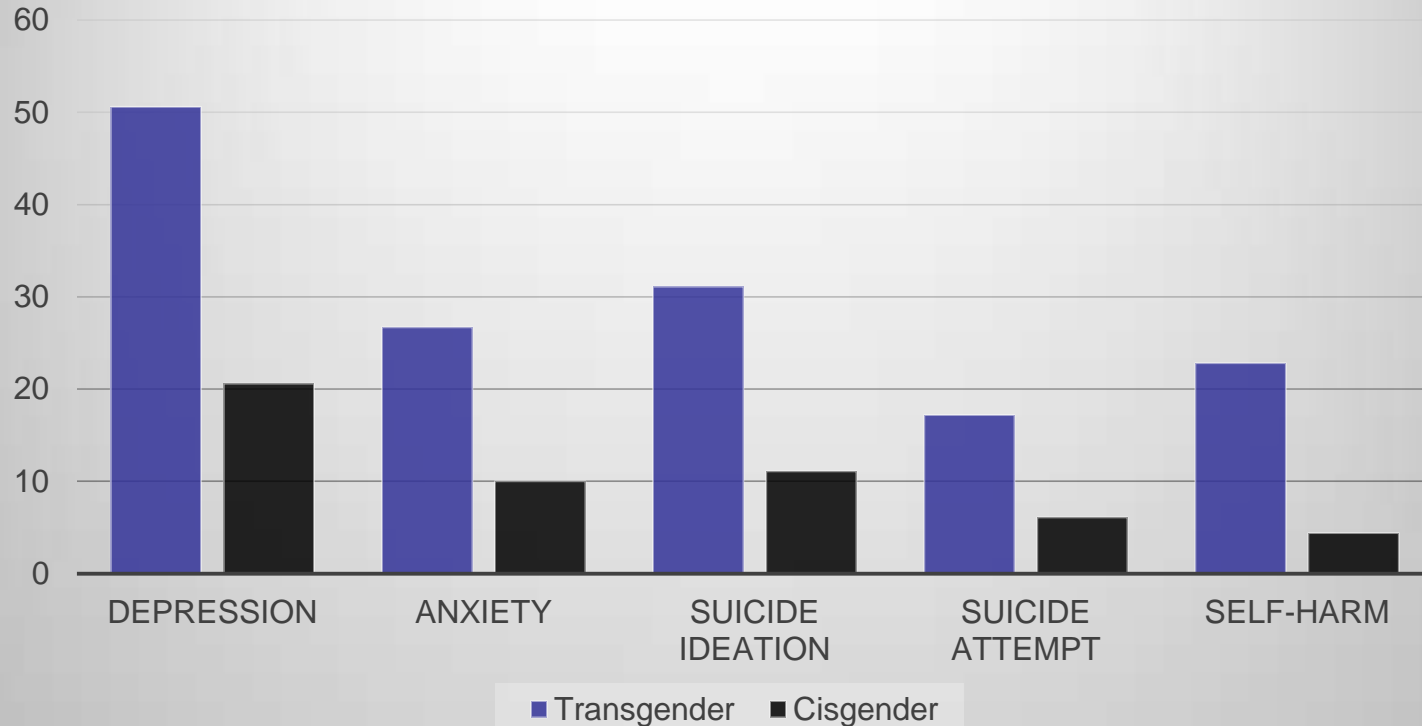
Russell B. Toomey  
University of Arizona

A presentation for the  
2017 Mindfulness Research Conference

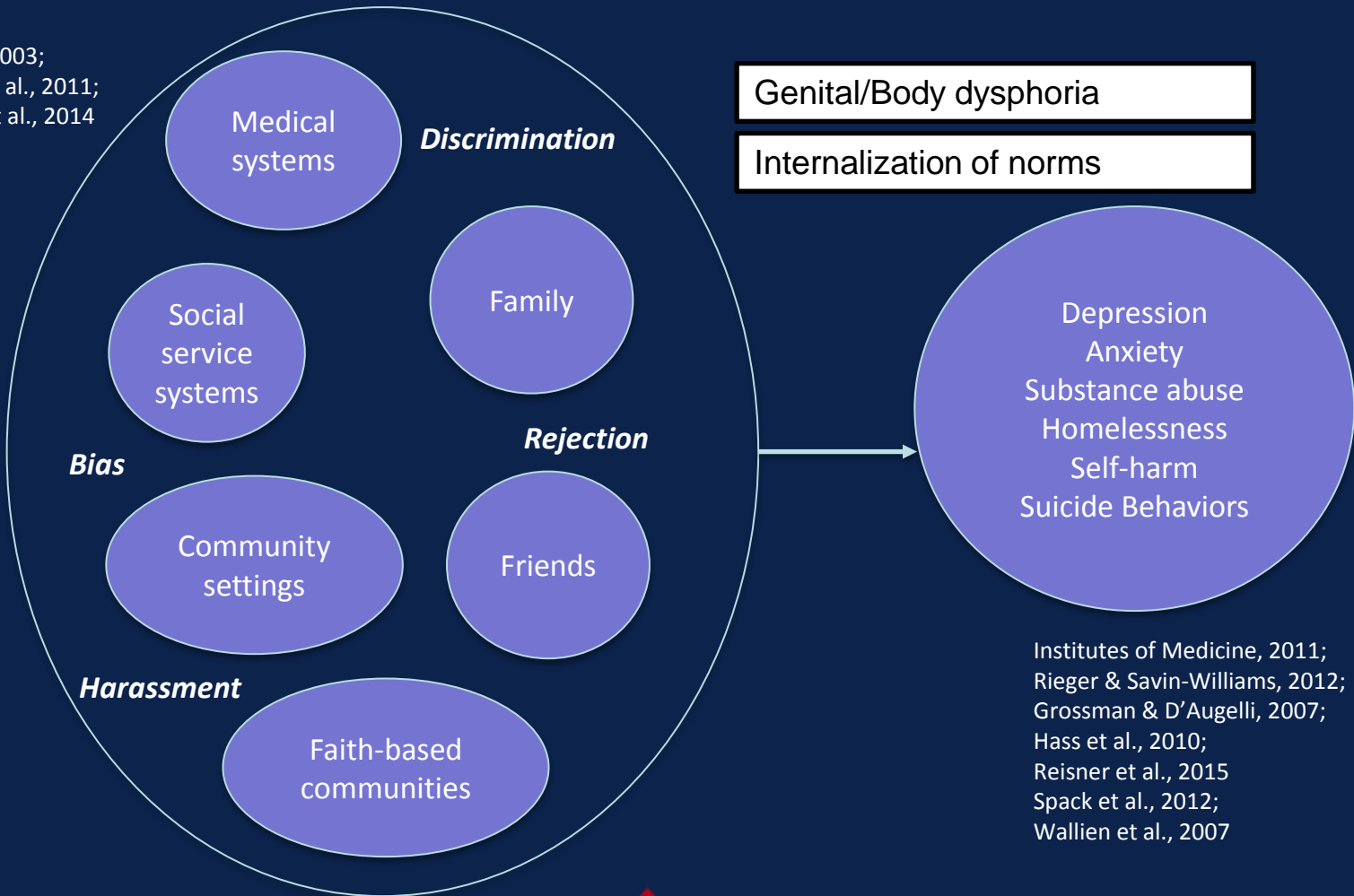


# Why focus on transgender youth?

## Frequency of medical record history



Meyer, 2003;  
Olson, et al., 2011;  
Poirier et al., 2014



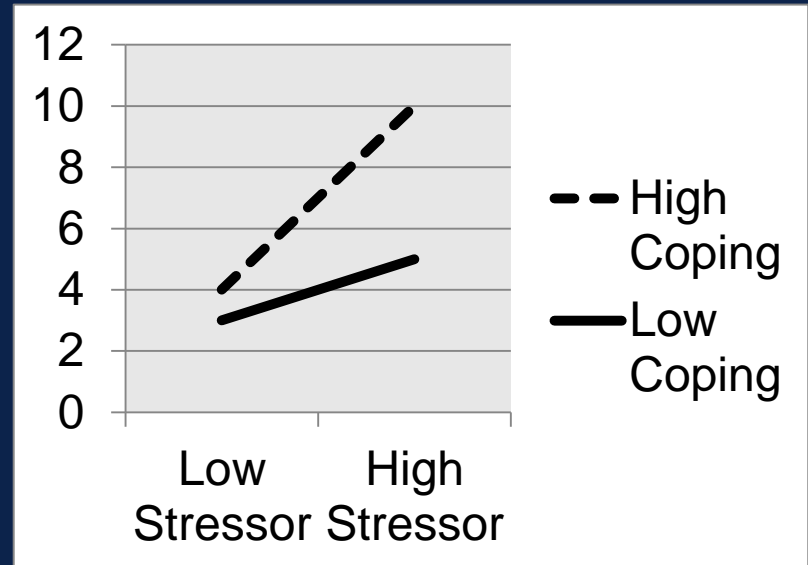
# Few Empirically-Investigated Psychosocial Interventions

*\*\*\* Except those focused on sexual health or clinical/medical treatments*



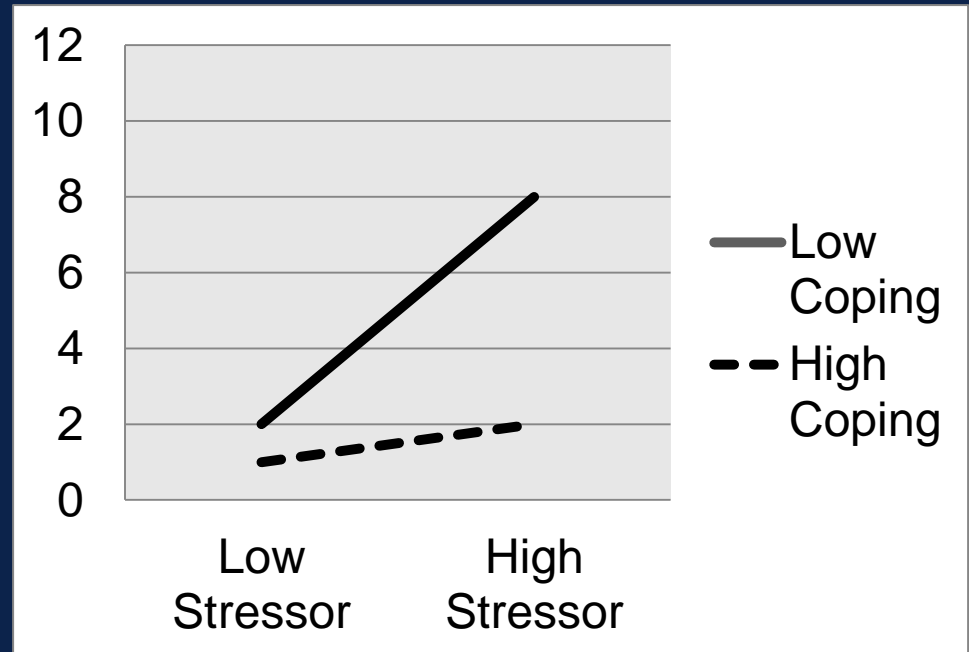
# In the face of stress, what coping strategies are useful?

- Active coping strategies
- (e.g., Brittian et al., 2013; Edlynn et al., 2008; Toomey et al., 2017).




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- Active coping strategies
- (e.g., Brittian et al., 2013; Edlynn et al., 2008; Toomey et al., 2017).
- Mindfulness-based strategies
- (e.g., Sibinga et al., 2011; Toomey & Anhalt, 2017).



# Cognitively-Based Compassion Training®

*“CBCT ... deliberately and systematically works to cultivate compassion. Through progressive exercises (beginning with the development of attentional stability and progressing through various analytical meditations), one gains insight into how one's attitudes and behaviors support or hinder compassionate response. The practice of CBCT intensifies the desire to help others, allowing compassion to become more natural and spontaneous in one's everyday life. It also helps increase personal resiliency by grounding one in realistic expectations of self and others.”*



# Meditation as a health-promoting practice

- Compassion meditation: significantly improve immune function when individuals are faced with stress (Pace et al., 2008, 2009).
- CBCT: effective in high-risk adolescent populations, including youth in foster care (Reddy, et al., 2009; Pace, et al, 2013).
- Compassion has been noted in the scientific literature as an important factor in physical and psychological health (Ozawa-de Silva, et al., 2012).



# CBCT + trans youth and their families

Compassion is a core component of how individuals relate to one another

–Family-based adaptation




1. Assess feasibility and acceptability of CBCT® with trans youth and their families
2. Examine whether CBCT results in increased compassion for self/others, mindfulness, and healthy emotion regulation, as well as anxiety and depression


## *Goals*



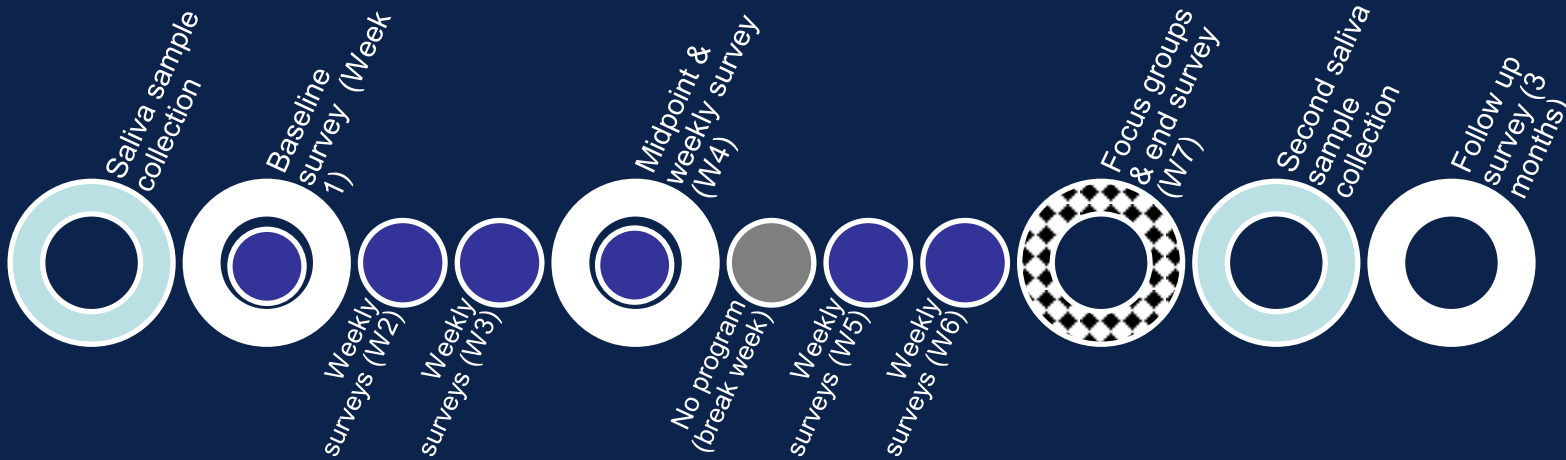
# Recruitment

- Participants were eligible for the study if they:
    - ✓ Were a transgender youth ages 13 to 18
    - ✓ Had a parent or guardian who was willing to participate in the study
    - ✓ Were available to participate on the designated nights for the study
    - ✓ Felt comfortable completing surveys and participating in sessions in English
    - Discussion around mental health
  - Participants were recruited through family support groups that serve parents of transgender youth and social media.
    - 3 families – parent support group
    - 1 family – pediatrician
    - 1 family – Facebook page
- 

# Pilot Sample

- 5 teens
    - Average age: 15 (min: 13, max: 16)
    - All identified as White
    - 4 assigned female at birth, 1 assigned male at birth
    - 3 now identify as male, 1 identifies as non-binary, and 1 identifies as female/tomboyish
  - 7 adults
    - Average age: 43 (min: 38, max: 53)
    - All identified as White
    - 5 female parents, 2 male parents
    - 5 parents were married/cohabitating (2 couples participating)
- 


# So much data!



Ongoing daily practice and well-being surveys

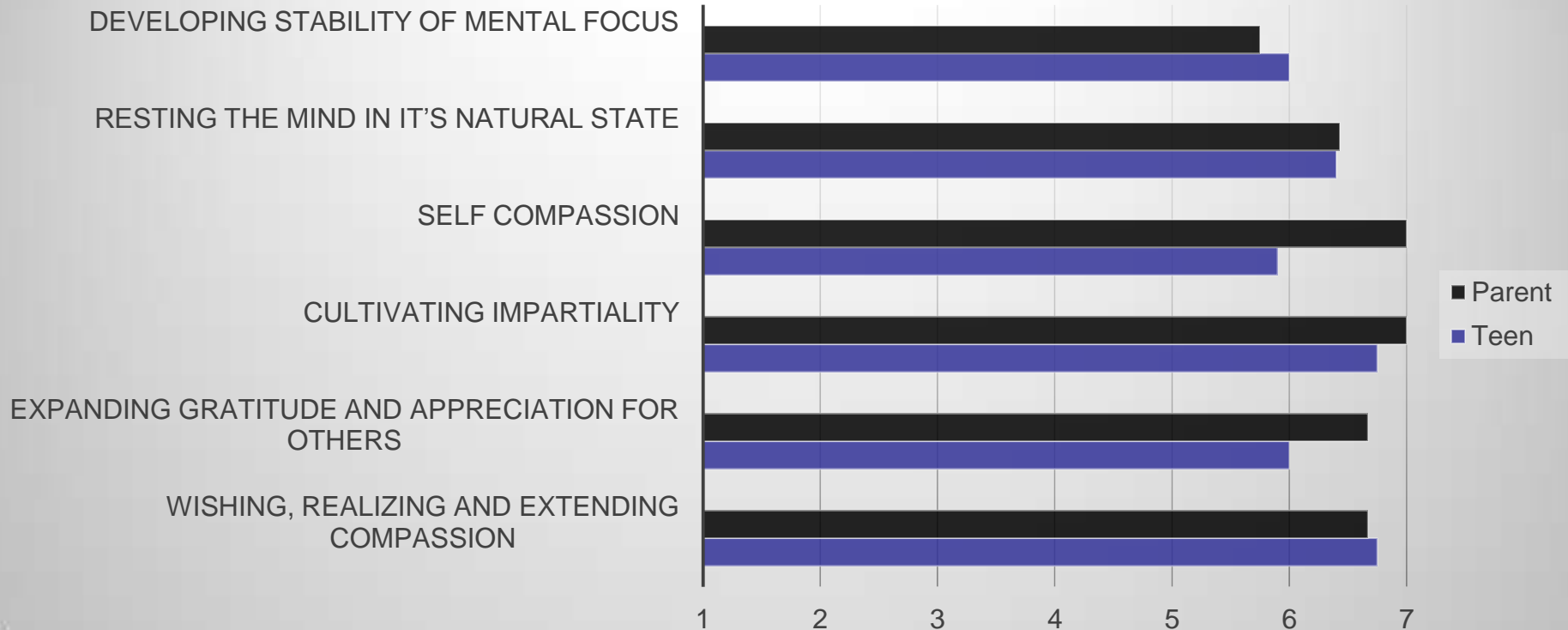


# Families completed at least 80% of the sessions\*

- Teen attendance
    - 2 teens had 100% attendance
    - \*1 family moved across the country after having 100% attendance through Week 4
    - 2 sessions missed due to illness
  - Parent attendance
    - 5 parents had 100% attendance
    - 1 session missed due to illness
    - \*1 family moved across the country after having 100% attendance through Week 4
- 

# Teens and parents found the sessions interesting and useful

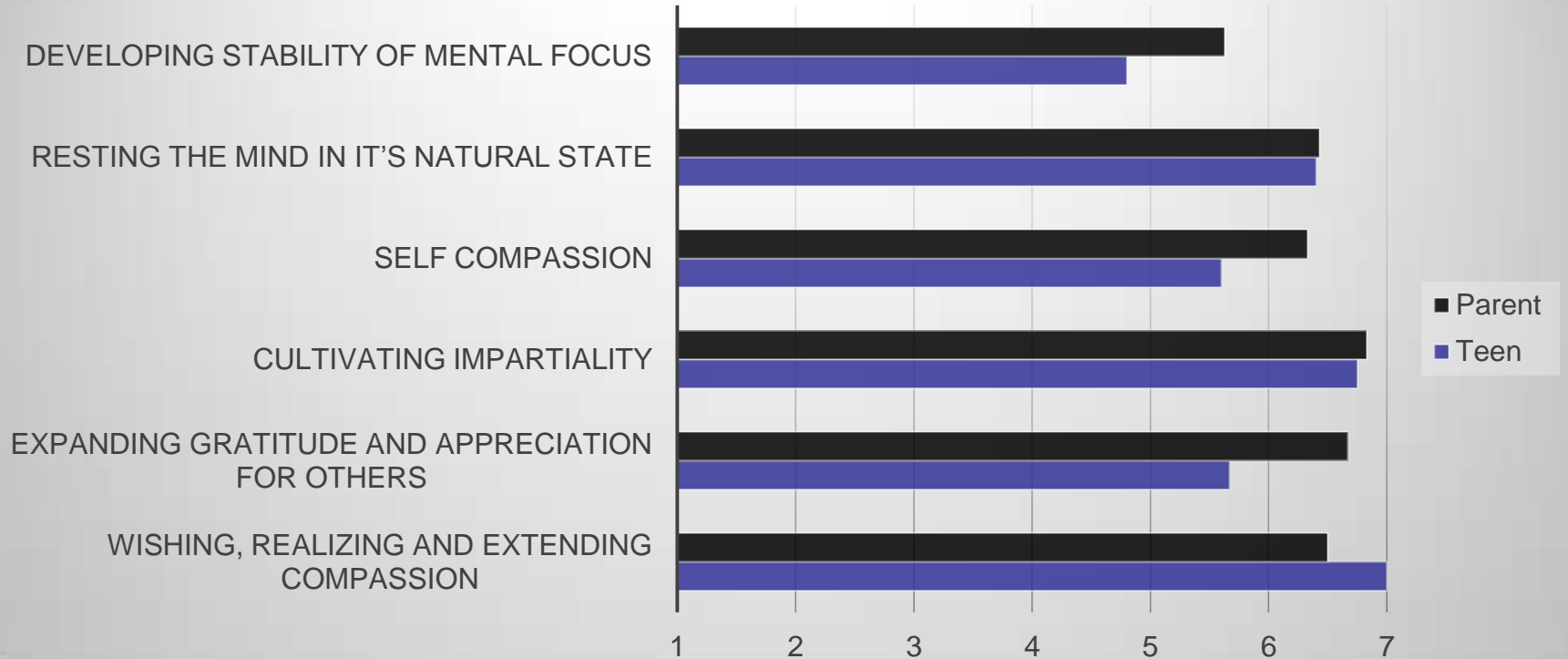
## The topic was interesting to me





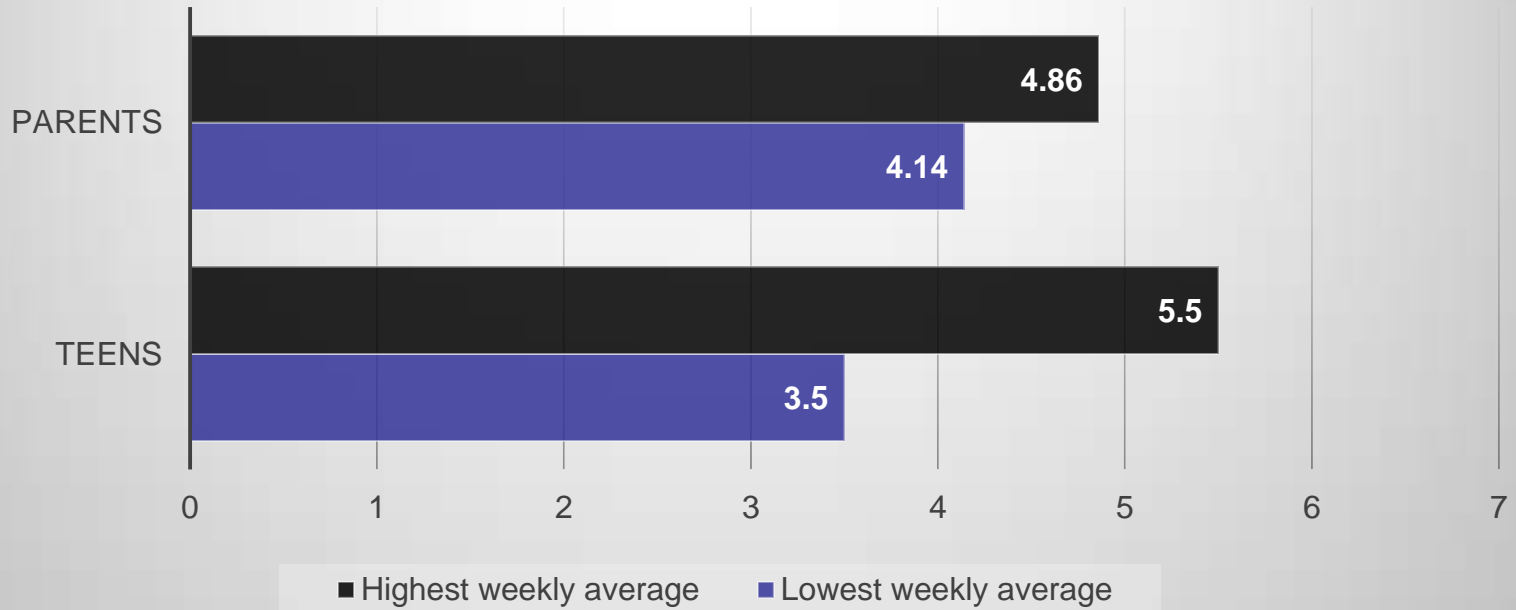
# Teens and parents found the sessions interesting and useful

## The session was useful to me

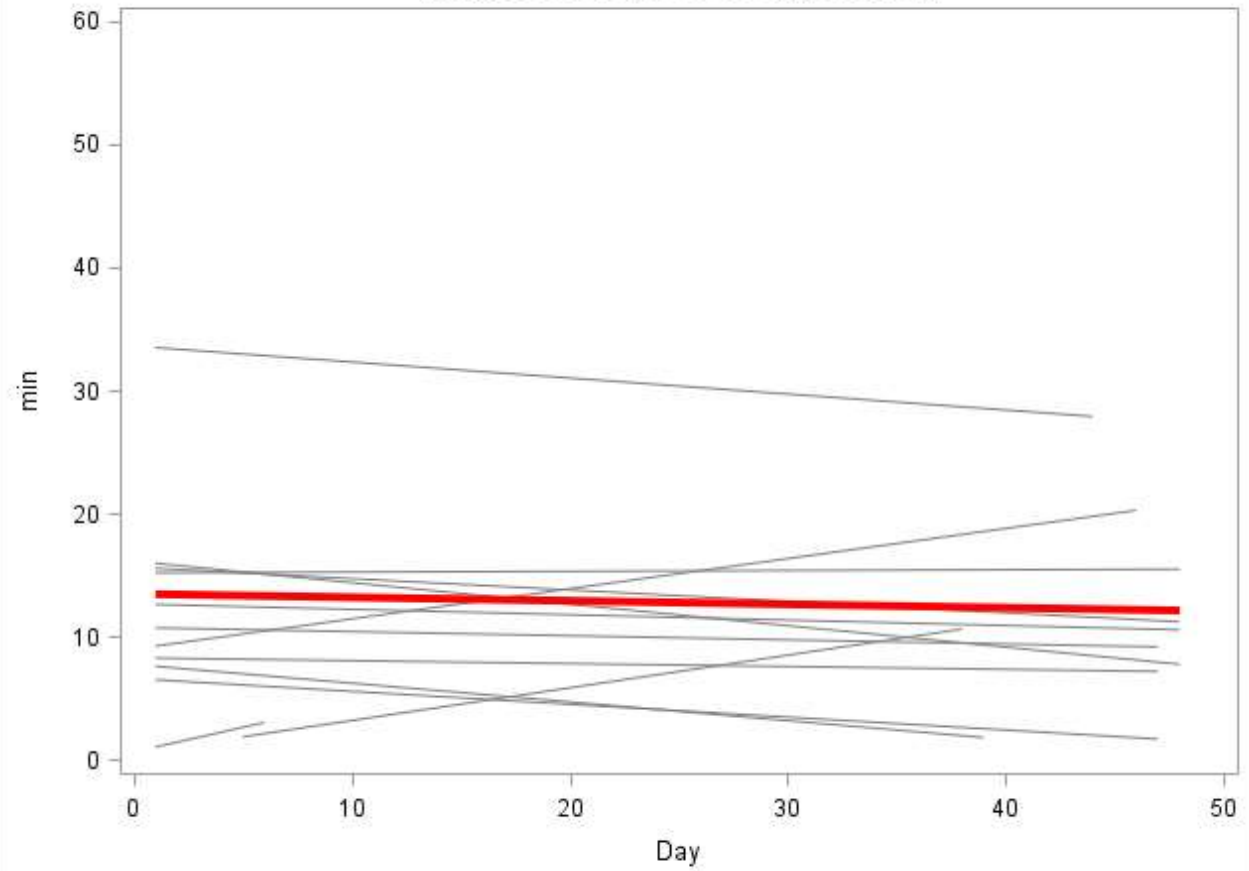


# Practice styles varied

## Average number of practice days per week



Minutes over time (OLS trajectories)



# Practice styles varied

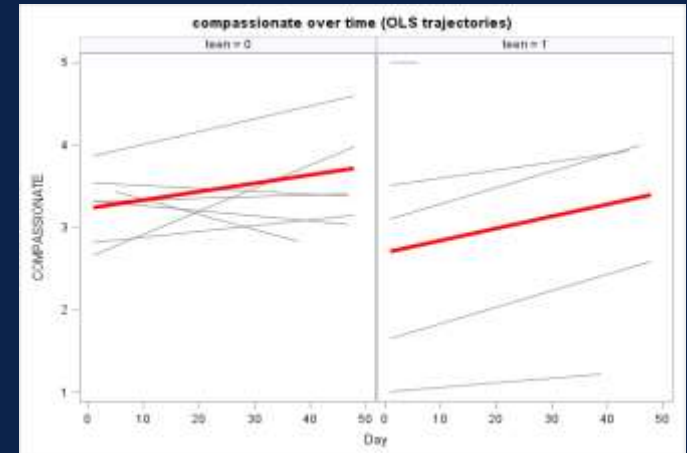
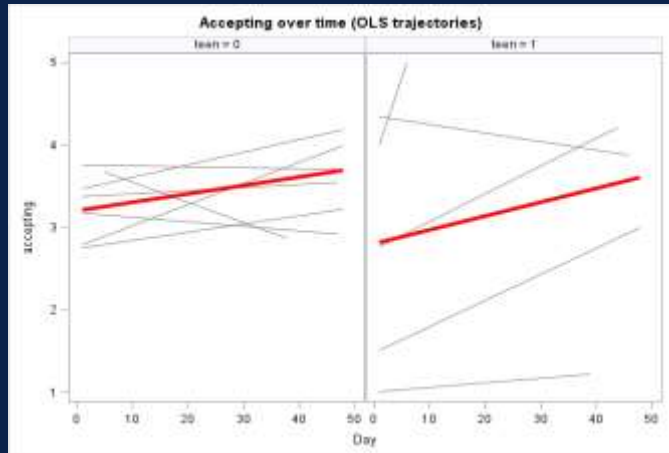
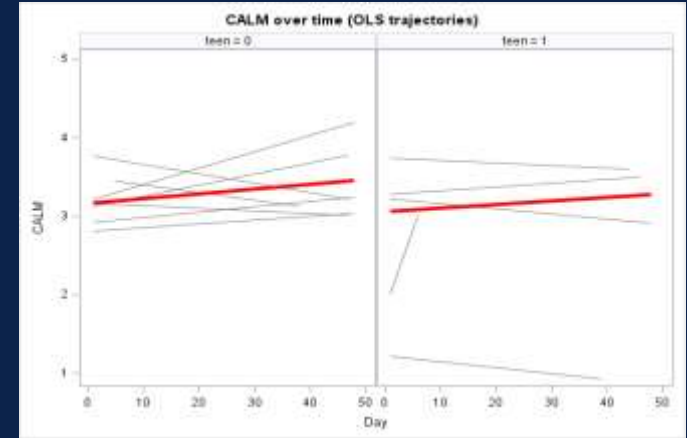
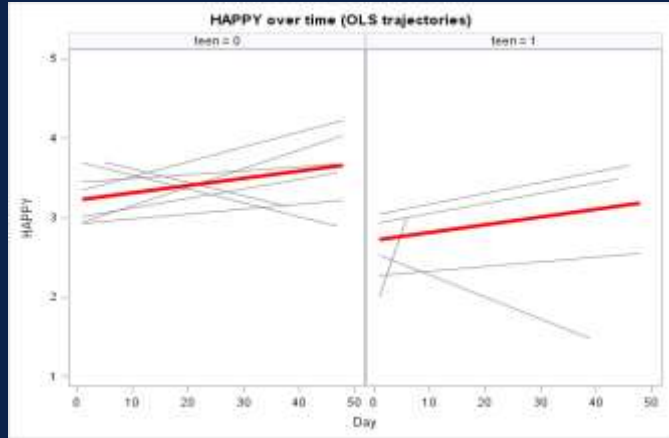


The guided meditation recordings were used weekly by 2 to 3 (50-75%) of the **teens**.

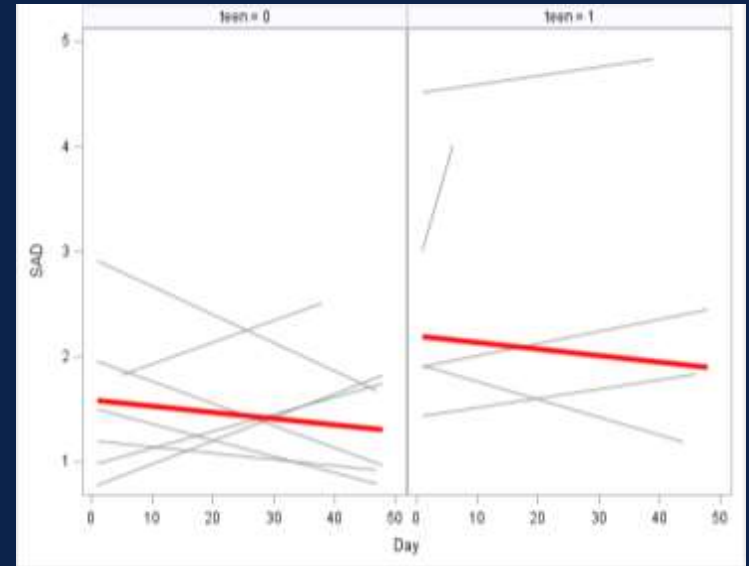
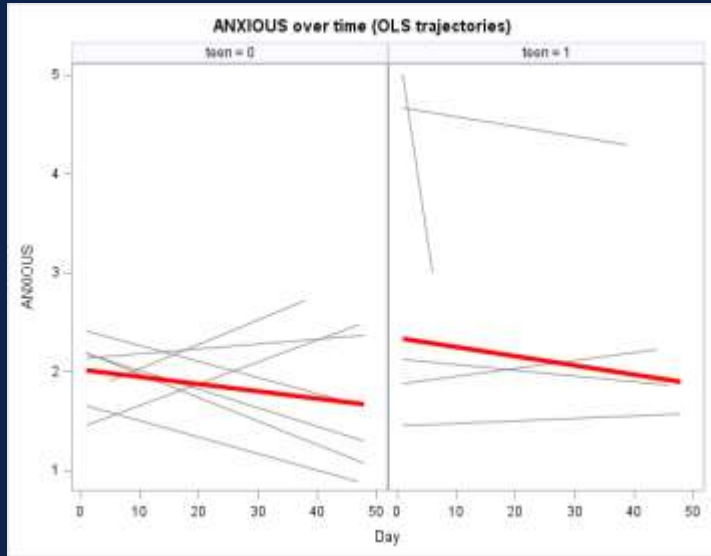


All **parents** used the guided meditation recordings in all but the first week (5 of 7).

# Teens & parents feel happier, calmer, more accepting and compassionate



# Teens and parents feel less anxious and sad over time




# Teen outcomes

3 months after the intervention finished

	Cohen's d	Average difference	Scale range
Overall social support	.80	0.66	0-6
Anxiety	-.09	-0.70	0-21
Depressive symptoms	-.72	-6.10	0-30
Parent-teen relationship warmth	.23	0.27	0-4
Mindfulness	.79	1.17	0-5
Emotion Regulation	.44	0.52	0-4
Self-compassion	.61	0.51	0-4
Hypervigilance	-.32	-1.30	0-20
Body dysphoria	-.57	-0.10	1-9

# Excitement, with caveats

- Appears to be of interest, and a feasible and acceptable intervention for trans and gender diverse teens and their parents
  - High level of engagement
  - Promising trends
  - What are the active ingredients?
    - **CBCT?**
    - **CBCT with family?**
    - Meeting other people with a shared set of experiences?
    - Having a supportive enough family that they decide to participate in this?
- 



# Additional thanks go to...

Michele Walsh, Tad Pace

Maura Shramko, Madeleine DeBlois

Leslie Langbert, Deanna Kaplan

Astrid Hernandez-Ainza, Lauren Gouker

Kelsey Brewster, Andre Pettman

Emily Brangwin, Clara Etschield

Geshe Lobsang and the Emory-Tibet Partnership



# Thank you!

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# Measures - Parents

- Demographic & background information
- Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988)
  - Center for Epidemiologic Studies Short Depression Scale (CES-D 10)
  - Generalized Anxiety Disorder Screener (GAD-7) (Spitzer, Kroenke, Williams & Lowe, 2006)
- Self-Compassion Scale–Short Form (SCS–SF) (Raes, Pommier, Neff & Van Gucht, 2011)
  - Mindful Attention Awareness Scale (Brown & Ryan, 2003)
  - Difficulties in Emotion Regulation Scale (DERS) (Gratz & Roemer, 2004)
- Acceptance subscale adapted from the Child Report of Parental Behavior Inventory (Schaefer, 1965)
- Self-Other Four Immeasurables (SOFI-Loving Kindness, Compassion, Joy, and Equanimity ) (Kraus & Sears, 2009)



# Measures - Teens

Parent items +

- Thwarted belongingness & perceived burdensomeness (Van Orden, Witte, Cukrowicz & Joiner, 2011)
- Brief Hypervigilance Scale (BHS) (Bernstein, Delker, Knight & Freyd, 2015)
- Body Dysphoria (adapted from Lindgren & Pauly, 1975)



## Lasting effect - parents report positive outcomes 3 months after the intervention finished

	Average difference from T1 to T4	Scale range
Anxiety	-3.36	0-21
Depressive symptoms	-1.86	0-30
Warmth in the parent-child relationship	0.13	0-4
Mindfulness	0.53	0-5
Emotion regulation	0.39	0-10
Self-compassion	0.32	0-11