“Home Away from Home”: Affirmative Care Practices Among Leading LGBTQ+ Organizations Serving Youth

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Abstract

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LGBTQ+ youth suffer from a greater burden of adverse mental health outcomes, including higher rates of depression, substance use, and suicidal behavior, compared to the general population (Liu & Mustanski, 2012; Day et al., 2017; Scannapieco, Painter, & Blau, 2018). Community-based services, such as LGBTQ+ specific organizations, are integral to supporting the well-being of LGBTQ+ youth and are often viewed as the frontline for service provision and support for community members, providing client-centered and affirming services (Allen et al., 2012). However, access to these organizations is contingent on one's proximity to and comfort in entering LGBTQ+ spaces, leaving the majority of care provision to general practitioners. Unlike LGBTQ+ organizations, general practitioners frequently do not meet the same standard of cultural awareness and competency, creating undue burden on LGBTQ+ clients navigating the healthcare system (Shelton & Delgado-Romero, 2013). While training exists on affirmative language and the application of minority stress theory, truly inclusive cultural competency requires more than awareness of terminology and extends to both organizational policy and practitioner behavior (Boroughs et al., 2015; O'Grady, 2017). Thus, this study sought to identify aspects of affirmative care that extend beyond current practice guidelines through a qualitative evaluation of service provision (e.g. types of services offered, staff background, approach to service delivery, participant experiences) and the service environment (e.g. agency policies, geographic location, interior décor) at four LGBTQ+ youth-focused agencies located in two large urban centers in the Northeast. In-depth qualitative interviews and focus groups were

conducted with both service providers (staff) and service recipients (youth) at each organization. A template analysis approach was used to analyze data whereby an existing (*a priori*) theory was used to guide and organize qualitative data (Brooks et al., 2014). The affirmative practice guidelines developed by Hadland, Yehia, and Makadon (2016) were used as an overarching template to organize data. A total of (n=30) youth and (n=12) staff participated in focus groups and interviews across four agencies. Results from the study found that all aspects of Hadland et al. (2016)'s affirmative practice guidelines were present in both agency and staff practices, however, there were differences in how agencies described the systems-level principles and practitioner behaviors in their practices. At the organizational level, staff and youth emphasized the importance of organizations offering "queer centric" programming that responded to youths' intersectional identities and providing youth with referrals to meet their diverse needs (e.g., referrals to primary care, mental health services). At the practitioner level, youth and staff emphasized the importance of using trans+ inclusive language, collaborating with youth around decision making, using a non-judgmental stance, providing space for youth to explore their identities, and having "just for fun" activities. In addition to the findings from the template analysis, several other concepts were found to be integral to affirmative care including the development of community guidelines. From the qualitative findings, affirmative care practice recommendations were identified, and a case example is provided to describe how one agency might consider aspects of implementation theory to evaluate readiness for and implement such guidelines in their practice. Findings from this study will increase knowledge of best practices in affirmative care for LGBTQ+ youth. These findings may be disseminated across practice settings to improve cultural competency among general practitioners.

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Dedication

This dissertation is dedicated to Charles and Poppy.

Charles and Poppy, thank you for your unwavering support and centeredness.

Chapter 1: Introduction, Terminology, Background

Introduction

Disparities in psychiatric morbidity for youth identifying as lesbian, gay, bisexual, transgender and many other non-cisgender or heterosexual-identifying (LGBTQ+) are well-documented, with studies consistently finding that LGBTQ+ youth experience higher rates of psychiatric conditions and suicidality compared to heterosexual and cisgender adolescents (Haas et al., 2010; Marshal et al., 2011; Mustanski & Liu, 2013; Day et al., 2017; Scannapieco, Painter, & Blau, 2018). These disparities are often attributed to the stress of identifying as LGBTQ+ in a society marked by heterosexism and cissexism (Hendricks & Testa, 2012; Meyer, 2003). Minority stress theory posits that individuals who identify as LGBTQ+ experience distinct stressors associated with their identity, including objective experiences of violence and discrimination, the anticipation of discriminatory experiences, and the internalization of either homophobia and/or transphobia (Hendricks & Testa, 2012; Meyer, 2003). The theory emphasizes the role of social exclusion and discrimination in architecting internalized homophobia and/or transphobia among LGBTQ+ persons thereby creating a context in which identification as LGBTQ+ is associated with increased stress (Hatzenbuehler, 2014; Kelleher, 2009). Similar to the broader LGBTQ+ community, LGBTQ+ identified youth experience violence, discrimination, and victimization (Kosciw et al., 2016). Additionally, since adolescence oftentimes coincides with the development, acknowledgement, and subsequent disclosure of one's identity, LGBTQ+ youth may also experience caregiver or familial rejection as a result of their identity (Goldbach & Gibbs, 2017). One study found that youth who experienced rejection

from guardians on the basis of sexual orientation were eight times more likely to attempt suicide than those with supportive guardians (Haas et al., 2010).

Given the heightened rates of suicidal behavior and pervasive stressors facing LGBTQ+ youth, it is necessary to ensure that services provided to youth acknowledge such stressors and are affirming of LGBTQ+ identities. Community-based services, such as those provided at LGBTQ+ specific organizations, are integral to supporting LGBTQ+ youth and counteracting cisnormative and heteronormative biases through the provision of affirmative care. Affirmative care for LGBTQ+ individuals emphasizes the need to understand the cultural context in which LGBTQ+ individuals develop, as well as one's own experience and beliefs regarding sexual orientation and gender identity. Further, the practitioner must integrate these ideas in order to effectively promote cultural sensitivity throughout the delivery of interventions and services (Boroughs et al., 2015; O'Shaughnessy & Speir, 2018). LGBTQ+ organizations are often viewed as the frontline for service provision and support for community members, providing client-centered and affirming services (Allen, Hammack, & Himes, 2012). However, access to these organizations is contingent upon one's proximity to and comfort in entering LGBTQ+ spaces, leaving the majority of care provision to general practitioners working outside of LGBTQ+ specific spaces. Unlike LGBTQ+ organizations, general practitioners frequently do not meet the same standard of cultural awareness, creating an undue burden on LGBTQ+ clients navigating the healthcare system (Shelton & Delgado-Romero, 2013). The repercussions of this added burden are experienced primarily by community members who, in response to feeling invalidated and disempowered by service providers, use treatment dropout to reassert their agency and avoid further invalidation (Wagaman, 2014). This reinforces the critical need for service delivery to not only accept but affirm LGBTQ+ identities. As LGBTQ+ youth are at

disproportionate risk of suicide and other behavioral health concerns, it is essential that avoidable barriers to treatment engagement are removed and that LGBTQ+ youth are able to receive needed services.

While training exists on affirmative language and the application of minority stress theory, truly inclusive cultural competency requires more than awareness of terminology and extends to practitioner behavior, organizational policies, the organizational culture, and the physical environment (Hadland, Yehia, & Makadon, 2016; Boroughs, Bedoya, O'Cleirigh, & Safren, 2015; O'Grady, 2017). Prior literature suggests that affirmative practice starts even before the individual receive services, highlighting the importance of the accessibility of the services (including the physical location), décor of waiting areas, and inclusive intake forms (Hadland et al., 2016; Boroughs, Bedoya, O'Cleirigh, & Safren, 2015; O'Grady, 2017). However, more specific guidelines are needed to ensure that each aspect of affirmative practice can be replicated across agency settings and that guidelines are reflective of the unique needs of LGBTQ+ adolescents. A clearer understanding of what constitutes affirmative services and how agencies implement such practices would strengthen the literature on affirmative practice with LGBTQ+ youth in organizational settings. Further, such guidelines would also facilitate more targeted training for providers to ensure that service delivery does not reinforce heteronormativity and cisnormativity. Therefore, this dissertation seeks to both identify the essential components of affirmative practice through qualitative interviews with LGBTQ+ youth and staff members across LGBTQ+ organizations and to develop recommendations for the implementation of affirmative practice across service settings.

Study Aims

The purpose of this study is to identify the essential components of affirmative practice in community-based LGBTQ+ youth organizations through a qualitative examination of staff and client experiences with the agency. This study will use a template analysis approach to analyze emergent themes (Brooks et al., 2014). Further, the results from the qualitative interviews and fouls groups will be used to develop recommendations for the implementation of affirmative practice across service settings.

Terminology

In this dissertation, the term LGBTQ+-youth will encompass adolescents who identify as non-heteronormative or cisgender in their sexual orientation and/or gender identity. Non-heteronormative sexual orientations include but are not limited to individuals who identity as lesbian, gay, bisexual, queer, and pansexual (The Williams Institute, 2011). While often conflated with sexual orientation, the term transgender signifies gender identity, rather than sexual or romantic attraction. The term transgender is often used as a "umbrella" term for individuals who do not identify with their assigned sex at birth and is inclusive of individuals who identify as gender non-binary or genderqueer (The Joint Commission, 2011). Individuals who identify as term transgender and gender diverse may or may not use gendered pronouns or seek out gender affirming surgery. In this text, the term transgender and gender diverse (TGD) will be used in lieu of the term transgender in acknowledgment of the limitations of this term to capture the experiences of all individuals whose gender exists outside of the gender binary.

Background

LGBT Adolescent Mental Health Disparities

As previously mentioned, LGBTQ+-identified adolescents are at increased risk for suicide compared to their heterosexual and cisgender peers. Prior literature has documented rates of suicidal behavior as high as 31% in LGB youth and 41% among transgender and gender diverse youth compared to 4.1% among individuals who identify as cisgender and heterosexual. (Haas et al., 2010; Marshal et al., 2011; Liu & Mustanski, 2012; Wasserman et al., 2005; Mathy, 2002; James et al., 2017; Russell & Fish, 2016). This finding is substantiated by multiple studies that demonstrate heightened rate of suicide attempts, suicidal ideation, and self-harm among adolescents in this community (Bakken & Gunter, 2012; Haas et al., 2010; King et al., 2008; Liu & Mustanski, 2012; Marshal et al., 2011). However, even among LGBTQ+ adolescents, research has found within group differences based on age, race/ethnicity, and gender identity. With respect to race/ethnicity, prior literature has identified between-group differences, with one study finding that White LGB identified youth had higher odds of suicidal ideation, planning, and self-harm compared to Asian and Black LGB youth (Bostwick et al., 2014). Further, Alaska, Pacific Islander, and Latino adolescents had higher odds of suicide attempts compared to other LGB-identified youth (Bostwick et al., 2014). However, some of the findings from Bostwick et al. (2014)'s study differed from findings of other studies (conducted prior to and following) examining racial ethnic differences among LGB youth (Mustanski, Garofolo, & Emerson, 2010; Mueller et al., 2015). In a later study conducted by Mueller et al., (2015) results indicated no differences between racial/ethnic groups among individuals identifying as LGB. Similarly, there have been mixed findings with respect to gender identity, with one study reporting no difference between cisgender females and cisgender males who identify as LGB and another reporting that

lesbian and bisexual cisgender female youth have a higher likelihood of reporting a lifetime suicide attempt compared to gay and bisexual cisgender males (Mustanski et al., 2010; Mueller et al., 2015). Despite consistent reports of high rates of suicidal behavior within the TGD community, few studies have examined differences in suicidal behaviors between youth identifying as cisgender and youth identifying as transgender and gender diverse (Mustanski et al., 2010). Results from one of the only existing studies examining differences in psychiatric morbidity between TGD and cisgender youth found that TGD youth had comparable rates of suicidal behavior compared to cisgender LGB youth, however, the researchers in this study were unable to test for statistical significance due to the small sample size of TGD youth (Mustanski et al., 2010). Finally, with respect to age, the broader literature on adolescent suicidality notes a positive, linear relationship between suicidal behavior and age (with prior literature indicating heightened rates of behavioral among youth ages 15-19 compared to individuals between younger than 15), however, there is minimal literature to date examining this relationship among LGBTQ+ youth. While age differences within LGBTQ+ school-aged youth have not been examined, all prior studies have controlled for age in their analyses. Though it has not yet been determined if there are significant within group differences in suicidality across adolescence among LGBTQ+ youth, prior literature has indicated that adolescence is a critical time period for intervention. Specifically, prior literature has documented that risk of suicide is highest following disclosure of sexual orientation or gender identity to family members and peers (Center for LGBT Evidence-based Applied Research [Center for LGBT EBAR], 2009). As identity formation and disclosure of one's sexual orientation and/or gender identity often occur during adolescence, adolescents are at heightened risk for experiencing such stressors (Haas et al., 2011). Caregiver rejection on the basis of one's sexual orientation has been identified as a

significant risk factor for suicidality, with prior studies citing an eightfold increase in probability of suicide attempts in individuals without supportive caregivers (Haas et al., 2011). Similar findings have been found for individuals who faced family rejection in response to disclosure of their gender identity, with transgender and gender diverse individuals who experienced rejection from family also experiencing higher odds of suicidality (Klein & Golub, 2016). The elevated rates of suicidal behaviors among LGBTQ+ youth substantiates the need for more targeted research to understand the unique experiences of community members and how to address them.

Bullying and LGBTQ+ Youth

The relationship between bullying and negative mental health outcomes are well documented. Similar to findings from studies examining the relationship between bullying and negative mental health outcomes in cisgender and heterosexual adolescents (Hinduja & Patchin, 2010), the relationship between bullying and negative mental health outcomes is well-documented. For LGB youth, rates of bullying are magnified, with LGB youth reporting higher rates of bullying, teasing, and school avoidance due to safety concerns than non-LGB identifying youth (Kann et al., 2016). In a national sample of LGBTQ+ youth (n = 10,528), 85.2% of LGBTQ+ students reported experiencing verbal harassment from peers while 15.5% reported experiencing physical violence at school due to their sexual orientation or gender presentation (Kosciw et al., 2016). Moreover, in their study, Birkett, Espelage and Koenig (2009) found that there exists a significant association between negative outcomes of LGB-youth and the presence of homophobic teasing and a negative school climate. Several studies have found that LGB identified adolescents who have experienced this type of victimization experience higher rates of suicidal behaviors, lower self-esteem, and higher levels of depression (Kosciw et al., 2016; Mustanski & Liu, 2013; Ybarra et al., 2015). Additionally, in their systematic review of 37

articles, Kim & Leventhal (2008) found there exists a significant relationship between bullying and risk of suicidality in adolescence. The disproportionate rates of sexual orientation and gender-based victimization expose how LGBTQ+ identities are punished and contribute to the internalization of cisnormativity and heteronormativity, further emphasizing the need for service provision to provide a space to validate LGBTQ+ youth identities.

Intersectionality

Theories of intersectionality frame our understanding of the relationship between individuals' multiple, overlapping marginalized identities (Crenshaw, 1990; Bowleg, 2012; McConnell et al., 2018). Through this lens, we consider how intersecting identities (e.g., SES, race, ethnicity, religion, age, disability, sexual orientation, gender identity) architect one's worldview and experiences. Intersectionality dismisses the notion that multiple, marginalized identities simply imply an additive experience of marginalization, but rather suggest that multiple identities create a unique lens through which individuals experience the world (Bowleg, 2012). With respect to individuals who identify as LGBTQ+, intersectionality explains that sexual orientation and gender identity cannot be considered in isolation from the other aspect of one's identity (Bowleg, 2012). One cannot simply affirm or acknowledge sexual orientation without consideration of the other aspects of an individual's' identity. However, most literature to date has examined the experiences of the LGBTQ+ community without consideration of the intersection of identity, so much that it has been referred to as "invisible intersectionality" (McConnell et al., 2018).

The emerging literature examining intersectionality among LGBTQ+ individuals has exposed distinct stress and even greater health disparities experienced by people of color who also identify as LGBTQ+ (Bowleg, 2012; McConnell et al., 2018). In particular, the literature

explains how within both the LGBTQ+ community and racial/ethnic communities, there is an experience of isolation and stress as neither community has been prepared to address, understand, and validate intersectional identities. Instead, individuals with intersecting identities report encountering racism and heterosexism in the LGBTQ+ and racial/ethnic communities respectively (McConnell et al., 2018). This underscores the need for LGBTQ+ focused services to focus on the decentering of whiteness to ensure that individuals who identify as racial/ethnic minorities are able to fully participate in services. Further, given the significant economic disparities experienced, in particular, by individuals who identify as both LGBTQ+ and as a racial/ethnic minority, it is necessary to ensure that services are accessible and reflective of the needs of this community (Ecker, Aubry, & Sylvestre, 2019). Through the voices of staff and youth across agencies, this study will aim to identify how validation and affirmation of intersectional identities has and can be achieved in agency settings.

Matching

Within mental health services research, the literature examining the impact of provider and client match based on similarities (e.g., gender) is mixed, however, several studies have demonstrated that for some communities, matching is associated more consistently with positive outcomes (Jones, Bostko, & Gorman, 2003). In particular, for individuals who identify as LGBTQ+, having a provider who also identifies as LGBTQ+ has been demonstrated to facilitate comfort and perceptions of being understood in therapy session (Berke, Maples-Keller, & Richards, 2016; Jones et al., 2003). Similar findings have been found in studies examining therapist matching among individuals who identify as Black, with clients reporting feeling more connected and understood by their providers based on a shared Black identity (Goode-Cross & Grim, 2016). Given the stress of identifying as LGBTQ+ in a society marked by heterosexism,

LGBTQ+ clients often described that having a shared experience of identifying as LGBTQ+ allowed them to experience greater trust in the therapeutic alliance and affirmation of their identities (Berke, et al., 2016; Jones et al., 2003). However, despite these positive findings, prior literature also cautions that, at times, a shared identity may result in therapist or client overgeneralizing their shared experience, leading to the therapist assuming knowledge of an aspect of a client's life or vice versa (Stracuzzi, Mohr, & Fuertes, 2011). These findings inform and underscore the need to establish a more nuanced understanding of the experiences of LGBTQ+ community members (and in particular youth) in receiving services and to determine the relative importance of provider identity in service provision.

LGBTQ+ Affirmative Practice

While policy-level change is critical to achieving equity and changing widespread public perceptions of LGBTQ+ individuals, the heightened rates of suicidal behavior among LGBTQ+ youth requires immediate intervention. Though community mental health services are tasked with the provision of mental health treatment for LGBTQ+ youth, studies examining the experiences of LGBTQ+ clients with general practitioners expose practitioner limitations to providing affirmative care (Shelton & Delgado-Romero, 2013; Johnson & Federman, 2014; Spengler, Miller, & Spengler, 2016; Snowdon, 2013; Neville & Henrickson, 2006). Affirmative care tasks practitioners with identifying and synthesizing the influence of societal beliefs and attitudes towards sexual orientation/gender identity in addition to examining and confronting their own beliefs regarding sexual orientation/gender identity to provide services that affirm, rather than reject one's identity (Boroughs et al., 2015; O'Shaughnessy & Speir, 2018). Extant literature highlights that many providers do not have the requisite training to work with LGBTQ+ clients and often risk reinforcing heteronormative and cisnormative values and

expectations in their work with clients. (Shelton & Delgado-Romero, 2013; Johnson & Federman, 2014; Spengler, Miller, & Spengler, 2016; Snowdon, 2013; Neville & Henrickson, 2006). These experiences with community mental health care services are distinct from LGBTQ+ youth experiences with LGBTQ+ specific organizations (Higa et al., 2014). LGBTQ+ agencies are considered the first line of support for community members, providing access to instrumental services and community membership (Higa et al., 2014). However, the affirmative care provided by these agencies is only accessible to those who are able to reach their services. Due to distance from LGBTQ+ organizations and/or lack of comfort in entering a LGBTQ+ space, many LGBTQ+ individuals seek services from outside of these centers. Thus, LGBTQ+ individuals often rely on general mental health services. However, an absence of knowledge, understanding, and familiarity with culturally specific stressors and experiences of LGBTQ+ individuals continue to plague encounters of the community members with the mental health care system, creating an undue burden on community members (Benson, 2013; Bauer et al., 2009; Bonvicini & Perlin, 2003). Oftentimes, the lack of training in affirmative practices results in treatment drop out, where LGBTQ+ identified individuals reassert their "agency" by discontinuing engagement in services (Wagaman, 2014). While treatment dropout may be a necessary coping mechanism to avoid further invalidation, treatment dropout leaves individuals without appropriate care, skepticism regarding mental health services, and oftentimes with exacerbated mental health symptoms (e.g. hopelessness) (Israel et al., 2008).

The paucity of affirmative care may be a consequence of the invisibility of the experiences of LGBTQ+ persons. Prior literature has highlighted that some providers prefer to approach their work with LGBTQ+ clients using a "colorblind" approach, characterized by treating all clients equally in order to avoid stigmatizing a client based on their gender identity or

sexual orientation (Willging, Salvador, & Kano, 2006). While this approach is seemingly inclusive, it continues to silence both the experiences and voices of queer persons. A "colorblind" approach does not eliminate the presence of heteronormativity/cisnormativity nor does it recognize the unique experiences of LGBTQ+ individuals (Willging et al., 2006). While training exists on affirmative language and the application of minority stress theory, truly inclusive cultural competency requires more than awareness of terminology and extends to both organizational policy and practitioner behavior (Boroughs et al., 2015; O'Grady, 2017; Hanssmann, Morrison, & Russian, 2008; McClain, Hawkins, & Yehia, 2016). Affirmative care intentionally reflects on how an individuals' queerness influences their life experiences and exists in opposition to the "colorblind" approaches that erases the individual experiences of communities (Boroughs et al., 2015; O'Grady, 2017; Hanssmann, Morrison, & Russian, 2008; McClain et al., 2016; Willging et al., 2006).

In 2016, Hadland, Yehia, and Makadon developed a list of systems-level principles and practitioner behaviors critical to providing LGBTQ+ youth affirmative services. Their guidelines synthesize findings from the emerging body of literature examining affirmative care among LGBTQ+ youth (Graham et al., 2011; Reitman et al., 2013; Levine, 2013; Human Rights Campaign Foundation, 2016). In their review, they identified availability, accessibility, acceptability, and equity as the systems-level principles capable of architecting a healthcare setting in which diverse identities could be affirmed. Availability refers to an organization's staffing, emphasizing the importance of staff members who have requisite training and expertise in LGBTQ+ cultural competence/youth development to provide services to LGBTQ+ youth. Accessibility describes how difficult or easy it is for youth to obtain services from the agency and includes the physical location, hours, and cost of services. Acceptability refers to the

environment in which services are conducted, with a particular focus on ensuring that clinical services are provided in an atmosphere that reflects a commitment to the LGBTQ+ community (i.e. ensuring bathroom signs are welcoming for all individuals and do not reinforce cisnormative expectations of gender). Finally, equity refers to the organization's and providers' capacity to provide comprehensive and culturally competent services across the spectrum of LGBTQ+ identities. Services must also incorporate an understanding of individuals' racial/ethnic backgrounds and immigration status.

Hadland et al. (2016) also detail several provider-level strategies to enhance care, highlighting the importance of language (using terminology consistent with that used by the LGBTQ+ youth), expectations (maintaining awareness of youth's prior experiences interacting with the healthcare system and communicating about limits of confidentiality), questions (asking open-ended questions, rather than making assumptions), barriers (understanding that many youth experience difficulty interacting with the healthcare system due to financial constraints), charting (ensuring documentation reflects youths' gender identity, rather than sex assigned at birth), and handling mistakes (acknowledging and repairing for mistakes as they occur). The guidelines described by Hadland et al. (2016) emphasize that the organizational environment creates a foundation for practitioners to be able to promote and affirm diverse identities across the LGBTQ+ spectrum. However, no study to date has examined how these characteristics are employed in practice and if these characteristics comprehensively describe the practices of LGBTQ+ youth-oriented service settings. Thus, it is necessary to further articulate the concept of affirmative practice with LGBTQ+ clients to be able to better meet the needs of LGBTQ+ youth. Further, this study will seek to understand if and how culturally specific stressors and experiences of LGBTQ+ youth are understood, acknowledged, and represented in service

provision at each of the LGBTQ+ youth-oriented service settings from the perspectives of both youth and staff members. As affirmative practice with LGBTQ+ youth becomes more defined and articulated by the findings from this study, the concepts can begin to be replicated across agency settings. The findings from this study will assist in providing definitions of both what affirmative practice with LGBTQ+ youth is and how it is employed within LGBTQ+ community-based organizations. In line with Rogers' theory of the diffusion of innovations, the development of a more nuanced understanding of both the systems-level principles and practitioner behaviors will provide the "how-to knowledge" of how to implement LGBTQ+ affirmative care within agencies, a critical step to increase the reach and implementation of the innovation (Rogers, 1983).

Chapter 2: Theoretical Framework

Minority Stress Theory

The proposed study is informed by Minority Stress Theory (Meyer, 2003). As previously mentioned, adolescents identifying as LGBTQ+ (similar to the broader LGBTQ+ community) experience significant disparities in psychiatric morbidity compared to those who identify as heterosexual and/or cisgender (Haas et al., 2010; Marshal et al., 2011; Liu & Mustanski, 2012; Day et al., 2017; Scannapieco, Painter, & Blau, 2018). This elevated risk has been linked to the stress caused by minority group identification, which emphasizes the impact of societal messages on the wellbeing of queer persons (Hendricks & Testa, 2012; Meyer, 2003). According to Meyer (2003), whose theory of minority stress was initially developed to explain increased psychiatric morbidity in the LGB community, identification with a minority status coincides with the experience of several unique stressors associated with one's sexual orientation. Notably, his theory highlights the stress associated with living in a society that perpetuates heteronormativity through unequal laws and other forms of structural discrimination. Meyer (2003) explained that LGB-identified individuals are exposed to objective stressors including institutional and structural discrimination, harassment, oppression, and, in some instances, homophobic violence (including physical assault and murder). For many individuals, anticipation of these ongoing stressful events can lead to hypervigilance of discrimination and also increase one's vulnerability to internalizing heteronormative expectations (resulting in internalized homophobia). As adolescents, youth additionally face the unique stress of living in a home with family (who may or may not accept or be aware of their identity) and engaging within school systems (a setting in which victimization on the basis of sexual orientation and gender identity is often rampant) (Goldbach & Gibbs, 2017). Despite increased exposure to stress, Meyer (2003) notes the

resiliency of LGB-identified individuals, reporting that the experience of identifying as part of a community helps to buffer the impact of some minority-specific stress. In 2012, Meyers' theory was adapted by Hendricks & Testa, recognizing the limitations of the existing theory in capturing the experiences of the transgender and gender diverse community. In their adaptation of the model, Hendricks & Testa (2012) describe that individuals identifying within the TGD community face both elevated rates of negative external events and vigilance in disclosing negative these events to others, exposing the distinct experiences of transgender and gender diverse community members even when compared to other members of the LGBTQ+ community. This study seeks to examine how providers and agencies may incorporate an understanding of the unique stressors faced by LGBTQ+ youth to provide affirmative services.

Psychological Mediation Framework

The psychological mediation framework of minority stress further informs the proposed study. The framework exposes how experiences of stigma-related stressors (e.g. discrimination, rejection, violence on the basis of one's identity as LGBTQ+) create disparities in mental health outcomes. The framework postulates that the experience of ongoing minority-related stress causes a disruption of one's coping resources (Hatzenbuehler, 2009). Specifically, Hatzenbuehler (2009) posits that stigma-related stressors impose setbacks in several individual-level psychological responses that serve to remediate stress including elevations in the level of emotional dysregulation (e.g. rumination), problems related to social support (e.g. isolation), and cognitive dysregulation (e.g. hopelessness). Thus, the relationship between stress experiences and disparities in psychiatric morbidity is mediated by the subsequent changes in one's stress response/coping resources following chronic stress experiences. To further substantiate his

hypothesis, Hatzenbuehler (2009) explains that prior studies examining psychological mediators of stress and mental health have found that self-esteem, hopelessness, self-worth, rumination, and social isolation are associated with poorer mental health outcomes including suicidality, depression, and alcohol use.

Moreover, when examining sexual orientation and gender-based victimization through the lens of the psychological mediation framework of minority stress, it can be hypothesized that several changes in psychological processes (including hopelessness, emotional dysregulation, and isolation) may mediate the relationship between experiences of bullying and/or peer harassment on the basis of one's gender identity/sexual orientation and subsequent disparities in psychiatric morbidity. Changes in such psychological processes emphasize the need for services to not only acknowledge but address the distinct experiences of community members. While no study to date has empirically examined the psychological mediation framework in this context, Mustanski & Liu (2012) conducted several mediation analyses in their longitudinal study of predictors of suicidality in LGBTQ+ youth. Mustanski & Liu (2012) assessed if symptoms of major depressive disorder and hopelessness separately mediated the relationship between LGBTQ+ based victimization and lifetime suicide attempt. Results demonstrated that both depressive symptoms and hopelessness were found to partially mediate this relationship. Further, Kosciw et al. (2016) note that individuals in their national sample who experienced higher levels of school-based victimization had both higher rates of depression and lower self-esteem than their LGBTQ+ peers who experienced lower levels of victimization. While the presence of these relationships does not inherently imply causality, the co-occurrence of these experiences is notable in the context of what is known about victimization and mental health. However, this highlights how increased rates of gender/sexual minority-based victimization among LGBTQ+

youth may influence psychiatric morbidity and how attention to such experiences is critical to service provision in this community. This framework underscores the need for services to acknowledge, incorporate, and reflect on the experiences of LGBTQ+ youth, tasking mental health clinicians and other service providers with understanding and addressing the unique stressors facing LGBTQ+ youth. Despite the clear need to address these stressors, there is no established consensus on how to adapt interventions or practices to increase their relevance, acceptability, and reception among LGBTQ+ youth. With that said, the current body of literature examining LGBTQ+ adapted empirically supported treatments has targeted similar constructs (e.g. minority stress) (Table 1.) (Bochicchio et al., 2020). Yet, it is how the constructs are addressed in treatment that requires further examination. Prior studies have addressed minority stress theory through a variety of techniques including psychoeducation and cognitive restructuring. However, it is not yet known which of these techniques are most effective at addressing culturally specific concerns. Therefore, this study aims to develop a more nuanced understanding of how these stressors should be addressed in practice.

Author	Intervention	Design	Study Includes Sexual Minority and/or Gender Minority Participants	LGBTQ+ Specific Content
Craig (2013)	Affirmative Supportive Safe and Empowering Talk (ASSET)	Pilot trial, no comparison group	Only Sexual Minority Youth	• Psychoeducation on minority stress • Subsequent coping strategies seek to challenge maladaptive thoughts related to stress experiences
Craig & Austin (2016)	AFFIRM	Pilot trial, no comparison group	Both sexual minority/gender minority youth	• Psychoeducation on minority stress • Subsequent coping strategies seek to challenge maladaptive thoughts related to stress experiences

Diamond et al. (2012)	Attachment-Based Family Therapy (ABFT)	Pilot trial, no comparison group	Only Sexual Minority Youth	• No minority stress component • Addressed relationship between parents/LGB youth • Assisted parents in reducing intolerance and increasing acceptance of LGB adolescents' identity
Grafsky et al. (2011)	Community Reinforcement Approach (CRA)	RCT	Only Sexual Minority Youth	• No minority stress component • HIV Prevention Sessions
Lucassen et al. (2015)	Rainbow SPARX	Pilot trial, no comparison group	Only Sexual Minority Youth	• No explicit reference to minority stress • Highlights that individuals can have negative encounters with others/may experience stress associated with their identity
Schwinn et al. (2015)	Online Drug Abuse Prevention Intervention	RCT	Both sexual minority/gender minority youth	• States that intervention was guided by theory • No explicit reference to minority stress, however, skills aim to help participants manage stress

Table 1. *LGBTQ+ Specific Adaptations to Empirically Supported Treatments*

Consolidated Framework for Implementation Research (CFIR)

Implementation research seeks to explore, understand, and identify the circumstances in which empirically supported interventions are able to be successfully delivered in practice (Bauer et al., 2015). The need for implementation science grew from the realization that despite the growing evidence bases of empirically supported interventions, the interventions often did not translate to effective changes in "real world" practice (Bauer et al., 2015). Theories of

implementation research have sought to understand the relationships between variables impacting the implementation process. Since the development of the Quality Enhancement Research Initiative (an initiative to routinize the use of evidence-based interventions) in 1998, many theories and frameworks have been developed to try to understand constructs key to the uptake of interventions (and the relationships between them) (Bauer et al., 2015). In 2009, Damschroder et al. synthesized findings from extant literature to create a comprehensive list of constructs integral to the implementation process, now known as the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009). Damschroder et al. (2009) identified five major domains from their synthesis: intervention characteristics, inner and outer setting, individual characteristics, and the implementation process. Intervention characteristics take into account the degree to which the intervention will be viewed as compatible and feasible to implement in a given setting. Intervention characteristics include who developed the intervention, the strength of the evidence base, the relative advantage (compared to existing practices), and the degree to which the adaptability, trialability, and complexity of the intervention. The outer setting describes how outside forces (e.g., other agencies, government mandates) will influence the implementation whereas the inner setting considers how the actual organizational context will impact implementation. Further, individual characteristics take into account what influences individual level participation and enthusiasm to implement an intervention. Finally, the implementation process describes activities critical to this process. Since its inception, CFIR has been used as a guiding framework for the implementation of interventions in multiple settings (e.g., hospitals, supporting housing programs, substance use programs) (Kirk et al., 2015). While few studies have examined the implementation of LGBTQ+ affirmative care, a recent study evaluating the LGBT Health Program of the Veterans Health

Administration used CFIR to identify facilitators and barriers to providing affirmative care (Valentine et al., 2019). Findings from the study demonstrated that lack of resources (including administrative time) and organizational culture were barriers to successful implementation of affirmative care practices (Valentine et al., 2019). CFIR will also be used as a guiding framework in this study to describe the facilitators and challenges of LGBTQ+ affirmative practice guidelines in a mental health setting.

Significance

This study will contribute to the wider literature on LGBTQ+ affirmative practice and training through an evaluation of services at LGBTQ+ community-based organizations serving youth. This study will identify aspects of affirmative care that extend beyond current practice guidelines by examining aspects of service provision and the service environment at four LGBTQ+ youth-focused agencies.

The dissertation aims to answer the following research questions:

1. What makes the practice of LGBTQ+ organizations affirmative and how do youth community members and agency staff describe these practices?
2. How can these practices be operationalized and used to guide the work of care providers operating outside of LGBTQ+ community-based organizations?

Chapter 3: Data and Methods

Overview

This study used a qualitative methodology to identify and evaluate affirmative practices at four LGBTQ+ community-based organizations serving youth. The study examined both service provision (e.g. types of services offered, staff background, approach to service delivery, participant experiences) and the service environment (e.g. agency policies, geographic location, interior décor) at each agency (O'Grady, 2017). A template analysis approach was used whereby I used existing (*a priori*) guidelines to organize qualitative data (Brooks et al., 2014). In this study, the systems-level principles and practitioner strategies for work with LGBTQ+ youth set forth by Hadland et al. (2016) were used as an overarching template to organize both the qualitative interview guide and the organization of data. Following completion of the template analysis, I then examined how stakeholders' descriptions of the innovation (affirmative care) and agency environment could be interpreted using the Consolidated Framework for Implementation Research (CFIR), an implementation theory, to inform dissemination and implementation of the affirmative practices across non-LGBTQ organizations (Damschroder et al., 2009).

Data and Methods

In-depth qualitative interviews or focus groups (lasting approximately 45-75 minutes) were conducted with both agency staff (service providers) and youth (service recipients) at four local LGBTQ+ youth organizations (informed consent was obtained prior to conducting qualitative interviews). The qualitative interview guide for this study was developed with two study collaborators who are experts in the field of qualitative research. Specifically, the development of the interview guide was informed by the work of and discussions with Dr. Caitlin O'Grady (who is an expert in the qualitative approach outlined in this study and has

conducted research in the topic area of cultural competence) and my sponsor, Dr. Susan Witte (who is an expert in the field of community-based research). Following initial conversations with each of the aforementioned researchers, I met with Dr. Ana Stefancic (who is an expert in qualitative research and a collaborator on this project) to develop an initial draft of the interview guide. The interview guide, informed by Minority Stress Theory, focused on comparing and contrasting participant experiences with their current agency to experiences receiving services from other organizations (Meyer, 2003; Hendricks & Testa, 2012). As Minority Stress Theory recognizes, homophobia and transphobia are deeply embedded in the everyday interactions of LGBTQ+ individuals. Therefore, without specific attention to and recognition of the need to affirm LGBTQ+ identities, there is a risk, even when unintentional, of perpetuating hetero and cisnormativity (Meyer, 2003; Hendricks & Testa, 2012). Thus, it was expected that LGBTQ+ community-based organizations operate differently to create an environment in which LGBTQ+ identities can be uplifted and affirmed. Interview questions sought to identify and isolate these differences through these comparisons.

Study recruitment began following finalization of the interview guide and receipt of Institutional Review Board (IRB) approval through the Columbia University Morningside IRB. As LGBTQ+ youth are a vulnerable population, IRB approval required several additional steps to ensure the safety of participants. In order to commence the IRB process, written site approval was first obtained with each agency, documenting that the agency supported the research project. Agency support required both that staff would assist in coordinating the recruitment process (e.g., connecting me with staff and youth through email or in person) and providing a space on-site to meet with participants. Further, as a qualitative study, the purpose and content of interviews (including a copy of the interview guide) were also outlined to allow the IRB to make

a determination that the study posed no more than minimal risk to youth participants. As the goal of this study was to conduct a program evaluation and examine participant experiences on the aggregate, interview questions were oriented towards understanding the participants' experiences with and perceptions of the programs (a copy of the interview guide is available in Appendix A). For this study, no sensitive information was collected about participants and all information was to be and has been de-identified, reducing the capacity for study findings to be connected to any specific participant. Additionally, a waiver of parental consent was requested from the IRB to protect the welfare of youth participants. Parents of youth at each of the LGBTQ+ organizations are not informed of their child's participation due to safety concerns associated with exposing their identity as LGBTQ+. As the study posed minimal risk, a waiver of parental consent was requested to ensure that youth's identities were not exposed. Study procedures were reviewed with study participant and either assent (from youth) or consent (from staff) was received.

The Consolidated Criteria for Reporting Qualitative Research (COREQ) was used to guide reporting of the qualitative research methods and results (Tong, Sainsbury, & Craig, 2007). The COREQ, a comprehensive checklist of qualitative study components, was developed to facilitate standardized and systematic reporting of qualitative research. The COREQ is used in this study to provide transparency and enhance rigor and trustworthiness of findings (Tong, Sainsbury, & Craig, 2007). Findings from this study will increase knowledge of best practices in affirmative care for LGBTQ+ youth.

Sample and Recruitment

This study was conducted at four local LGBTQ+ agencies in New York and New Jersey. LGBTQ+ agencies were identified through word of mouth (from colleagues and peers within the LGBTQ+ community) and researching sites via Google. Throughout this initial process, I

maintained a spreadsheet of potential organizations, detailing services offered, type of organizations, and population served (e.g., age of members). In order to ensure that the list was representative of the breadth of organizations within the five boroughs and New Jersey, I subsequently asked Kelsey Reeder and Liam Cudmore (a collaborator on this project, community member, and Licensed Clinical Social Worker) to review the list and provide feedback to determine if the list was representative of programs offered in New York and New Jersey. I subsequently began to contact individual agencies to discuss the potential for a research collaboration. Agencies were chosen based on the type of services offered (e.g., substance use prevention, internship program), location, and frequency of programming (one time per week to every day) to ensure variation in programs represented in this study. While all four of the agencies have some overlap in services offered (e.g., support groups), each agency has a specific focus. For example, Site 4's programming is oriented towards community building and Site 2 offers services for individuals experience intimate partner violence. A full description of each of the four agencies can be found in Chapter 3.

Agency staff (service providers) and youth (individuals who have received services from the agency) were interviewed for this study. This study sought to include the voices of individuals identifying across the LGBTQ+ spectrum, with the hope of recruiting individuals who identify as queer in either their sexual orientation or gender identity. Eligible staff members were identified using a purposive sampling method whereby agency leadership would nominate providers to participate based on their position and level of interaction with youth. Interested staff members were encouraged to speak with me to learn more about the study. Youth were recruited for participation through word of mouth and informational flyers by agency staff. Individuals who expressed interest in participation were encouraged to reach out to me for

further information and I responded to youth to provide further information about the study and study procedures. Eligible youth participants were then recruited through a consecutive sampling method by which youth meeting inclusion criteria were accepted into the study until the sample size was met for each agency where youth were able to be interviewed (three out of four of the total agencies) (n=10) (Mathieson, 2014). This sampling approach was used as it has been found to produce a more representative target sample than other forms of non-probability sampling (Mathieson, 2014). The size of focus groups was determined by prior literature examining best practices for qualitative research, identifying that focus groups should include a minimum of 6 and maximum of 12 participants (Moser & Korstjens, 2018). A total of 30 LGBTQ+ identified youth aged 13-26 (the age range corresponds to LGBTQ+ organizations' definition of youth) and 13 service providers were recruited for participation in this study. Two staff focus groups were held and one individual interview was conducted at Site 2 (as the participant interviewed was the only provider who served youth on site). All study procedures were approved by the Columbia University Morningside Institutional Review Board.

Interview guide

The interview guide for this study was informed by a review of prior literature. To start, I examined the work of Dr. O'Grady who conducted a study to identify culturally competent practices employed by an organization dedicated to serving Latino Immigrants (O'Grady, 2017). I then reviewed aspects of minority stress theory, both Meyer (2003)'s theory and Hendrick & Testa (2012)'s adaptation for the TGD community. In order to assess the role of minority stress in youths' decision to engage with or continue services, the interview guide included questions to explore youths' experiences receiving services at their respective agency and their experienes receiving services with another behavioral health organization. Additionally, the interview guide

was influenced by the guidelines developed by Hadland et al. (2016) and was developed in conjunction with Dr. Stefancic and Dr. Witte. Sample questions include, for example, "How would you describe the services provided to youth at the [Insert organization name]?" and "What would you say are the most common reasons youth come to [Insert organization name]?" Interview guides varied slightly depending on the type of interview (i.e. individual interview vs. focus group) and type of stakeholder (i.e. agency staff or youth). For example, staff were asked about their educational background and years worked at their respective agency while youth were asked about how long they had received services from the agency. Each interview guide was pilot tested with another researcher (either Dr. Ana Stefancic or Daniela Tuda) to ensure question clarity. Demographic information for participants was also collected (e.g. sexual orientation, age, race, ethnicity) following the completion of interviews/focus groups. These data help to describe and characterize the participants in the study. Demographic questions related to sexual orientation and gender identity were open-ended, allowing each participant to describe their identity in their own words while all other items were multiple choice. Demographic information was collected at the end of interviews/focus groups because prior literature suggests that revealing personal information can bias responses to subsequent questions (Lietz, 2010).

Data Collection

I conducted one-time, in-depth qualitative interviews or focus groups (lasting approximately 45-75 minutes) with study participants (informed consent was obtained prior to scheduling or conducting qualitative interviews or focus groups). As a queer identified woman with a background in clinical social work and qualitative research, I was very comfortable facilitating a focus group in this setting. Three of the focus groups were co-facilitated by another social worker (Ms. Kelsey Reeder) who has a background in research and also identifies as

LGBTQ+. The role of the co-facilitator was to primarily take notes during the focus group discussion (observing and describing the session) and manage any issues that arose in the context of the focus group (e.g., late arrivals, questions about participation) (Pickering & Watts, 2013). Ms. Reeder also helped to promote discussion in the focus group as needed and helped to analyze both the content and process of the focus groups following each session.

Interviews and/or focus groups with staff and clients were conducted separately over a five-month period. A total of five focus groups (three youth focus groups and two staff focus groups) and one individual interview (with a staff member) were held over the course of this period. The decision to conduct individual interviews (n=1)or focus groups (n=5) was made in collaboration with agency staff based on availability of staff members and the total number of staff members providing direct services to youth at each agency. Similarly, the decision to have interviews or focus groups conducted individually or co-led was also made with staff. I received supervision and consultation from experts in the field of qualitative research and community-based participatory research (Dr. Stefancic and Dr. Witte) throughout the data collection phase. All focus groups and interviews were audio recorded and transcribed verbatim by either a professional transcription service or the first author. I also took field notes at each of my visits to the individual sites, describing the environment in which services were conducted and my interactions with each of the staff members. Additionally, I wrote memos following completion of each interview and focus group that contained a summary of what was discussed and my experience (i.e., my reflection on the process of the interview) (Padgett, 2016). Memos were reviewed to determine if further refinements to the interview guide were necessary and to identify emerging themes during codebook development. Additionally, memos helped to contextualize dialogue from the transcripts. For example, notes were taken throughout the

interview when I observed laughing across participants, head nodding (indicating agreement with a statement), and changes in voice tone.

Data Analysis Plan

A template analysis approach was used to analyze data (Brooks et al., 2014). This approach tasks the researcher to use an *a priori* theory to guide and organize qualitative data (Brooks et al., 2014). As mentioned previously, the systems-level principles and practitioner strategies to enhance LGBTQ+ youth care developed by Hadland et al. (2016) were used to create a coding template for qualitative data. Specifically, the categories of systems level principles (availability, accessibility, acceptability, and equity) and practitioner strategies (language, expectations, questions, barriers, charting, and handling mistakes) were used to organize and group findings from interviews and focus groups into higher order and lower order themes. Following categorization of data, I also reviewed data for additional higher order and lower order themes that emerged directly from the data.

Following completion of the initial template analysis, I identified if and how characteristics of the agencies described by stakeholders exemplify concepts derived from the CFIR (Damschroder et al., 2009). Specifically, I synthesized descriptions of the inner and outer settings of LGBTQ+ agencies as described by agency staff and youth that support the implementation of LGBTQ+ affirmative care (Damschroder et al., 2009). To ensure rigor and trustworthiness of data, a member checking procedure was employed, whereby the findings from the study were presented to staff at two of the LGBTQ+ agencies to determine if findings were representative of their experiences.

Data Analysis

Descriptive statistics were used to describe demographic information of study participants. As mentioned previously, for the analysis of qualitative data, a template analysis approach was used. Per reporting guidelines from COREQ, this section will describe the process of data analysis and include information regarding the development of the codebook, coding process, and derivation of themes (Tong, Sainsbury, & Craig, 2007). Consistent with the template analysis for qualitative data, data analysis occurred concurrently with data collection whereby audio recordings were transcribed and reviewed following each focus group/interview, rather than reviewing following completion of data collection. Following transcription of the data, I reviewed transcripts, field notes, and analytical memos to develop an initial codebook. The affirmative practice guidelines developed by Hadland et al. (2016) were used to create an *a priori* template, including higher order and lower order concepts. In this iteration, higher order concepts included systems-level principles and practitioner while lower order concepts represented the subsections of each of the aforementioned concepts (e.g., enhanced accessed). I then reviewed the initial transcripts to identify any other grounded codes that emerged directly from the data. During this time, I also consulted analytical memos from individual interviews and focus groups to further contextualize my understanding of the transcripts. Several additional lower order constructs emerged including "Community Guidelines" and "Code Switching." During this time, I met with my dissertation sponsor on a monthly basis to receive supervision and guidance on the process of codebook development and subsequent data analysis. After an initial codebook was developed, I subsequently applied the codebook to two transcripts. I then made refinements to the codebook (e.g. adding new codes, eliminating unneeded, or redundant codes). The codebook was reviewed with both the dissertation sponsor and a collaborator, Daniela Tuda, on the project (who is a social worker and qualitative researcher on this project).

Ms. Tuda also served as a second coder to ensure consistency of code interpretation. All focus groups and interviews were subsequently independently coded line by line by both me and Ms. Tuda. We met weekly for one hour (for six weeks) to debrief and resolve any discrepancies that emerged in the coding process through a consensus-based discussion. Transcripts were subsequently entered into Atlas.Ti.

1. Systems Level Principles	2. Practitioner Behaviors	3. Grounded Concepts
1.1 Availability • Full Range of Services • Referrals • Vetting referring agencies • Remaining Up to Date	2.1 Language	3.1 Community Guidelines • Ownership • "Calling each other in" • "Oops, Ouch"
1.2 Accessibility • Geographic Location • "Enhanced Access" • Provider Accessibility	2.2 Expectations • Family rejection • Bullying	3.2 Code Switching
1.3 Acceptability • Queering the content • Physical Environment	2.3 Barriers • Financial	3.3 Strengthening Affirmative Practice • Agency • Services
1.4 Equity • LGBQ and T Competency • Intersectional Identities	2.4 Questions • Room to explore	
	2.5 Handling Mistakes	
	2.6 Non-Judgmental Stance	
	2.7 Collaborative Decision Making	
	2.8 Unstructured Time with Staff	
	2.9 "Just for Fun"	

Table 1. *Final Template*

Additionally, in order to contextualize the findings, field notes were analyzed and summarized, providing an overview of each of the study sites (Phillippi & Lauderdale, 2018). As previously mentioned, I wrote field notes during each and every visit to the agencies, describing

the elements of the inner and outer environment. Field notes included descriptions of the geographic setting, physical layout of agency waiting rooms, group rooms, and staff offices in addition to descriptions of agency décor. Beyond descriptions of the physical setting, I also kept notes of my informal interactions with staff members. After, I reviewed agency websites and materials (e.g., brochures and pamphlets describing agency services). In order to synthesize my findings of each agency, I gathered all relevant materials and categorized my notes into five categories: geographic setting, physical environment inside agency, descriptions of programming offered, logistics of receiving care (e.g., hours of scheduled programming), and informal interactions with staff. Finally, I identified and summarized similarities and differences between agencies.

Reflexivity

Reflexivity describes the transactional relationship between the researcher and study participants, noting how the researchers' own identity, background, and presentation influences their work (Probst, 2015). Without acknowledgment of the relationship between the researcher and participants, there is a likelihood of missing one's own biases or role in shaping the findings of a study. The researcher must consider how their background and social position impact the research. While there is no measure to determine if reflexivity is present in a given study, Probst (2015) identifies several questions for researchers to consider as a starting point. These questions include: How many steps were there to the analysis? How many researchers contributed to the analysis? Was there an audit trail kept to document decision making? The following section entitled, Positionality, Understanding the Self, will provide answers to the questions posed by Probst (2015).

Positionality, Understanding the Self

As a queer woman, each time I enter a LGBTQ+ community-based organization, I experience an immediate relief or a feeling of being "at home." My identity as a social worker creates even greater comfort within this setting, knowing that like-minded individuals are close by. My identities as both a social worker and queer woman, together, facilitated my relationships with the organizations as my social network helped to establish connections with staff members from each of the organizations (Merriam et al., 2001).

Over the course of reaching out to organizations, my own queerness provided a distinct advantage, reducing staff members' fears of my work potentially "othering" the community. My own identity created comfort in my capacity to do research "with" rather than "on" the LGBTQ+ community (Griffith et al., 2017). For example, in each initial meeting held with staff members where I described the research study, I was asked "why is this study important to you?" In my answer, I shared how my own developmental experiences as a queer woman engaging with the healthcare system inspired me to want to assist in formalizing practices to ensure that care affirms identities. This answer often created more familiarity with agency staff, shifting staff members' language to reflect a collective "we" that now included my research (Merriam et al., 2001; Griffith et al., 2017). While my identity posed advantages in creating connection, I also imagine that my sense of having a common language may have led me to ask fewer questions in my initial interactions with agency staff, assuming that I understood their references to services (e.g., what a queer professional development workshop would cover). It was through my reflection on these interactions that I was reminded of the importance of not assuming shared definitions.

My passion and commitment to reducing health disparities within my community is ever-present throughout my personal and professional life. As I reflect on my position, I must

acknowledge how my experience as a queer, educated, hetero-passing white woman, creates expectations, privilege, and biases, invisibly narrowing my lens. Similar to the experiences of researchers who come before me, I must be aware of the diversity of identity and experience (Grace et al., 2006). Sitting in a room with LGBTQ+ adolescents, it is necessary to acknowledge how my own adolescent experiences of sexual orientation-based rejection and harassment may incite an urge to focus on experiences that parallel my own, rather than hear the narratives more holistically. My expectation in my focus groups with youth without having heard their narratives was that they would have encountered significant obstacles in their lives, from sexual orientation or gender-based victimization to familial rejection to invalidating healthcare experiences to internalized homophobia or transphobia. Because of my own experience, review of prior literature, and a general understanding of the pervasive heterornomative and cisnormative societal frame, I found myself anticipating answers. Therefore, to anticipate how my biases might influence my experience of data collection and interpretation, I met with several colleagues (Dr. Stefancic, Dr. Witte, and Kelsey Reeder) to discuss my interview guide and receive feedback to ensure that my questions did not assume one narrative or experience. Throughout the process of interview guide development, I maintained an audit trail of changes that were made. I also chose to co-lead focus groups with Ms. Reeder and debriefed with her after each interview to discuss both the content and process of the focus groups. Our debriefing allowed for a greater understanding of how the interview guide was functioning with each group. We reflected on several components of the focus group: which questions had elicited or had not elicited responses, the overall flow of the interview guide (to determine if questions needed to be reordered), and which themes we felt had emerged. When Ms. Reeder did not co-lead the focus groups, I met with her following and shared my analytical memo of the focus groups/interview.

At the start of each focus group with youth, I was ushered into the room by a staff member who reminded youth of the goal of the research project. This endorsement oftentimes led to youth asking more direct questions about my work with the organizations and my connections to the staff members. Youth often asked "Isn't [Staff Member] great?" In response, I shared my own position as a researcher from Columbia University and the length of my collaboration with each of the agency/staff. However, I did not start my focus groups with youth by introducing my queerness, as I felt that it may invite too much of "me" into the room (Probst, 2015). This decision, consistent with my training as a clinician and qualitative researcher, was made to limit my own impact on the focus group and was mirrored by Ms. Reeder.

Over the course of data collection and analysis, I have been able to expand my self-awareness through several processes, such as peer debriefing sessions with colleagues, clarifying my own bias, and receiving supervision from my sponsor (Dr. Witte) (Creswell, 2013). Additionally, I maintained an audit trail, documenting decisions made at all stages of the research project. For example, I wrote analytical memos after each research meeting, documenting the rationale for changes made to the interview guide and my experiences during the data collection phase (Padgett, 2016). As mentioned previously, these memos were reviewed with Ms. Reeder following focus groups. I also reviewed the transcripts with another colleague, Daniela Tuda and we independently reviewed transcripts to identify emerging themes and conferred to develop the codebook. Each of these practices sought to validate study findings and reduce the potential for bias (Barusch, Gringeri, George, 2011; Creswell, 2013).

Chapter 4: Setting the Stage (Program Descriptions and Sample Characteristics)

Overview

All four agencies who participated in the study were located in large urban centers in the Northeast (New York and New Jersey), with the largest proportion of LGBTQ+ youth in the country (Stringer, 2017). While all agencies served youth across the LGBTQ+ spectrum, each of the agencies varied in size and services offered. At some agencies, services were only offered to youth whereas other agencies additionally offered services to LGBTQ+ identifying adults. However, only the resources provided to youth will be described in this dissertation project as adult services were not examined. For all agencies, membership was free and available to all LGBTQ+ identifying youth, including youth who were unsure or questioning either their gender identity or sexual orientation. Finally, there is no requirement for family or parental consent to participate in services at any of the sites who participated in this study, thereby increasing the reach of services to individuals who may not be "out" to their families.

Site 1

Site 1, situated within a historically gay neighborhood in a Northeast city, houses programming for both adults and youth, in separate buildings. Upon entering the youth services building, there are signs, pamphlets, and flags of all things LGBTQ+. A receptionist is seated behind a desk, guiding you to take a seat until programming begins (starting in the afternoon after the end of a typical school day). The common areas offer space for informal conversation and interaction with staff members and other youth participants. The program provides a variety of services to youth (e.g., support groups, summer camp), with a specific focus on substance use prevention. As one staff member notes,

> Well, I think each queer organization has different kind of specialties. Or kind of like, things that they want to focus on. I think one of our focuses is specifically around substance use prevention. We have a clubhouse program. We have a youth treatment program…which is not really offered by anyone else. (Site 1 Staff)

While the aim of Site 1's youth treatment program is to substance use prevention, staff further explained that staff focus on using a harm reduction (reducing risk associated with substances) approach for their adolescents, rather than abstinence only. In addition to their substance use prevention program, Site 1 also offers support groups for youth, leadership opportunities, and social events. In addition to their work with youth, support and programming for families is also offered on site.

Site 2

Unlike the other programs represented in this study, Site 2, represents an agency oriented towards working with LGBTQ+ individuals who are experiencing intimate partner aggression. The group facilitator who participated in an individual interview conducts a group that is sponsored by both their agency and a local hospital. When I met with the group facilitator, we met at the main office, rather than the exact support group space. Therefore, observations made about the office environment may not be representative of the physical support group space. Walking through the doors of Site 2, there are flags, pamphlets, signs, and brochures promoting health, wellness, and support for individuals across the LGBTQ+ spectrum. Given the focus of the services at Site 2, most information was oriented towards responding to or receiving support for intimate partner aggression. The waiting room is spacious and is separated from clinical staff members through a locked door. While sitting in the waiting room, several staff members approach to check in to ensure that I have been checked in for my appointment and when I ultimately am invited back to the clinical services area, all staff walking by make sure to say

hello. Unlike the majority of services at Site 2, the group does not have an explicit focus on intimate partner aggression. When asked to describe the group that they provide, they explained

> So, it's an LGBTQ+ youth support group for youth up to the age of 24. Our youngest participants can be 14/15. We tend to not discriminate on age acknowledging that if they're there, they're there for a reason. Um, I work for Site 2. So, we are contracted by [Hospital]'s adolescent AIDS program to be able to facilitate this group once a week. So, I'm there on Mondays from 4pm to 630. In order to provide that. (Site 2 Staff)

While all individuals across the LGBTQ+ spectrum are welcome, the group facilitator went on to explain that the group specifically centers on the experiences of individuals who identify as TGD.

Site 3

Site 3 provides services to all LGBTQ+ identifying persons, including adults and youth. Walking into Site 3, you are immediately welcomed by a receptionist who explains that essential toiletries and other items can be accessed within the open pantry and that coffee/tea are available for all. While at other sites, the main seating area was primarily built as a waiting room, at Site 3, this main room serves as a lounge area where individuals are encouraged to chat, use the computer, and watch TV. As I'm seated, I'm greeted by multiple community members who let me know that the coffee and pastries are available for all if I'm interested. I'm soon met by one of the staff member who emerges from one of the offices situated behind the waiting room. When asked to describe the services Site 3 provides, one staff member shared

> …we have various different support groups, social events, educational classes going on that you can take part in depending on the kind of event. But probably the most important thing that we offer for young people is [Internship Program], which is our internship program. The age range for that is 18 to 24. (Site 3 Staff)

Similar to each of the other three organizations, Site 3 has a unique focus, supporting the professional development of young people who identify as LGBTQ+.

Site 4

Site 4 is nestled within a larger building (which houses a variety of services which are not specifically identified as LGBTQ+ affirming), accessible through a large set of doors and an elevator. Upon walking through the doors, I was immediately greeted by all of the staff members who sit together in a single office, covered in LGBTQ+ flags. Two staff members who work within the youth program showed me the two main rooms on site: a group room and lounge. The lounge is described as a "hang out spot" for the youth throughout the programming (youth can opt out of scheduled events and spend time together chatting in this room) while the other group room has a long wooden table surrounded by chairs. At the head of the table is a sign listing the group agreements (these agreements will be further discussed in Chapter 7) that are reviewed and revised prior to starting each and every event at Site 4. While Site 4 offers a variety of services, the main programming for youth occurs once per week and is oriented towards community building. During the weekly programming, there are a variety of activities (e.g. mindful coloring) and more skills-focused discussions (e.g. learning about coping skills).

Sample Characteristics

Youth Participants

Table 2. Youth Sample Characteristics (n=30)

	N	%	Mean	SD
Demographics				
Age Range				
12-15	1	3%		
15-18	8	27%		
18-21	9	30%		
21-24	10	33%		
<24	2	7%		
Months at Agency			13.34	15.56
Gender Identity				
Male	12			
Female	6	20%		
Trans Man	3	10%		
Trans Woman	3	10%		

Non-Binary/Gender Queer	6			
Sexual Orientation				
Straight	5	17%		
Lesbian	0	0%		
Gay	5	17%		
Bisexual	8	27%		
Pansexual	7	23%		
Queer	4	13%		
Questioning	1	3%		
Race/Ethnicity				
Latinx/White	3	10%		
Latinx/Black	3	10%		
LatinX/Other	1	3%		
LatinX	2	7%		
Black	9	30%		
American Indian/Alaska Native	3	10%		
Asian/Pacific Islander	1	3%		
White	7	23%		

As previously mentioned, youth were interviewed at three of the four agencies that participated in this study. Across the three agencies, a total of 30 youth participated in focus groups, with the majority of participants between the ages of 15-24 (n=27). Overall, there were differences across sites with respect to the ages of participants. Site 4 had the largest representation of youth between the ages of 15-18 (n=6) whereas participants at Site 1 and Site 3 were primarily between the ages of 18-21 (n=7) and 21-24 (n=7) respectively. Of the 30 participants, n=12 identified as TGD, with participants using labels of trans male, trans female, non-binary, or genderqueer. The other participants described their gender identity as either male or female (n=18). Most participants used labels of bisexual or pansexual (n = 15) to describe their sexual orientation. Notably, across the three sites, no youth used the term “lesbian” to describe their sexual orientation. Further, youth at only one site (Site 1) used the label “gay.” With respect to race/ethnicity, most youth who participated in focus groups identified as Black (n=9) or White (n=7). Across sites, there were differences in the total number of months that

youth had attended each agency, with Site 1 participants having attended programming at their agency for 21.91 months compared to 7.68 months at Site 3 and 10.45 months at Site 4.

Staff Participants

Table 5. Staff (n=12) Sample Characteristics

	N	%	Mean	SD
Demographics				
Age Range				
20-25	1	8%		
25-30	5	42%		
30-35	3	25%		
35-40	1	8%		
<40	2	17%		
Months at Agency			35.25	26.00
Gender Identity				
Male	5	42%		
Female	3	25%		
Trans Man	1	8%		
Trans Woman	0	0%		
Non-Binary/Genderqueer	3	25%		
Sexual Orientation*				
Straight	0	0%		
Lesbian	0	0%		
Gay	4	33%		
Bisexual	2	17%		
Pansexual	2	17%		
Queer	3	25%		
Questioning	0	0%		
Race/Ethnicity				
Latinx/White	0	0%		
Latinx/Black	2	17%		
LatinX/Other	0	0%		
Black	2	17%		
American Indian/Alaska Native	0	0%		
Asian/Pacific Islander	1	8%		
White	6	50%		
Multiracial	1	8%		

*1 case missing

Of the providers who participated in focus groups or interviews (n=12), most (n=9) described their position at the agency as a direct service provider, with roles ranging from youth

substance use prevention counselor to sexual health coordinator to program manager. On average, staff members reported working at their respective agency for 2.94 years (range=1 month to 6 years, 4 months). The educational background of providers ranged from Master of Social Work to Master in Mental Health Counseling to Bachelor of Arts. Additionally, most providers were between the ages of 25-30 and identified as male. The majority of providers identified their sexual orientation as gay (n=4) or queer (n=3) and were White (n=6).

Discussion

The questionnaire used to collect demographic information about study participants included two open-ended questions, allowing participants to use their own language to describe both their sexual orientation and gender identity. Across agencies, several patterns emerged in how youth and staff described their sexual orientations. Of the total 42 individuals (youth and staff included) who participated in the study, not one participant used the term "lesbian" to describe their sexual orientation. Similarly, only eight participants (youth and staff included) self-identified as "gay." The majority of individuals who identified as gay (seven of the eight participants) were from same agency (Site 1). For youth and staff alike, the terms bisexual, pansexual, and queer were most commonly used to describe one's sexual orientation, with over half of participants (25 of 42) describing themselves using one of these terms. Of the twenty-five participants who used one of the three aforementioned labels, almost half (n=10) identified as TGD.

The terminology used by youth and staff in this study is consistent with recent literature and represents a generational shift in how young people in the community are describing their

sexual orientation (Puhl & Wheldon, 2020). Over the past ten years, there has been a greater understanding and recognition of sexual identities that fall outside of binary labels of heterosexual or gay/lesbian (Callis, 2014). Studies have remarked that newer terms, such as pansexual or queer, also illustrate a trend of sexual orientation terms to now be defined by attraction, rather than gender (i.e.., terms such as gay/lesbian suggest attraction based on the gender of one's partner) (White et al., 2018). For example, in their study, Puhl & Weldon (2020) found that in a national sample of youth, approximately 24% of youth of their sample (n=17,112) labeled their identity as queer, pansexual, asexual, or questioning. Their study also found that individuals who identified as TGD were significantly more likely to label their identity as pansexual, queer, asexual, or questioning compared to cisgender LGB+ adolescents. While the sample size in this study remains small, the emerging findings related to how youth describe their sexual orientation are critical to informing training and education for providers in the field.

Chapter 5: Systems Level Principles

Introduction

As a framework for affirmative care, Hadland et al. (2016) described several guiding principles for agencies to consider when building an environment inclusive and affirming of LGBTQ+ youth. These principles address both stressors unique to adolescence and those unique to identifying as a LGBTQ+ person, respectively. The following chapter defines each of the principles (availability, accessibility, acceptability, and equity) and explores if and how these principles are reflected in narratives by staff and clients at each of the four community-based organizations that comprise the study sample. The findings will highlight a diverging set of opinions among both LGBTQ+ youth who are consumers of the agencies and staff members.

Grounded Figure of Systems-Level Principles

Figure 1. provides an overview of how the overarching systems-level principles overlap to create an organizational context in which LGBTQ+ affirmative care can be received. Availability, defined as the presence of LGBTQ+ competent providers who can offer a full range of services to meet the needs of LGBTQ+ youth, exists alongside acceptability and accessibility. As illustrated below, availability (reflecting what services are delivered) complements acceptability (how services are delivered to be LGBTQ+ centric). Within the concentric circles, the need for ongoing staff training and providers who also identify as LGBTQ+ straddle both principles. To the left of availability is accessibility (defined as how easy it is to access services). Within the concentric circle between accessibility and availability is the need for staff members to be both accessible (how visible staff members are in the agency) and available (outside of structured programming). On the other side of the circle lies equity, the degree to which services respond to intersectional identities, overlapping with both acceptability and accessibility. Equity

and acceptability connect to ensure that services are inclusive of all LGBTQ+ members, not just the LGBQ community. The intersection of equity and accessibility accounts for the need to recognize the multifaceted way that poverty impacts youth's access to services, describing the need for organizations to offer low cost or free services.

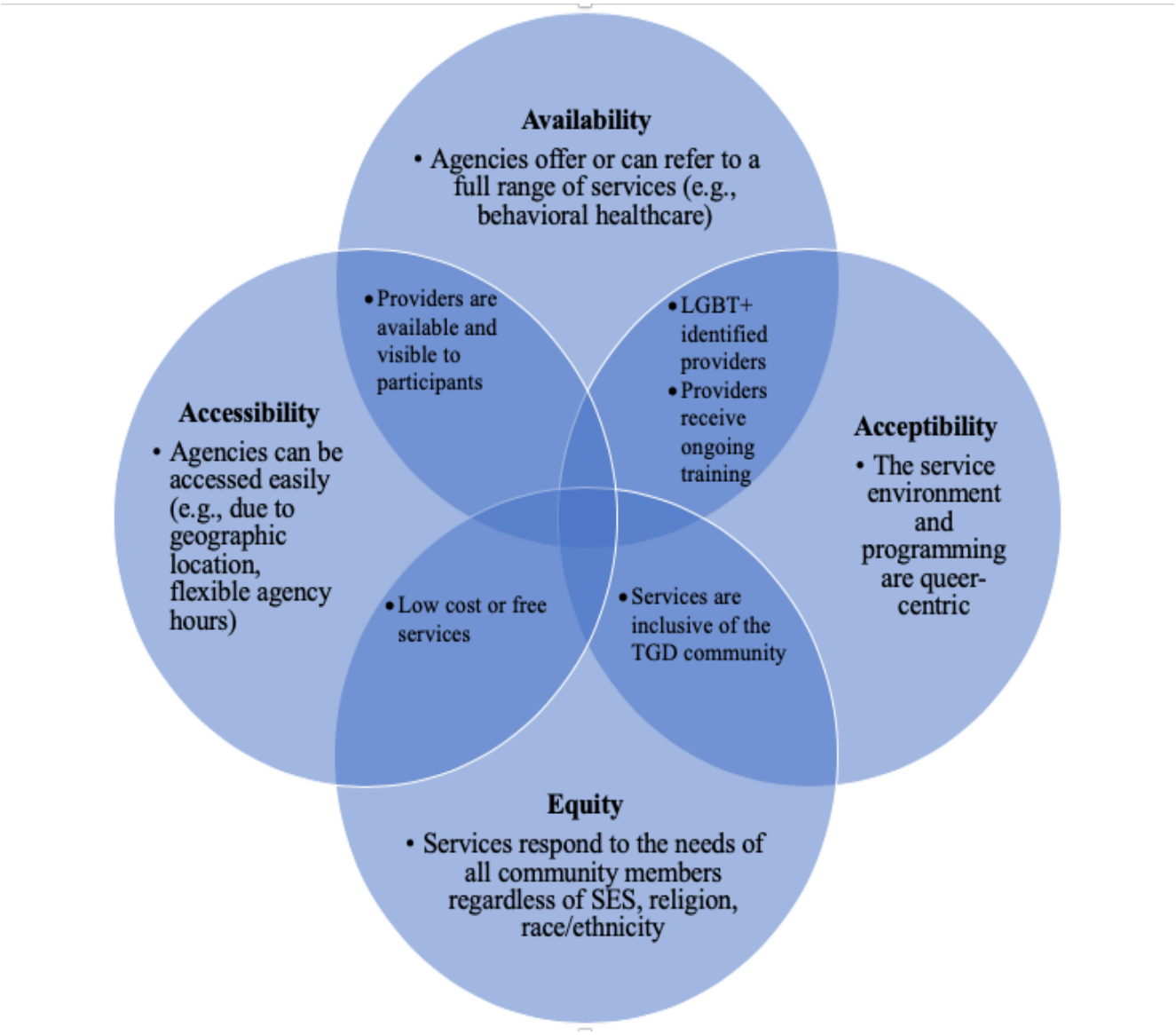

***Figure 1*. Systems-Level Principles**

Availability

In focus group interviews, both youth and staff participants described how elements of the systems level principles of availability, accessibility, acceptability, and equity aligned with their experiences of their respective agency. With respect to availability, defined as the presence of providers with specialized training/experience working with LGBTQ+ youth, youth described how access to and interactions with providers with LGBTQ+ specific competence shaped their views of their agencies (Hadland et al., 2016). However, beyond a general competence of working with youth and LGBTQ+ identities, all youth members emphasized how the presence of staff with a shared LGBTQ+ identity was critical to experiencing both the agency and their providers as inclusive. This shared, lived experience communicated an understanding of LGBTQ+ specific challenges. In one example, a youth participant mentioned the importance of being able to talk about their expectations of gender affirming surgery with staff. One youth from Site 3 notes,

> I actually kind of love that the staff is LGBTQ. Because I feel like they can relate more than someone who's heterosexual. Because don't come in my face telling me anything about no trans nothing if you're a heterosexual woman. No, I don't want to hear none of that. (Site 3 Youth)

Another youth shared a similar sentiment,

> I keep using this word natural because it's like whenever I enter [Site 1] it's someone of the orientation there to assist you with something to make you feel comforting. Versus if you go elsewhere there's not a lot of that… (Site 1 Youth)

Staff, too, were also aware of how their identity shaped their ability to connect with youth as both a provider and a peer.

> I think also in terms of just how we relate to the people here, it's like, we all we're – everyone who works here is LGBTQ, right? So…we can also we're relating as peers. And so, I think that contributes to just a greater sense of it. Just it facilitates interaction…cause even though we're staff, we already have a shared commonality. So, I think that being able to relate as peers helps a lot. (Site 3 Staff)

> …before I was working full time as a youth leader…I was a peer educator, I was an intern, I was a volunteer. At one point I was a client, right? So, I was one of the youth going to these support groups. (Site 2 Staff)

However, throughout interviews, youth identifying as TGD shared that agency staff and programming more often reflected LGB+ identities, rather than TGD identities. As one staff participant states, "Most spaces do not support a lot of trans people. Like, I feel like they mostly cater towards cis gay people…versus our fellow trans members and counterparts…" (Site 2 Staff). This sentiment was also shared by some cisgender identified agency staff members who, at times, felt unprepared to support TGD individuals.

> Well, for me, it would probably be [training] around more about…trans and gender non-conforming. Because it's also well the pronouns there. They're continuously changing, and new pronouns are being added and really getting used to using the pronouns correctly in writing and in verbal verbally, right…First, I thought it's like, you know, a trans person, that's the correct way to say it. And now somebody explained now to be a person of trans experience. And then somebody else said, Well, no, there's that's also not always accepted --- or like some people don't like that either. Right. So really a little bit more information on how to how to use it properly. Or in a sensitive way, right? Because probably you can, there's always like, there's always certain people that might not like the way you use it. But then how do you use it in a sensitive way? (Site 2 Staff)

One group facilitator noted how their co-facilitator who did not identify as part of the trans community navigated serving as a leader of a group serving primarily TGD youth. They shared,

> Because, for example, we used to have a co facilitator at [hospital], who was a cis white. I mean, she was lesbian, but this cisgender, white, lesbian, Jewish, and she wasn't from New York. And there was a lot of gap in there. And she was very well intentioned. She was an aspiring ally; she did amazing work with the youth that went to [hospital] she did a lot of the counseling for them and everything. She was also the kind of person who knew when to just take a step back, and to allow the folks who are gatekeepers in the community who are stakeholders to be able to have the conversations and that's also a very important part of having these conversations and facilitating these groups. (Site 2 Staff)

For agencies or groups that did not have TGD identified staff members, it was important for staff to have awareness of and only speak to their lived experience. In the absence of having a shared

identity, staff emphasized the importance of creating space for youth to "speak their own truth" to ensure that their narratives are heard and not overshadowed by assumptions about their respective experiences.

> I'm not a stakeholder in the trans identity. So, I'm very careful in what I say when I'm talking to youth who identify as trans. So, I let them uplift their own narrative and speak their truth. (Site 2 Staff)

In addition to the having LGBTQ+ affirmative providers, Hadland et al. (2016) broaden the concept of availability to mean the number of services offered by single agencies, emphasizing the importance of offering a "full range of services." LGBTQ+ affirmative care teams are recommended to have staff members from a range of disciplines: nursing, medicine, social work, and nutrition. For most agencies, offering a full range of services for participants meant offering not only a variety of programming and access to a multidisciplinary team but also services that responded and integrated the specific needs of LGBTQ+ youth (e.g., workshops on professional dress for non-binary folk, information on safe sex beyond penetrative intercourse) . One staff member described the breadth of services offered at her agency.

> We have a whole... a whole range of programming like [staff] does mentoring; [staff] does career readiness; like I do sexual health. So, I guess like any in person for whom they are coming here, they are going to get like an LGBT inclusive version of like that right? So like part of career readiness is like including like how to — what your rights are in the workplace as an LGBT person. (Site 1 Staff)

For other agencies, providing such a broad set of services was not feasible due to funding and/or agency limitations. However, when an agency was unable to directly offer such services, providing resources, referrals, and/or connections for youth to access needed services became an important component of staff's work: "And I think it's like the questions we get like 'Do y'all do this do that'? No, we don't. I can give you a referral." (Site 3 Staff) In the context of the four

organizations interviewed, availability reflected both an agency's capacity to directly offer a full range of services and/or provide the resources or referrals to the needed services.

Similarly, youth reflected on the importance of these referrals in their lives, in both providing access to services (e.g. mental health treatment, surgery consultations) and assisting with accessing benefits (e.g. insurance). Youth consistently reflected gratitude for their agency's ability to connect them with services and resources, often describing this as an example of how their agency exceeded their expectations. Youth described that prior to engaging with their agency, they were unable to access any form of mental or physical health care. At times, connection to insurance opened up the possibility of accessing services (such as gender affirmation surgery) that was otherwise inaccessible due to financial constraints. For others, working with their agencies created opportunities to access services at no or low cost. As one youth described,

> I think that [Site 4] is so cool cause how they can get you not just connected with like youth they can get connected with like some services that you need. I have therapy through [Site 4] center…I have free therapy through that. (Site 4 Youth)

Another youth shared, "I got my Pre-exposure prophylaxis (PreP) from [Site 4]. They referred me to my New York one because I didn't really know how that whole system worked" (Site 4 Youth). Oftentimes, youth referenced receiving such resources or referrals from agencies as examples of staff going "above and beyond."

> All the centers, they just give you their pamphlets. Whatever information they have there, that's what you should go by. I have had a staff here who personally went online and searched for other resources that were not even maybe on the companies or the organizations pamphlet or anything. And he personally searched for resources, contact details...everything and printed it out and gave it to me. Eventually when he found out about the resources, he emailed me those resources, so I mean that was pretty helpful unlike a lot of other places. (Site 3 Staff)

Youth across agencies were struck by the willingness of staff to help them find what they needed, rather than expecting them to find it on their own. This helped youth to feel that staff were invested in their wellbeing and came to their jobs for "more than just a paycheck."

As LGBTQ+ identified persons, staff and youth described prior experiences of discrimination when interacting with systems and organizations. To ensure quality of care, and enhance availability, staff emphasized the importance of taking the time to vet potential referrals for their clients. In the case of one agency that linked adolescents with outside organizations for paid internships, the agency staff described needing to determine an agency's readiness to provide services to LGBTQ+ youth. As one staff member noted, "So they're basically an extension of the program. So, we want them to be fully LGBTQ affirming. But we don't always have control, or we would not always know." (Site 3 Staff)

In order to assess and determine the extent to which outside agency's reflect the values and practices of LGBTQ+ organizations, one site described an assessment process implemented in their internship program.

> So, what we do is when we bring on board a new employer partner, we go to their location, if possible, to sit down with them. So, you can see the space where the intern will be working and have an in-person meeting with the supervisor, things like that. But we do have employer partners that I do not consider fully LGBTQ for me. So, we're also developing a training now to make small businesses more LGBTQ affirming. We haven't rolled it out yet. But yeah, that's something that we should have more of. (Site 3 Staff)

However, even among programs that were vetted by the agency, there was a sense that only some identities would be accepted or affirmed.

> I have one small business that I brought in and…I knew that they were not fully LGBTQ affirming…I knew that if we would have placed a trans person there or gender non-conforming person it would have probably not have worked…So, then we would only place like a, you know, perhaps the straight looking gay guy there or something which is not ideal (Site 3 Staff).

The unfortunate reality described by the staff member at Site 3 is that even among businesses and organizations that aim to support community members, there was still an overt lack of acceptance and affirmation of TGD individuals.

One final aspect of availability described in Hadland et al. (2016)'s guidelines emphasizes the need for services to "remain up to date" with the ever-changing needs of community members. Agency staff consistently reflected on the importance of continuing to develop programs that respond to, incorporate, and uplift the needs and identities of their service recipients.

> …we're going to let the youth be the ones that really are stakeholders in this, right? Because what's the point of asking the youth to attend every Monday if they're not having conversations that they want to have? (Site 2 Staff)

While the practice of and commitment to assessing the needs of agency youth was often described as the outcome of informal conversations, agencies described several ways to learn about the needs of their stakeholders. At one site, staff described learning from their community members by asking directly for programmatic feedback and, at other times, satisfaction was gauged based on levels of attendance.

> I mean, we knew we ask for feedback right hey, if there's something that you don't like or feel there's something that's missing in for example, in [internship program] we did we do ask that on a regular basis also. And but it also happens in conversation might be a conversation that starts about something different but then they might bring something up and hey it might be a good idea to start something around or to implement in our [internship program]. (Site 3 Staff)

> And I think you can also see it in…the kinds of programs that we run and then… how well attended things are...so in the way that we function is as a community center is like, there are some programs that we're running ourselves but a lot of it is like partners or people in the community are coming in to do so like when people do outreach to us because they're like looking for a space to host their book club or they want to do a workshop on whatever. Like, who is coming to us it's also information and then like, when the program is really well attended, like that's information about what people need and want. (Site 3 Staff)

When asked about how providers could learn about the evolving needs of community members, one staff member described how they formalized this process

> …like maybe once every three months or something, just have a check in with the youth group and have them do a feedback conversation, provide them at like, ask them, ask them, Hey, you know, how's group then, you know, let's provide feed -provide us feedback on how we're doing? How did you feel about these topics? Which topics bored you? Which topics were interesting to you? What did you get out of this? What would you like to see more of? (Site 2 Staff)

In addition to conversations that occurred directly with youth, one staff described learning about "trending topics" through doing their own research on social media platforms such as Facebook and Twitter.

> Look at what's happening on social media. Look at how the youth are reacting. Look at the conversations that are trending. Bring that to the group. Don't be afraid to have those heavy conversations with them. (Site 2 Staff)

The staff member described that reviewing social media became an important part of their work with youth as the media continues to inaccurately portray the lives, experiences, and values of the Black community. They went on to say,

> there's so much false information and false truths that are, that are normalized in social media that are not centered around black trans women…It's my responsibility to have those conversations and share with them primary sources that say otherwise. (Site 2 Staff)

While staff members described a variety of practices to remain current (or "up to date") on the needs of their community members, there was agreement that agency programming was not a static concept. Staff were aware of the ever-changing needs of youth and worked to either update programming within their agency or find referrals outside of their agency to ensure that youth were able to receive such services.

Accessibility

Accessibility according to Hadland et al. (2016) more discretely refers to the ease of obtaining services, where services are located, and when services are provided. While there is

overlap between the concepts of availability and accessibility, accessibility can be referenced as the *how* and *when* of service delivery and availability can be seen as the *what* (i.e. what services are delivered). Accessibility reflects how agencies ensure that LGBTQ+ identifying youth can actually receive services at their agencies. This includes being able to receive services without parental consent, allowing youth who are not yet "out" to be able to attend services, and offering services at times that are convenient for youth (e.g. after school hours). However, the structure of some programs allowed for more or less opportunities for youth to engage in services, with some programs open seven days per week (Site 3) and others having formal services only one day per week (Sites 2 and 4).

Hadland et al. (2016) emphasize the importance of supporting youth's access to resources by ensuring that the structure of agency services mirrors the needs of the community (e.g. allowing same-day and drop-in visits).

> The moment I came here and told them 'hey, listen I need my insurance turned back on', all them — I didn't expect it to happen that fast. They're like 'oh you need insurance. Like oh come to the back we're about to close but we've got to try to fit you in'. I'm like oh okay; cool. And you know… hey were really trying hard to help me with my insurance and they did. And it happened less than an hour. And they're like okay it's done. Your insurance is back on. And I'm like what? Really? That fast? I'm like, they're like yes. I'm like, I didn't expect that because other places would have given me a hard time. They were really trying to help. They were working their ass off trying to make sure I get seen." (Site 1 Youth)

At each agency accessibility was integral to youths' participation and engagement. Service providers described their agency as offering both tangible services (e.g. case management, workshops) and a physical space for community members.

> At the most basic level, we provide a safe space to hang out and exist. So, we're open every day. So, people of any age are welcome to come and use our space, whether it's to stay warm during the winter or use the computer or spend time with friends. So, I think just providing the physical space that is inclusive is the most basic part of what we do. (Site 3 Staff)

For each of the sites, access to services and space, in general, differed primarily based on the structure of their organization and programming for youth. For Sites 1, 2 and 4, youths' access to the organization was limited to the hours of scheduled programming, while, Site 3 had the capacity to offer stakeholders unrestricted access to the organization's waiting room throughout program hours. However, despite the limitations of programs, stakeholders reflected on the importance of ensuring that their services were inclusive of all LGBTQ+ youth. At Site 4, this meant allowing youth to engage in events and workshops without completing a formal registration process. At Site 3, this included letting youth access agency resources (e.g. warmth, internet access, food). This was often viewed as a necessity given the environmental context and lack of opportunity for youth to claim space outside of agency settings. One staff member at Site 1 described how the shifting environmental context of New York has created a need for more defined spaces for youth.

> I think also the growing necessity of having physical space. So it's like, I think as you look at other factors of like gentrification and things where kids maybe 20 years ago would be like hey there's this pier to go to or hey like we could go down to the rush but like — I think what youth are finding out is that as gentrification is happening, like it's really hard for young people to claim space outside of like what physical space that makes up. And so, I think yes, it's like because there's so much policing around like where you can be and like what you can do. And you can see that very visibly. People will not go to the pier anymore and will not do all those things. (Site 1 Staff)

As noted by this staff stakeholder, gentrification within New York has redefined access to and expectations of public and private spaces, limiting youth's access to space in the city. LGBTQ+ organizations fill this community void by offering youth a place to socialize. The ability for youth to access an organizations' resources (e.g. coffee, food, warmth) without the condition or expectation of participation in treatment or other programming shaped youth's perceptions of the program as "homey" and "safe." Youth described the differing ways that they engaged with the space and felt welcomed regardless of their level of participation. One participant shared, "You

can just be here and not talk at all, and you still feel like you belong here anyway" (Site 4 Youth). Another participant described their experience, "It feels very relaxing. It's a lounge area, you know, just chill and meet new people. I always meet new people here and it's very free and open" (Site 3 Youth).

In line with the affirmative care guidelines developed by Hadland et al. (2016), staff and youth described how the physical location of the agencies facilitated access to and awareness of their organization. As one staff member stated, "I mean like by luck or by history. We happen to be in the middle of the [historically gay neighborhood]." (Site 1 Staff). However, overall, the physical location was overall far less important to participants in this study. As one staff member notes,

> I think that a lot of the people who utilize the space regularly are from the immediate area, but we also get people from all over. Like, the Bronx, New Jersey…And if I will, I have learned a couple of times and don't want to toot my own horn right, or our own horn. But folks that come here…and then said, No, no, I don't mind traveling further. I just like to come here. (Site 3 Staff)

As this staff member notes, even though, at times, their agency was not the most accessible for their participants, youth didn't mind traveling further to be able to attend services at Site 3.

Moreover, across agencies, youth emphasized the importance of having interactions with staff at the agencies, often stating that being able to see and interact with the staff members casually was critical to shaping their perceptions of the agency.

> You can easily access the staffs at [Site 3]. The staffs are easily accessible. They walk right past you, we can have hey/hi conversations with them, unlike other centers where you never really get to see the staffs, except those at the front desk. Yeah, that was one thing that really attracted me here. (Site 3 Youth)

> I mean I'm friends with almost all the staff. We joke around and if I were to go to like a space and I were to say see the staff I wouldn't go up to them and hug them. But here I do because I care about them and they care about us. And it just makes me happy about that. (Site 1 Youth).

This was also reflected by staff who emphasized the importance of being able to see and share the same space as community members on a daily basis, beyond providing specific programming and services.

Acceptability

Acceptability, defined as the extent that services are inclusive and affirming of LGBTQ+ identities, was ever-present throughout youth and staff discussions of agency services. As LGBTQ+ organizations, all programming (the full range of services offered by each agency) was dedicated to being or becoming "acceptable" for LGBTQ+ identified individuals. Similar to descriptions of the breadth of services provided by agencies in the section entitled "Availability", staff consistently sought to provide the "LGBTQ+ inclusive" version of each and every service provided by their agency. Staff described a process of "queering" knowledge and material to better serve their youth.

> I think the workshops…we cover you know, we cover classic workforce development stuff, yeah, resume cover letter, you're doing whatever. But I think, all of those have layers to them that are different when you're queer, especially for trans and gender non-conforming people. So, like we're talking about, how do you write your resume? What are the best practices? How should you format it? But we're also just talking about like, what do you do if you're, if your name is different from your legal name? Or should I put my pronouns on my resume or not? And then so I think a lot of the that material and then the discussion that ensues in group around like, how do you evaluate in your interview if the workplace is going be inclusive? Or like if you have been in a workplace that is not inclusive? How did you make the decision about how you were going to handle it? And similarly, we have "Know Your Rights" workshop that we do, to kind of give people some more tactical information on this. All the presenters who come in they, pretty much all of them identify as LGBTQ. Or like have experience with this with this community so that the advice that they're getting is either like firsthand in one way or another. So, I think it's like, similar topics, but it's through this lens (Site 3 Staff)

> I think we also have, for example, queer professional attire is like, you know, if your gender non-conforming, for example, how, you know, is there a way that you dress or whatever sort of the, what are some of the tips, tips that you, you know, can follow for the workplace, places where you can shop- the things like that. (Site 3 Staff)

> I created a LGBT inclusive sexual health curriculum that specifically talks about all the different kinds of sexual health education that any kind of young person might need or any kind of Sex Ed you'd be curious or interested in... and using trans inclusive language around like body parts going into sexual health education (Site 1 Staff)

Additionally, participants described how the physical environment communicated acceptance and support of a multiplicity of identities: "Well I think the flags, and we always had some flags, but now they're more flags were added. So just showing that this is an LGBTQ space. I think that helps." (Site 3 Staff). Similarly, all brochures, paintings, and other images in the agency depicted LGBTQ+ individuals (e.g., queer couples on a brochure about safe sex). Inclusive signage was also consistently present in front of bathroom doors (e.g., all gender bathroom signs). However, for the most part, the physical appearance of agencies was only a small part of what helped youth feel comfortable within the agency environment.

> The basic thing that attracted me more to this space… it's small, it's compact and it feels home…Now I have a couch over here unlike a conventional waiting room kind of chairs that will meet at every other center…this is the only place where I feel totally comfortable because it's small. You can see everyone's faces and have like a closed room conversation unlike the one in Manhattan where you're sitting there and the other person is over there. (Site 3 Youth)

Participants described the physical environment as more than the presence of flags and other symbols of LGBTQ+ pride. Participants reflected on the importance of the layout of the space (i.e. the openness of the waiting room) and ability to engage with staff in increasing their comfort with receiving services at their agency.

Equity

Equity is defined by Hadland at al. (2016) as the extent to which agency providers and services are competent and friendly to all individuals across the LGBTQ+ spectrum regardless of race, ethnicity, housing status, and socio-economic status (SES). The focus of equity was to ensure that the intersectional identities of LGBTQ+ identified youth could be supported within

the agency setting, rather than catering solely to youths' LGBTQ+ status. As one youth from Site 4 commented,

> The one thing that really stood out here is just the openness, the inclusivity regardless of age, gender, sexuality where we just try to lean into our discomfort where we also try to just understand one another. (Site 4 Youth)

This issue of equity was often expressed by youth as based on who participated in services, rather than the type of services offered. In particular, youth emphasized the importance of seeing their own identities reflected in the other community members at the agency.

> And some of the spaces it's like they may not cater to more black and or Latino LGBTQI members. So, it also deters them away from that because it feels like there's no one that looks like them there to assist them somewhere. Versus when you're here, you see all of that. (Site 1 Youth)

> and I can agree with what [participant] says around diversity...I didn't really see a lot of queer people who looked like me. Like you know, you just look at mainstream media and you just see again one demographic group and you just don't think that there's an easier place for you to be at. When I came here it was completely different. It felt really normalized because it always just seemed like we didn't have these types of spaces provided like back where we were. (Site 1 Youth)

> And like he said majority of [LGBTQ+ Centers] were funded by no offense but white folks, and they were only catering to white folks. That is one thing I like here. There is inclusivity are different races, different people, compared to just catering to one particular race. (Site 3 Youth)

However, the degree to which agencies achieved true inclusivity of all youth across the LGBTQ+ spectrum varied significantly. As one staff member identified, "while there aren't many LGBTQ support groups for youth, there are more that center around cisgender gay men than there are for transgender youth." (Site 2 Staff) This sentiment was reflected by some youth who did not feel that all gender identities were understood, represented, and affirmed in agency discussions.

> But I feel like with queer spaces I feel like there needs to be more conversation about transness, because I feel like given the fact that the whole movement in general was started

> by trans women I see no reason why trans people can't come to a queer space and take it as their own. But yeah, that's me… (Site 1 Youth)

When asked about the repercussions of the absence of discussions about the TGD community in their agency, one youth described the limitations they witnessed and experienced from staff lacking an understanding of the meaning of their identity

> So, like if you're a trans guy who likes to wear dresses, suddenly you're not valid. If you're a trans woman who doesn't like to shave, suddenly you're not valid. So, it's kind of like because usually based on preconceived notions about what trans people are supposed to look like etc. (Site 1 Youth)

Other agencies were able to better establish support for their transgender and gender diverse identified youth, with youth highlighting the specific ways in which the agency was able to support them throughout the transition process. Despite Site 3 Staffs' fear of their lack of competence to provide services to transgender and gender diverse youth, youth at Site 3 described feeling supported by their agency staff.

> So, for me, um, because I've been talking to [staff] here for a little bit. They are super supportive when it comes to time to get surgery. Because on Thursday I'm getting my facial feminization surgery and I was so scared, like, I've been so nervous, and I came here. I been talking to [Staff] and [Staff] and they help me out there. They are so understanding, and you know and prepped me and really gave me some new insight on what can happen and what's going to happen and how to feel. (Site 3 Youth)

These experiences described by youth mirrored their experiences with agency's capacity to affirm other aspects of their identity, demonstrating that equity was not guaranteed across intersecting marginalized identities. Recognition and consciousness of the social determinants of health varied significantly across agencies. One provider at Site 2 described the need to evaluate and inventory the many ways in which providers may be unaware of the challenges that their youth face. They described the importance of "acknowledging where you are privileged." They went on to say,

> acknowledging where you have advantages that the youth don't, whether it's having a full-time job, having a college education, being cisgender, being white, or being non-black, right, being male. Having English as a first language, knowing your parents, like having a home to go to having money in your pocket, I mean the list goes on and on. You know, the list goes on and on. And that's the point. Acknowledge what your privileges are, acknowledge what your advantages are. (Site 2 Staff)

Beyond recognizing inequity, staff and youth also described the need for LGBTQ+ community-based organizations to invite and affirm individuals regardless of their SES and housing status. For many LGBTQ+ youth, familial rejection can result in loss of economic and emotional support, leading youth to experience homelessness or poverty regardless of their family's SES. However, several youth shared about how, at times, agencies have dismissed other individuals who had used agency waiting rooms as a place for warmth and shelter.

> I must speak to one experience at [outside LGBTQ+ center] where there was this dude who slept off somewhere he was in the chair…And the dude at the front desk, the two dudes there started talking about, like, oh, not here and one of the guys got off and his intention with the rearranging the chairs and making noise with it, so he could possibly wake this dude up. So, I was there and that was the last time I stepped feet there. I mean, if this is supposed to be a safe space, this is, again, this person is way older, and he must have been tired for him to sleep on there. So, he takes the chair and he's intentionally making noise. He didn't wake him up with the first space it comes to the next table where I am at and he tries to arrange it intentionally to make a noise just so this person wakes up. That's like the last time I was there. (Site 3 Youth)

> I was told to treat someone that way when I did reception at a different center but I and I couldn't like I wouldn't I would let people sleep in the chairs all the time until my like boss came out and it's all vitriolic hatred for poverty, anti-homelessness... It's ridiculous and it's just it's the priority. I was once told to call the cops on somebody if they start misbehaving. And I'm like, I'm not gonna do that...It's really horrific. It's truly horrific. And yeah, that's something that I didn't that I noticed. Didn't seem to be a culture here there isn't an air of the military police force is just gonna come down on you if you misbehave. (Site 3 Youth)

However, this was not true of all agencies. As one participant at Site 3 shared,

> …people go through so much in this world. People have nowhere to go. I was one of them people…I remember the day I walked in and I saw someone sleeping on the couch and no one was disturbing him (Site 3 Youth)

Across the agencies presented in this study, equity was, at times, dictated by funding sources, and at other times dictated by staff expertise. Site 1, for example, was able to support youth in early adolescence due to the expansion of funding for that age group.

> We have a lot of younger youth who are joining in masses. And so, I think in part that's just because we also have like programming; that's where they cater to due to certain funding that we've received over the past few years; that's catered to folks who are like high school as well as now middle school as well; as long as they're 13. Whereas like as basically be a space maybe [Outside Agency] or something like that. Like, they have like their cut off age is like 25. So, they have a lot more. They might be able to serve a lot more older youth; and so they have different services that cater to like for example a pantry or something like that right. I think it also is about like what we cater towards. And I think ours is a lot more development. We have more programs that offer developmental stages for like younger folks; which I think might be particularly different that are LGBT youth affirming as opposed to other programs that might have services for older folks. There's a gap I think for those who are under the age of 14. (Site 1 Staff)

As this staff member notes, funding oftentimes dictates who can receive services at a given agency and explains for this reason, there may be gaps programming. Unlike Site 1, other sites catered to older adolescence and emerging adulthood. As one participant notes,

> I think that the most important thing about this place is that like 95% of other LGBTQ services are 18 to 24. [Other agencies] all of them are youth base, and while this place was youth based, like internships and stuff, you can go past that to which I feel is more important. They really lack services for like 24/25 plus. (Site 3 Youth)

Finally, youth and staff spoke to the extent to which agencies held space for individuals who identified as racial/ethnic minorities both within and outside their respective centers.

> We have a lot of groups that come here. So, particularly surrounding class differences. I think that's a big thing that's…I don't say it's specific to the center, but I know that some of my youth will say 'Oh I come here because I want to meet a lot of different kind of people. But I go to this program; I want to meet other kids like myself or something like that.' And so, I will say that's…just been something that's been commented on by multiple youth is like we have youth from a lot of different class and like racial identities here. Kind of like, grow together and grow up together especially since some of our youth start here at 13 and go into — and will literally be here until they're 23…and so I think also talking about that as part of the culture, right? That's important, especially for someone that might be looking for queer spaces that are predominately black and so you may not come here because this might not be the space for you. And so, I think that's an important thing too. (Site 1 Staff)

Staff members at both Sites 1 and 2 remarked on the degree to which agencies were able to support intersectionality. However, at Site 3, multiple youth commented on how their intersecting identities were or were not welcomed at other agencies.

> I mean, like I said about that church I was going to, I was the only black man in the room. And I was the only young person in the room. And so, when I even asked about other support groups in, in Detroit, all of the groups that was recommended, this person tells me Hey, you will be shocked when you walk in and there's some sort of racism. And I'm like, how are we tackling homophobia with racism? Is just sickening. So here it was open. Black people, white people. I mean, we're humans at the end of the day, I don't care. Some centers, right. And some centers. Some centers have that whole racial discrimination thing. And some centers don't want to go extra. I mean, in terms of they want to have a certain pedigree of people. In fact, one of the centers in Detroit only caters to older men with a specific job descriptions financial status. It was crazy. (Site 3 Youth)

Multiple focus group participants at Site 3 referenced experiences of "tackling homophobia with racism" at other agencies, highlighting the disparities in care for racial/ethnic minorities.

> I worked at [Agency]…one of the biggest issues that I saw is so one of the hot topics is trans people. So, they have a trans women's group which is great, wonderful, but they just refuse to do anything for people of color. (Site 3 Youth)

For youth who participated in focus groups, there was consensus that it was not guaranteed that intersectional identities would or could be supported.

Conclusion

While all of the systems-level principles were embodied and represented in the structure and practices of the agencies, there was significant variation in how and to what degree they were able to encapsulate the principles of availability, accessibility, acceptability, and equity. With respect to availability, most organizations did not have the capacity to provide behavioral health care services, therefore, they relied on providing referrals to youth to connect them to needed resources. The youth who participated in this study described gaining access to resources through referrals as positively as receiving on site services. In fact, receiving referrals from staff

at the organizations was oftentimes referenced as examples of staff going "above and beyond" for their clients. Similarly, the degree to which programs were able to provide "enhanced access" varied, with some programs able to support and provide space for youth on a daily basis while others only offered services one day per week. When it came to acceptability of services, staff across sites described how they "queered" programming and the physical environment to reflect the specific needs of LGBTQ+ youth. However, it was only staff who directly referenced the content of services and programming. While staff shared about what was offered at their respective agencies, youth more often shared about the process of care, emphasizing the importance of feeling taken care of by staff and at home within their agency. Finally, while providing equitable services was the ideal, there were times when organizations did not maintain the same level of competency for their TGD clients, compared to individuals identifying as LGB+. Equity was least consistently represented across agencies, demonstrating the need to identify additional practices to support youths' intersectional identities. Further, many youth reported discontinuing services at outside LGBTQ+ agencies as a direct result of witnessing or experiencing inequity, demonstrating the need for agencies to be aware of and address intersectionality.

Chapter 6: Practitioner Behaviors

Introduction

Hadland et al. (2016) described several strategies to inform providers' work with LGBTQ+ youth: using affirmative language, understanding youth's expectations for services, acknowledging economic barriers, providing a space to ask questions, and handling mistakes. In addition to the recommendations outlined by Hadland et al. (2016), several other strategies emerged from focus group data to assist providers in their practice. Using a non-judgmental stance, making time for unstructured time, collaborating with youth around decision making, and creating activities "just for fun" were described as critical to providers' work with youth.

Language

Language, described as the use of words that affirm LGBTQ+ identities and avoid assumptions of hetero- or cisnormativity, was referenced by all stakeholders as a prerequisite for creating an inclusive environment. Across all four organizations, language was viewed by staff and youth as critical to developing connections and creating a sense of inclusivity. While Hadland et al. (2016)'s guidelines only reference language used by staff, in this study it was clear that youth's word choices also influenced the culture of organizations.

Staff described that as LGBTQ+ organizations, they were able to prioritize the use of LGBTQ+ affirmative language across youth and staff. One staff member describes how this may differ from more traditional youth programs,

> We are specifically LGBT. So, there might be other programs [that] say that they have LGBT programming; but they're not specifically LGBT…So, like the programming and the staff might be great, but [LGBT youth] might not feel exactly comfortable because other youth participants might say really horrible things to them. And it's hard for programs… it's hard to kind of keep that together. (Site 1 Staff)

As this staff member notes, the culture of organizations is not only shaped by staff, it is also shaped by youth. Staff described how they remained attentive to language at their agency regardless of who entered into their organization.

> …people that are coming in from the outside, they're coming into the visitor center…they're not necessarily LGBTQ affirming. But then again… if you have a bookstore, and somebody comes in, a client comes in, and they're not LGBTQ affirming perhaps you would do different with that [than when] somebody is coming in here. Because here, I think we can have a very upfront open conversation. We don't have to be afraid that that person is not going to give us the money, right? (Site 3 Staff)

As this staff member highlighted, as an LGBTQ+ community-based organization, affirmation of LGBTQ+ identities is a leading priority. Similarly, youth commented on the role of affirmative language within and outside of the youth centers. As one trans identified youth stated, "I'm basically I'm not [male] until I walk through the elevators [of Site 4] which kind of sucks." (Site 4 Youth). However, while LGB identifying youth overwhelmingly and consistently described their identities being affirmed by staff and youth at their agencies, this standard was not always met for the transgender and gender diverse community. One youth who identifies as transgender described negative experiences that they had with other youth at their agency.

> I find that a lot of the times people will jump the gun before they even start thinking about pronouns and will go right to asking me about genitals. So, I mean, yes, there isn't a lot of respect when it comes to trans people. Trans bodies; all that. I don't know. Oftentimes I find that trans people are often either fetishized or ostracized. And if they find some sort of in between good for them, but that's rare. (Site 1 Youth)

Validation and affirmation of TGD identities was less consistent across agencies, particularly among other youth in their agency setting. Though youth referenced that staff, at times, used the wrong pronouns, the primary concern for youth was how their peers would respond in the space. However, at Site 4, several transgender and gender diverse identified youth who participated in the focus group described feeling supported by their staff *and* youth.

> Being here you could actually show your emotions and be who you want to be yourself – I guess. Like outside - nobody really calls me by my preferred pronouns…nobody really can relate about the struggles of being LGBT and identifying and stuff like that. But being here they're like, 'Yo, this is my bro.' It's like I feel cool being here. (Site 4 Youth)

As this youth described, at times, agencies were the only place in which their identity was validated. However, given youths' mixed experiences across agencies, use of trans affirmative language was not a guarantee.

Expectations

The notion of clients' "expectations" refers to the fact that practitioners must be mindful that many LGBTQ+ identified youth may arrive at their agency having had prior negative healthcare (or social services or other) experiences and as a result may lack trust in the healthcare system or the "system" more generally (Hadland et al., 2016). However, in this study, rather than describing negative healthcare experience, youth, in particular, tended to describe negative experiences they had navigating schools, familial relationships, and everyday life as an LGBTQ+ identified person. Many youth, for example, reported experiencing bullying in their high schools due to their gender presentation or sexual orientation, leading to persistent fears of being ostracized by their peers and feeling that they were "unable to be themselves."

> When I first got into high school... I felt so singled out. I felt like an outcast…I was the only gay person there being overly flamboyant effeminate boy in high school it's like a whole — you get ridiculed for it because everybody they love to make fun of femme people like me…And I'd be like damn. I can't express myself. It's just people just be lashing out in their own insecurity because they can't be like me nor — you know they can't take the risk as I took it. Because I took a big risk coming out and being gay in high school. I got jumped. I already went through all that. (Site 1 Youth)

This sentiment was shared by many other participants who felt unsupported by their peers or feared their peer's reactions at school. Despite the presence of gay straight alliances and other

built in support networks for community members, youth continued to report feeling alone at school.

Youth also described being rejected by family members after disclosing their identity. One youth shared,

> So, I didn't go to prom because…I came out to my parents in the worst way possible. Not only like a couple days before prom, but through texting, for my father specifically. And mind you, he is a truck driver...extremely Christian. So, like, that went terribly, almost disowned me as a son because he was – he's a very emotional dude. So, he was nuts. (Site 4 Youth)

Multiple youth described how their parent's non-acceptance impacted their lives, oftentimes leading to feel ashamed or uncomfortable in their own skin. These experiences created an expectation of rejection for youth, oftentimes shifting their expectations of what a LGBTQ+ person could achieve in society

> You just look at mainstream media and you just see again one demographic group…When I came here it was completely different. It felt really normalized because it always just seemed like we didn't have these types of spaces provided like back where we were. So, I'm over here believing now that we can be productive members of society. This place [Site 1] over here shows that you can be integrated in the system perfectly fine and function like anybody else would be in a heteronormative society place and stuff like that. (Site 1 Youth)

As this youth describes, the lack of positive representation of LGBTQ+ individuals in the media shaped their expectations of themselves and other community members. Engaging with Site 1, allowed the youth member to begin to develop a greater understanding of their capabilities. Another youth described how her history of trauma throughout her life has continued to have repercussions even when interacting with individuals in a space like [Site 4].

> Even with like, my anxiety of meeting new people - I feel like that's the best aspect here because I tend to run into, unfortunately quite a lot of manipulative or mean people in my life and especially when I was younger, and so it's nice to know that I could always meet someone who's nicer…It's a little difficult because you know, I've been treated a certain way most of my life so it's hard to get used to it, but it's a nice change at least. (Site 4 Youth)

Other youth, too, reported fear of entering LGBTQ+ specific organizations. However, over time (often a matter of hours upon entering the organization), youth described how their perceptions shifted.

> When I first came here, I met [staff] over at the front desk. Very outgoing very kind and it just made all that anxiety disperse. And I'm just like okay; I can feel really comfortable asking questions about that versus when I'm at [outside agency]- it's just like an angle of just fill this out and you can sign like I feel like I'm in a doctor's office. (Site 1 youth)

> I only moved here last August. And when I got here first my mom wanted me to get connected with the community. And she found this place and at first because I have really bad social anxiety. The first time I went, got here to the hospital, convinced myself I was at the wrong address, and that I was too early, turned around and went back home. And for like, three weeks, I was like, I'm not going there. And then when I finally convinced myself to go, I was like, why did I wait? This place is amazing. (Site 4 Youth)

Youth described how their comfort level with the organization increased significantly even within their first visit to the organizations, demonstrating how the agency was able to create an environment where all felt welcome.

Barriers

Hadland et al. (2016)'s affirmative practice guidelines use the term "barriers" to encourage practitioners to be aware of the many challenges that youth face in accessing care, emphasizing how lack of financial resources can otherwise limit youth's participation in services. Hadland et al. (2016) explain that LGBTQ+ youth's potential estrangement from family or other support systems may enhance pre-existing vulnerability factors for this population. In this study, beyond the traditional understanding of vulnerability, staff and youth referenced how youth oftentimes did not have access to insurance, transportation fare, food, clothing, and work opportunities. Therefore, agencies prepared practitioners to help youth navigate these barriers.

For many agencies, this meant ensuring that they could connect youth to low cost or free services.

> [Site 4] helped me a lot like with my life and with basically anything. They referred me to the right places got me free stuff. Got me free services and…I could have never done this on my own (Site 4 Youth).

Beyond acknowledging and anticipating the need to assist youth with gaining access to insurance or other benefits, staff in this study also acknowledged the multifaceted way that poverty could impact youth's engagement in programming. Staff stressed the importance of having food available to participants who come to programming as youth may not have access to food outside of these agencies.

> I'm constantly advocating for money for food, and for Metrocards for the youth, because we don't know where the youth are coming from. We can't assume that they're eating in school or that they are they went to school. We can't assume that they have food when they get home if they have a home to go to…We'll do like Spanish food where it's LatinX and its more home cooked right? On another Monday, we'll do a sandwiches platter. And on another Monday, we'll do Chinese food, right. So, variety is something that also incentivizes them, and having Metrocards, you know, giving them a Metrocard to get to group and to go home. Like that speaks volumes. And it's also harm reduction, because we don't know how many of these youth love the group so much because of what it's doing for them, right what these orgs are doing for them regarding safety. Some youth like me 10 years ago would easily jump over a turnstile at risk getting arrested just to say we went to group that day. (Site 2 Staff)

This sentiment was shared across agencies and stakeholders who continuously referenced the importance of the instrumental support provided by agencies. For some agencies, this support included providing access to gender affirming clothing, providing youth with an opportunity to express their gender. Without access to financial resources or familial support, many youth who participated in agency services were unable to afford or access clothing to affirm their experience of gender.

> And you know, we have clothing that young people… so many people come here, and they come all the way here and they put on makeup and they put on all this stuff and they wear it while they're here. And when it's 7:30 they take it off and go home. And so being able

> to have resources and access to that so they can have that experience just for four hours here; like can really be powerful and we totally encourage it. And we build rooms into conversations that a young person can go to a group and like start to learn about that. (Site 1 Staff)
>
> We've had trans women of color speak in the space. We have somebody come in and she brought maybe two large garbage bags of clothes, and her being a trans woman of color who is body positive and being able to share her truth and then share those clothes. It was something that had the youth feel like this was accessible to them (Site 2 Staff).

In addition to providing tangible resources, there was also an emphasis on providing community members with access to opportunities to earn income. As one youth notes, "it seems like kind of a political place to start off of where you acknowledge that people who are looking for resources are lacking them." This recognition of the needs of community members translated to providing opportunities for youth to earn an income through their participation at the agency through taking turns sitting at the "reception desk" or through connections to more formal job opportunities.

> When I heard that the internships…were paid, I was like, Oh my goodness. I can actually go and like work around with my schedule as opposed to someone who's not able to do that. And I think it's really important just if you're claiming to do things for a community and offer resources, that's it's a really practical way to go about it. (Site 3 Youth)

The paid internship program, developed by Site 3 in response to lack of career development training for LGBTQ+ youth, offered youth the possibility to receive practical training in professionalism in addition to paid opportunities to explore different career paths.

Questions

Hadland et al. (2016) emphasize the need for providers to ask questions, understand, and affirm the identities of youth. Participants in this study (including both staff and youth), described agencies as a place for youth to explore their identities. As one group facilitator noted, **"**I also feel like we shouldn't center folks' lives around these specific narratives that put them in

a place where they're not being given an opportunity to actually explore their identities" (Site 2 Staff). This mentality was shared across all agencies that encouraged youth to explore both their sexual orientations and gender identities. Staff and youth described a variety of different ways that agencies invested in youth's exploration of their identities. For one agency, this took the form of providers offering trainings on romantic, sexual, and gender identities.

> So, we have trainings on gender and sexuality, where we say, all right, you may have heard about lesbian and gay and bi. Have you heard of pansexual? Have you heard about romantic attractions compared to sexual ones? Let's talk about how we differentiate these two things and how they intersect. Are you aware that there are also people who identifies ace, as agender is aromantic? Let's talk about that. And what happens is that because you're introducing it in this space, you start noticing that people who've never felt like they can express themselves in that way, either already did but never outed themselves as a part of the ace community. Or they start exploring it and they say hm, I wonder if that's me. And that's what it's all about. At the end of the day. It's like you are always who you are. What I'm doing is I'm providing you the tools to connect to a community that you may not know already existed, right? So, it's like, these youth were always trans were always nonbinary were always agender. But the group is providing them the tools and the tools but worth a key and providing them the key. So that if they so choose to connect to the community, they know that they know the key that opens that door. Alright? And to acknowledge that they have a right to that. (Site 2 Staff)

The education provided by staff provided a space for youth to learn about the breadth of normative sexual and romantic experiences and gender identities, allowing youth to ask questions, explore, and put a name to their experiences.

As youth became aware of their own identities, they described how agency staff supported their identity exploration process through affirming youth's identities without question.

> I was blown away. First time I came here like how quickly like, everyone adapted to my new identity. Cuz first time I came through those elevators, I still introduced myself by my legal name. Then I had another name. And I think I was still using he/they pronouns just because I felt like I'd have to...transition smoothly like it would take time for people to accept me as she/they but it really didn't. It was immediate and I was surprised, actually. And also, for the first time in my life, I was getting validation like, 'Oh, you're so smart and beautiful and funny.' (Site 4 Youth)

This sentiment was shared by another participant at the same agency.

> I had the same thing. The first time I came here. I introduced myself as he but I was really not sure about it. And then coming for like the third time. I told them what I actually was, and they were like, Alright, cool. And then it was like, I never even told them. I told them scared. I was so scared and then…everyone was like alright cool. And that was that. (Site 4 Youth)

For many, the result of participating in an agency that held space for diverse identities was beginning to normalize the breadth of sexual orientations, gender presentations, and gender identities.

> I came here two years ago. Going in and out, so it wasn't completely two years I was in here. But what I've experienced is open-minded people. Like, because I experienced completely different things from other people. Um, so when I got to know the other people and how they think; how they act; I feel like I kind of understood what they were going for. And I felt connected. I felt connected to them, and I also learned other things like new stuff. Like, in my school it wasn't — in my school it was okay, but it was strictly oh, you've got to be this, that, and this. But when I came here it was more of oh, you can do this, but you can also do that. Or you can be this, but as well as that. (Site 1 Youth)

As youth began to see the validity of their queer identities, they were able to explore themselves in a new way, without fear of judgment.

> The person I was before and the person I am now, because before I didn't know what it was like to fully be myself. And then when I came back to [Site 1] and I found out there's so much more to myself than I knew. (Site 1 Youth)

> … the fact that [Site 4 is] able to help someone grow exponentially very, extremely clearly – just by having a space for them to have the freedom to be themselves without any fear of judgment or disapproval. Yeah, that's…the best thing I've seen in my 19 years of living. (Site 4 Youth)

Youth described a process of gaining confidence in their identities, allowing them to challenge hetero- and cis-normative expectations.

Handling Mistakes

As part of the affirmative practice guidelines, Hadland et al. (2016) describe the need for practitioners to be aware of and address mistakes when they happen. The guidelines highlight the importance of immediately acknowledging when mistakes occur (e.g. misgendering a client or using a client's dead name[1]). As one staff member notes, "And we, we make mistakes, I make mistakes. I misgender folks, too. And, and then I apologize, acknowledge and I, you know, do better next time" (Site 3 Staff).

Across agencies, there was a commitment to and protocol for addressing mistakes that occurred between participants/staff and between participants.

> And it's not to say that everything everybody gets along [Community Members] sometimes argue and they fight and they, but then then we need to have the conversation, right? Where we when we observe that then we need to step in right away and have a conversation about it…Well it depends…But a lot of cases, you know, we can just say, say something around like, 'Hey, you know, like, can you rethink that language or listen, you know, it's not how we how we talk to each other here'. (Site 3 Staff)

One youth commented on how this contrasted their experience in the outside world.

> At an HRA place I had a security guard give me a problem about going into the girl's bathroom. And basically, I just pointed to the sign saying, anyone can use the bathroom according to their gender and gender identity expression so on and so forth. (Site 4 Youth)

Youth reflected on experiences of being "gendered" by others and how they managed those experiences. In the example above, the participant described how she was able to advocate for herself and relied on state law to manage an experience of being misgendered. In this context, youth were focused on how to manage their response to other's mistakes as there was acknowledgement that, at times, others would either not notice that a mistake was made or not be concerned about making the mistake.

[1] A name that one was assigned at birth, not their chosen name that reflects their experience of gender.

In the context of the LGBTQ+ community-based organizations, for the most part, youth and staff were less concerned about the possibility of mistakes happening and focused more on how others responded to them when they did. While there was a focus on providing education to youth about different experiences of gender identity and sexual orientation, staff often used these moments as a teaching opportunity to model how to "be wrong."

> …you know, often we have cisgender youth who identify as a part of the LGBTQ community – says gay, cis, lesbian, etc. And they'll say things unintentionally that come off as transphobic, right? Where you have the kids that aren't black who are making anti-black statements without acknowledging that there is some level of colorism or, or unintentional bias there, right? So those are the conversations that I usually call in to say, 'Hey, this is an opportunity for us to flex our aspiring allyship muscle right'…let's listen to the stakeholders of the identities. All right, because we're not experts at the lives of those that we don't live, right? So, we have those conversations. And sometimes I have to lovingly push back (Site 2 Staff).

As noted by this group facilitator, there was an expectation that youth may, at times, say something that may be transphobic or anti-black and these moments were viewed as a learning opportunity.

When youth talked about their own experiences managing being misgendered, there was an overall acknowledgement of the need to be understood and validated when mistakes did happen.

> …being misgendered you wouldn't see a normal person outside understand you, they will just misgender you and they don't apologize for themselves, then you will get upset. They're like, 'why are you making it a big deal?' but when you're here and you're upset they're like I understand you're upset and I'm really sorry I did this to you. And they're really trying to make you feel good about it and not horrible about yourself because you're actually upset about that situation. (Site 4 Youth)

Youth commented on the importance of having their experiences of being misgendered validated and normalized by their peers at the LGBTQ+ organization, which often contrasted their experience with individuals outside of the space. Experiencing invalidation for having a negative response to being misgendered was often described as more painful than being misgendered.

Within both the guidelines developed by Hadland et al. (2016) and the focus groups/interviews, almost all "mistakes" referenced times when either a youth or staff misgendered another person at the agency.

Collaborative Decision-Making

Across focus groups and interviews, staff and youth consistently highlighted the ways in which organizations allowed for collaborative decision making, a process by which staff created space for youth to be involved organizational processes and decisions. Staff emphasized the importance of engaging community members in the process of building new curricula, community events/presentations, and other roles within the organization. As previously mentioned, one way that agencies remain "up to date" on the needs of their youth is to engage them as stakeholders. As discussed earlier in Chapter 5's description of the principle of availability, part of providing services to LGBTQ+ youth is ensuring that staff are familiar with the emerging needs of youth, emphasizing that needs are not a static concept. Staff members across agencies explained how this translated to their day-to-day work with clients. From the outset of starting their group at Site 2, one group facilitator highlighted how they interwove their dedication to uplifting youth's needs into weekly group sessions.

> [The youth are] being told what they need. Right and I wanted to change that when we have this group happening at Site 2. I was like, all right now we're going to go in there with a structure. We're going to go in there with a lesson plan. But we're going to let the youth be the ones that really are stakeholders in this, right? Because what's the point of asking the youth to attend every Monday if they're not having conversations that they want to have? And that's what it's about. (Site 2 Staff)

Beyond contributing to weekly lesson plans, agencies also referenced the many ways that youth contributed to the functioning of the organization in roles such as "peer educator" or other peer leadership position. In particular, at one agency, staff discussed offering leadership roles for youth at their agency.

> And also allowing these members to get engaged in –actively engaged in creating this space and like [Staff] said and like group facilitating, co-facilitating groups like that. Running groups; teaching like skill sharing; teaching other group members things. Whereas like in a lot of others like these spaces that I've been engaged in or done internships in it's like you know, maybe there's "a" peer ambassador that has a very circumscribed ability to create change in this space you know? And I get the feeling that youth feel like they have I guess like more agency within the space and like more ability to make this space into what they need; as opposed to — as opposed to like spaces that create an environment where it's like, you come here to partake of these services during these hour; in this specific way. And anything else either that is kind of seen as throwing a wrench in the way things are supposed to work. (Site 1 Staff)

> And another thing I think that might be unique that hasn't been said is within our leadership programming, we really try and have opportunities for our youth members to have really clear and formal roles to model this behavior. So, we have a peer leadership program and a peer coach program; and then we have a free summer camp in the — in august where we have camp counselors whom also are our youth members. So, you know…there's a lot of opportunities to have LGBT identifying people, staff, and youth members be in leadership roles. So that there's that kind of like I don't know — overarching vibe that pushes us all to be like more affirming. (Site 1 Staff)

For youth, leadership opportunities created a space to think critically about the organization and to identify potential areas of improvement.

> So, I was just like I'm going to be coming back here. And I'm actually now a peer educator in the space. I come here on Mondays and I try [to] understand that role and see how I can contribute to making things better. (Site 1 Youth)

Beyond directly engaging youth in agency decision-making, staff also described how they modeled their collaborative and participatory approach to their work on a daily basis. At one Site, this was demonstrated through sharing roles (e.g., sitting at the reception desk and welcoming clients, cleaning).

> We're nonhierarchical. So, like, everybody does a little bit of everything. So, we'll be working at our desk, but we have all cleaned the kitchen at one point or another, you know what I mean. (Site 3 Staff)

These practices allowed community members to observe the agency's commitment to maintaining a non-hierarchical environment.

Non-Judgmental Stance

Similar to providing youth a space to explore their identities, there was consistent reference to also providing a space for youth to learn in a non-judgmental environment. Over the course of interviews, there was overwhelming agreement across staff and youth that the agencies provided a non-judgmental space. At times, maintaining a non-judgmental stance was critical to allowing youth to speak freely and openly about their experiences. In turn, staff were able to provide feedback and support to help youth make healthier decisions.

> We sort of take on a harm reduction approach and there's no judgment. I mean, while this is a drug and alcohol-free space, you know, we want to support youth and kind of in making healthier and informed choices. So, I think it's just more like — especially with our youth recovery program too, you know, youth come in and maybe they're not ready to quit; but we're just trying to meet them where they're at and just support them in meeting their own goals… I know that's a big thing of why the youth feel comfortable with their mentors. If they do share information about recreational use or something like that, they're not necessarily going to be as worried about getting reported to their parents or like they don't necessarily feel like we're going to do anything punitive towards them or remove from the program which is something that they have worried about in other programs…there isn't necessarily like a sense of fear.
> (Site 1 Staff)

Site 1's pragmatic and non-judgmental approach created a space for youth to share about their substance use, creating an opportunity for an honest conversation.

Staff highlighted the need to provide a space for youth to have, at times, difficult or heated conversations.

> We even had a group once that was talking about the whole Chick-Fil-A thing, that anti LGBTQ campaigning and all that, and talking about how there are some trans youth that like Chick-Fil-A …they come from another state where that's literally all there is and they eat that. And like there's a, there's a nuance in that conversation, right? So we provide the youth a safe space to have these conversations where they can have more holistic and intentional discussions with one another in a way where they're not shaming one another or feeling that judgment that comes from having these conversations, especially because our groups are happening in front of one another in a colloquium and not, let's say on social media where things can sometimes be miscommunicated. (Site 2 Staff)

These discussions resulted in youth feeling capable of sharing their strengths and vulnerabilities with each other.

> Here, it feels okay to be vulnerable. It feels okay to just be who you want to be and share what we actually want to share. And not just pretend to be this different person that we sometimes have to be for other people, because they have certain expectations for us. But here, nobody really has an expectation for us. (Site 4 Youth)

Within the community-based organizations, youth described feeling comfortable enough to "be themselves." As noted earlier within "Expectations", youth, oftentimes, had experiences outside of their organizations that led them to feel ashamed or afraid to engage with other people due to their identity as LGBTQ+. Over time, as youth attended events or programming at their respective site, youth reported not only having pride in their LGBTQ+ identity but also feeling less social anxiety and fear altogether.

> …take me for example, I have the horrible, horrible tendency to speak so fast that it's my own language and speak so low, that it's my own language, so no one understands me…Growing up, I went to speech therapy as a young child…Special Ed for primary school and I still have the issue. And I mean, today sometimes I still speak too fast and too low. People are like literally, 'Huh, what? Huh?'…So when I came into [Site 4] LGBTQ community events, I've noticed that not only are they able to understand me despite how fast I speak, but whenever they can't hear they give me the politeness to say 'Hey, it's okay'…They understand automatically where I'm coming from, like, 'Hey, I'm acting like I'm okay. But no, I'm freaking nervous.' I mean, and it did work. The speech therapist at my primary school, my parents, and the few friends I made could not…help me speak better…but still [Site 4] managed to help me speak more properly or speak in a way where people can understand me better. That speaks volumes. And I'm able now to speak out how I feel. I'm not going to BS and be like I'm a confident start. But I am confident enough to like, point out certain things speak my mind. And even if I kind of speak a little too fast, I can fix myself… I get to relax, and I can try it again. So, in that regard, like [participant] said I really feel like [Site 4] does help people grow in a sense. (Site 4 Youth)

As this participant described, for this first time, it felt okay for them to stumble and to try and try again. Another youth at the same agency summarized what his peer had explained, "[Site 4] is

basically providing you a safe space for your trials and errors where you can basically build yourself up and decide for yourself for – What do I like? What do I need? How can I get it?" This experienced was shared across all agencies where youth reported feeling accepted by their peers and staff. As one youth from Site 1 explained, "a lot of people are not accepting which is sad but people here are accepting and care about you unlike other people." This acceptance created trust and a sense of unity.

> The center basically make you feel at home and as if you were with your family. A unit by them, not the type of family that distanced you and don't talk but the type that keep contact and make sure you're on the right path. (Site 3 Youth)

Across all three sites where youth were interviewed, there was consistent referenced to feeling "at home" or as though they had finally found their "family."

Unstructured Time with Staff

Staff and youth also reflected on the importance of developing relationships with each other and engaging in conversations outside of structured, events, workshops, or programming. One staff member explained,

> I think an important component is also that – well you see in a lot of nonprofit organizations that people are overworked, they don't have time to do anything anymore. And it really affects also how they relate to people that are coming into as a as a client… If you're doing administrative work…And if you don't have time to interact with the folks that come into the center. There's something wrong, right? So, I think we really want to continue to do that to be intentionally also build in or make time for just being a part of the center. (Site 3 Staff)

Site 3 staff referenced how their agency's founder believed in and encouraged staff to take this time to interact with participants, creating an atmosphere in which staff had time to engage with community members rather than remain inundated by paperwork. Across centers, engagement with youth occurred both within scheduled sessions (e.g., support groups) and during more

unstructured, as-needed interactions. This commitment translated to developing personal connections with youth members.

> So, like when somebody on staff …knows everyone who comes here – like knows their name personally. So, I think…that also kind of contributes to like…the personal touch. (Site 3 Staff)

Youth consistently referenced the connections made with staff members as a primary factor in their decision to remain engaged with each of the agencies. As one youth describes,

> Like [Staff at Outside Agency] will probably listen to your situation and problems and just document down or something…versus just to check…how have I been; how I've been feeling. Like, what's been going on in my day to day. Even today [Site 1 Staff] asked me 'how was your day?' or 'how was work?' because I'm always ranting about something that goes on at work. I work out here at [store] by [Downtown] so it's hectic. So, it was really comforting knowing that I could just vent all that out. (Site 1 Youth)

In particular, many youths reflected on how their perceptions of and relationships with providers influenced their decision to continue attending services at the agency.

> It's really hilarious because some of the staff members are as old as 30, and I feel like they're around the same age as us. Like, there's a presence…even though I speak a lot, I'm actually really introverted. I like to stay to myself and observe how people act. So, when I first came here, I met [staff] over at the front desk. [They were] very outgoing very kind and it just made all that anxiety disperse. And I'm just like okay; I can feel really comfortable asking questions about that versus when I'm there it's just like an angle of just fill this out and you can sign like I feel like I'm in a doctor's office. I'm just like I'm trying to like mingle and make friends…like they made you feel really welcoming too even though they are care providers which I really like. (Site 1 Youth)

Familiarity with staff created a sense of comfort within the space and led to perceiving the environment as "welcoming." Staff members seemed to set the tone of the agency, modeling how to invite and engage new members in conversation. One staff member described their experience starting as an employee at Site 3, "When I came in…the social norm is that people are really friendly and open. So then like, when new people come in, they just feel that." This feeling paralleled youth's experiences across agencies.

> At first, I was nervous. I'm a very shy person…but once I gave it a shot, like I felt really chill and people were just like, 'Oh, hi. I've never seen you before. Nice to meet you.' It's just they just made me feel comfortable. (Site 3 Youth)

> When I was sitting down waiting for the youth areas to open, this [staff] sat next to me and my friend...He offered us like these seltzer water to drink. And was like not even thirsty and we were like thank you so much. And then he offered us snacks too and we were like oh no thank you; you're too kind. So far really, I felt really welcome. So, I already automatically assume that he's not going to be the only person if I come here like more than once consistently come here that I would feel more welcome and be offered stuff and stuff like that. (Site 1 Youth)

Across agencies, youth described their first impressions of their community-based organization as warm and open. As one youth notes, "They didn't act like I was new. They were just like, all right, just join on in" (Site 4 Youth). Another youth from the same agency shared a similar sentiment,

> I definitely have always felt welcome here. I used to come here actually a few years ago in the earlier stages. And it was a lot of different staff and different members but basically…every time I come in it's so welcoming. Everyone seems eager to hear everyone's story, you know? To listen and to, to make friends and support each other and it's just really nice. Like the instant you walk in. It's just like, 'thanks, guys,' you know? (Site 4 Youth)

As this youth described, regardless of who they encountered at their agency, they always felt welcomed by staff and youth alike. Across agencies, agency environments were described by staff and youth as consistently warm and inviting.

Just for Fun

Throughout focus groups and interviews with staff members, there was an emphasis on developing events and other programming that had a sole purpose of being "fun" and having youth become "connected" to one another. These events provided opportunities for youth to engage with each other and often offered opportunities for new members to become acquainted with agency services. Overall, agency staff described these events as integral to building positive experiences, creating connectedness, and building a sense of community.

> come up with a plan of action to say "Hey, you maybe since there's four Mondays in every month or whatever, right on the months where there's a fifth Monday that we're not doing anything, let's make that one a fun Monday", let's do something that's, that is totally unstructured. Or maybe one Monday out of the month, we have a game day, right? Or a movie day or something and let them choose the movie, make things unstructured in a way that it's incentive for the structure. I used to run a group in a former place of employment where basically we would have game nights. And in order for you to get free admission to the game night, because it was a it would be like $5 at the door, something like that. Because it was like the party, right? That everybody went to, but I told them also you don't have to pay the $5. All you have to do is go to group. If you attend group, that's three Mondays on the last Monday you get to go to the game night for free. (Site 2 Staff)

Oftentimes, youth reported beginning to engage with agencies as a result of these events, highlighting the critical role of these events in introducing youth to the organizations. As one youth noted,

> [School Counselor] was like, I think [Site 1 is] having a party today; we should go check it out…And then we came here then realized it was a party. She was like do you want to go. We were like, why not? And then we went there, and it was the best party ever I felt. Like, so far, because I was like my first thing where I actually felt like a safe place and actually felt like welcome. Even though people didn't know us everyone was saying hi, being themselves; introducing themselves and everything. So, it was like felt like an actual safe place and all of us wanted to come again. So that next week we came; like, signed up at [Site 1]. (Site 1 Youth)

Similarly, another youth shared

> …the very little queer friends that I had in school; they said, why don't we come to [Site 1] …and see if you like it or not because I was really lonely about it because I could barely see them. I had only like two queer friends. And I was like, I need more…I need more people to relate to. So, I came in one day and I think it was um, during — I think I came on Friday when the [Vogueing Group] was happening. So, I was just mesmerized by that day and I was just like, I have to keep coming back here. (Site 1 Youth)

Oftentimes, parties and other events served as an entrée for youth to discover agencies and their respective services.

> You know, for me, it was the pride events and summer and then I started coming to [Site 4 Youth Programming]. So, I think like as time goes on, you just keep going and everyone keeps coming back for more. (Site 4 Youth)

Their initial interactions with the agencies in these "just for fun" settings led youth to create deeper connections with both the agencies and each other. Youth described how over time, their connections to the organizations and their peers provided the opportunity to learn new skills, challenge internalized homophobia, and have a real support network.

> I wanted to mention that I guess when we don't have a support system outside of our lives, this is basically a program to say, oh wait we can be the support system that you never had or the support system that can actually be healthy for you…I really was, you know, contemplating on the connection, like what connected us…there's a lot of things that connects us…the traumas or the experiences of being LGBT…we go through the same things and we just have so many similarities (Site 4 Youth)

In addition to developing a support network, this sense of community also created a context in which new skills and behaviors could be learned. At one agency, a youth member described how their agency presented skills: "[Site 4 Staff] always come in every week with a new event to teach you or something for you to share in a social way" (Site 4 Youth). Another youth expanded on the type of information they learned at Site 4,

> They teach you a lot of self-care which I myself struggle with a lot they go through with coping skills with you or they try to encourage you to do whatever you want to do like just pick up a new hobby. And if you want to come bring it back here and show us and we will love you for it. (Site 4 Youth).

For the agencies described in this study, teaching and skills acquisition were provided to the community and shared across community members. Youth described being encouraged to share their newly learned skills with each other, creating another way for youth to connect. The initial work to provide events "just for fun" allowed agencies to create buy-in among youth to become connected and engage with agencies on a deeper level.

Conclusion

Consistent with Hadland et al. (2016)'s original affirmative practice guidelines, language, understanding youth's expectations for services, acknowledging economic barriers, providing a

space to ask questions, and handling mistakes were present in each of the organizations. However, *how* these concepts were defined differed within this study. Overall, language was described as critical to youths' perceptions of their organizations, emphasizing how language could either cultivate or inhibit feelings of comfort. All organizations were consistently described as affirming of LGB+ identities, however, when it came to TGD youth, language was not as consistent, and affirmation was not guaranteed. This yields the question of the degree to which agencies could both decenter heteronormativity and cisnormativity. Further, acknowledging youths' expectations for services was integral, however, it was most important for practitioners to understand how school environments and familial rejection impact youths rather than focusing on experiences with healthcare systems. Unlike the other practitioner behaviors described in this section, only youth shared about the role of peer-based victimization or familial rejection in forming expectations of how they would or should be treated. Additionally, of the practitioner behaviors described by Hadland et al. (2016), charting, defined as ensuring documentation matches an individuals' chosen name and gender identity, was the only behavior that was unmentioned in the focus groups and interviews. It is likely that as LGBTQ+ organizations that offer entirely free services (rather than services that are covered by insurance or are fee for service), there is less of a need for agencies to ask for or report information such as one's dead name.

The four practitioner behaviors derived directly from the data were also described as critical to youth experiencing comfort in their agency settings: using a non-judgmental stance, making time for unstructured time, collaborating with youth around decision making, and creating activities "just for fun." There was consensus across youth and staff that agencies were able to create a culture in which new members felt embraced almost immediately upon entering

the organization. Practitioners' modeling of and use of a non-judgmental stance allowed youth to feel comfortable enough to share their strengths and vulnerabilities with each other. Similarly, having unstructured time with staff members created an increased sense of familiarity with staff members, allowing youth to feel cared for by agency staff. Additionally, collaborating with staff members around decision making created a context in which youth voices were both uplifted and heard, making the process of decision-making a community effort, rather than a unilateral process. Finally, youth and staff addressed the importance of having "just for fun" activities, however, only youth highlighted the importance of these events in providing an entrée to the agency.

Chapter 7: Grounded Concepts

Introduction

Beyond the systems-level principles and practitioner behaviors identified by Hadland et al. (2016), there were other concepts that arose directly from the data that are of interest and importance for this study. These concepts further expand on practices to create an inclusive environment and obtain funding. These include community guidelines, code switching, and ideas to strengthen affirmative practice.

Community Guidelines

All four agencies described the process of developing and implementing community guidelines that assisted in shaping the culture of their space. These guidelines outlined expectations for participation at their organization and were reviewed before the start of every group, event, or workshop across all four sites. The guidelines were viewed as "a standard of how we want to see people treated" (Site 3 Staff). When asked about how community guidelines came to be a common practice in their work with youth and at their agency, one staff shared

> …that comes from either my own trainings and group facilitation trainings…Because the trainers, we all speak to one another different organizations, right? So, you're talking about tools that were passed on to me through grassroots organizing, right. And folks who are leading youth groups long before I was right. So, there's that like that, I guess, community accountability and skill sharing. (Site 2 Staff)

At each agency, staff members emphasized the importance of these guidelines in setting the tone for the organization. As one staff describes,

> youth who come here then know that [discrimination] will not be tolerated in this space and so if they want to participate in programming they have to abide by guidelines.

Agency stakeholders emphasized that the community guidelines were there to remind community members of the commitments that they made upon entering the space.

However, these guidelines were not made *for* and imposed *on* youth, they were made *by* youth. Staff described the guidelines as a way for youth to take ownership of the community space.

> So, every group when any young person comes in and take classes, we review those guidelines which were actually created by young people for whom this program was started. And we — yeah, I think of course like they not everyone follows them at all points and…like someone was saying like discretion in how we follow up with them. But we definitely put young people on behavioral contracts; asking people to leave. Like, tell young people that they can't be here if they're consistently being disrespectful or targeting other youth members. Like, they can't participate here. So, I think that's one way that we try to maintain a culture...So that there's that kind of like I don't know — like overarching vibe that pushes us all to be more affirming. (Site 1 Staff)

> Well, on the first day of workshops, we co-created the guidelines together. So, I think it's I mean A asking what folks want a need, but then B having a shared sense of ownership around that. So, I think that was probably the first element. (Site 3 Staff)

> We have community agreements or group agreements… the agreements are made by the youth who are participating. (Site 2 Staff)

While community guidelines/agreements were specific to each center, several themes emerged in the types of agreements co-created by youth and staff (see Figure 2). Across all organizations, an essential component of the community agreements was to respect each other's pronouns.

> And who are also kind of attuned to your introduction…like when you ask a person their first names, do you ask for their pronoun too – like folks who are paying attention to that…Because they've been in this space before, in whatever capacity (Site 3 Staff)

> Respect folks, pronouns and respect folks' truths, right. So, it's these types of agreements that they establish, and they hold each other accountable to, right. (Site 2 Staff)

Another theme was to maintain the confidentiality of members in the space, referencing both in the content of what was discussed and who participated in services (as some people may not have disclosed their sexual orientation or gender identity to others outside the space). For some youth, this guideline helped to create a context in which they could allow themselves to be vulnerable. During focus group interviews, youth continuously referenced feeling like they could

drop their outside "façade" when at Site 4. One youth explained the role confidentiality played in facilitating openness.

> …our guidelines that we kind of state at the beginning of everything… it's confidential – what happens in here stays in here, and I think it makes people feel, you know, safer with being vulnerable and being themselves and just sort of not keeping up some kind of false image – I. (Site 4 Youth)

Other guidelines focused on ensuring that opinions, preferences, and attitudes were respected by community members. Agreements such as "check your ego at the door" and "don't yuck someone's yum" (i.e., don't invalidate someone else's preferences or experiences) were part of an ongoing effort to reduce defensiveness and criticism between group members. One staff member described the importance of maintaining a validating environment to facilitate participation in her "Vogueing Group."

> I feel like our guidelines really just help create a safe environment…[Youth] feel like when they come and vogue here, it's a safer environment where people won't necessarily make them feel bad if they're not as good…I've just heard young people say they just feel like this is a safer environment to practice specifically those kind of things as opposed to other organizations that seem more like harsh or not as willing to meet people where they're at and be more inclusive. (Site 1 Staff)

While these guidelines represented and set norms for the agencies, it was also understood that there would inevitability be either unintentional or intentional violations of community agreements. Similar other aspects of the non-hierarchical approach adopted by staff members, staff anticipated and expected youth to assist in upholding these guidelines.

> So then again, there's that ownership, right. And then they can also start pointing it out to each other if they see something that might jeopardize the safe and brave space feeling. (Site 3 Staff).

For youth, this translated to developing an "Oops" "Ouch" rule. The agreement was described as a way for youth to acknowledge their impact on others (i.e., Oops) and for youth to be able to share if they were negatively impacted by something (i.e., Ouch).

> Not only is that providing a space where they can claim safety, and not just thrive in the illusion of it, right, they're claiming safety, but also, when someone violates, I know I don't really want to say violate. But like, when someone unintentionally challenges a community agreement, they can have a conversation where they call each other in. And this happens, sometimes this happens often where they're like, Oops or Ouch, right? And we stop the conversation, and we talk about it. (Site 2 Staff)

As this staff member describes, part of the process of having community agreements was to allow youth to directly address comments that they may have experienced as invalidating. Additionally, all staff members emphasized the importance of continuously revisiting the agreements to ensure that they represented youth's everchanging needs. As one staff noted, "the community agreements are a living document. They are a living, breathing document, they can change all the time. And that's what it's about" (Site 2 Staff).

The attention given to the community agreements helped to create a culture and expectation of affirmative care/behavior.

> So, it would be really hard for a young person to participate here and not really just like from the get-go start to get that language and education. And it's not to say we don't have young people for whom they have their own discriminatory thoughts and feelings within the community, right? Like, but we really kind of try to address that both through programming and individual conversations with young people. (Site 1 Staff)

> I was posting in the room every time. But I think also people are at the point where, like, they know, they kind of know. Yeah, but we did talk about the very beginning. Like if things change like this should be a living document. (Site 3 Staff)

Consistent with Hadland et al. (2016)'s description of practitioner behaviors, the community guidelines emphasized the importance of language in architecting the culture of agencies.

Further, agencies relied on the use of a non-hierarchical approach to allow all members (staff and youth included) to "call each other in" when mistakes are inevitably made. This created an atmosphere in which all felt responsible for upholding commitments and agreements of the group, rather than staff needing to police language and behavior. Only in extreme cases did staff describe needing to take a more assertive role in upholding the community guidelines.

> I think of course…not everyone follows [the guidelines] at all points, and we have some…discretion in how we follow up with them. But we definitely put young people on behavioral contracts; asking people to leave. Like, tell young people that they can't be here if they're consistently being disrespectful or targeting other youth members. Like, they can't participate here. So, I think that's one way that we try to maintain a culture. (Site 1 Staff)

While the overarching goal was to provide youth with the tools to be able to maintain an inclusive environment, staff also described the need to also step in when someone's behavior threatened to disrupt the "safe and brave space feeling." However, in most cases, this level of intervention was not needed and, in some cases, not used by other staff members.

> But what we do in the youth group, is make sure that we allow them the space to claim that we don't judge, we don't kick folks out, you know, I've been running this group for I want to say, three and a half, four years, and I've never had to ask someone to leave…things can get uncomfortable and we can have one on ones on the side, right? Yeah, but I've never had to ask youth to leave, because then what's the point they're not going to learn? (Site 2 Staff)

The overall consensus from staff was that the guidelines were meant to create safety, a sentiment that was shared by youth who reported feeling comforted by the presence of guidelines. At times, when mistakes were made or the guidelines were violated, staff used these opportunities as a teaching moment for their youth, rather than a moment to "call out" another group member.

Figure 2. Sample Guidelines from Site 1

Code Switching

The staff from the agencies represented in this study also referenced the relationship between their work and the systems in which they are embedded. This relationship was central to creating guidelines for the *who*, *what*, and *when* of service provision. All agencies described in this study relied heavily on government and/or private funding to maintain and sustain their services. Even in conversations with staff at other agencies (i.e., Site 4) outside of focus groups, staff reported that they committed to engaging in multiple research projects in hopes of obtaining more funding. Therefore, oftentimes, agency "deliverables" needed to match the goals and missions of those organizations. In most situations, agencies described that their goals matched

those of their funders, and they were able to fund needed programs for their community members.

> The [internship program] started really with seeing the need for workforce development programs for young adults. And then it came with a grant from [organization]which has supported us for now for the full two years…we're in a second year now.

However, at times, there was a mismatch between what was being asked and what facilitators felt would be best or most effective for their youth.

> Something that we get a lot from [hospital] is Oh, can you do groups on sexual health and prevention and to have someone come in and talk about PrEp? And I'm like, okay, we can do that. For one month. We'll do a workshop series every year. Sometimes we'll do it twice in the year but what they don't realize until it's too late to say anything is we have people come in who are trans, who are who are black, who are Latinx, who are part of the community who are not only having those conversations, but they're doing it through a more anti oppressive lens. They're saying this is what it's like living with mental health and adhering to medication like PrEp, right? This is what it's like being transgender, and having a relationship with things like condoms, and having relationship with things like boundaries and consent. Right. So that we are providing the youth this conversation that's different from the norm different from the narrative. (Site 2 Staff)

As described by this group facilitator, there were times when their funders, such as their [Hospital], would ask for certain subjects to be discussed. In response to these requests, the group facilitator describes something that they later referred to as "code switching" whereby they would take what was required and turn it into something that was consistent with the adolescents' needs. When asked to further describe how they used code switching in their practice, they explained

> I am the stakeholder of the deliverables that the funders asked for. I can handle that. It's not up to the youth to be able to figure that out. So let them be the ones to be like, hey, I want to talk about this reality tv show I saw on TV where there was a black trans woman…[and] for me to say, yeah, let's talk about it, just talk about it in a way that's constructive, right? Where we have a goal…And then I can translate what we did in a way that I can bring that back to my supervisors and say, this is what we did in a way that is code switching…my philosophy when I'm I guess wordsmithing or code switching right is I always say follow the funding or like refer to the mission statement, if what we're doing reflects the mission statement of the adolescent program at [hospital], the [outside organization], or here at Site 2, then it's fine. (Site 2 Staff)

Similarly, staff at Site 1 also described how they practice using code switching to better serve their youth. One staff explained how they translated their "just for fun" events for their funders.

> It's about having fun and being connected and community building. And there's no purpose to things other than being together…Of course, we like write in the notes…it has all these other purposes around community, intervention, and all these words. (Site 1 Staff)

While having fun is a nontraditional necessity for most organizations, for the agencies described in this study having "fun" was critical to engagement of youth and the development of community. Therefore, staff learned to ask for the funding to support what their youth needed, rather than what they thought funders would pay for. As the group facilitator from Site 2 noted, that supervisors at Site 2 "take what I've learned and from the youth and what I'm saying, and my supervisors expressed that when they speak to the funders, and then they increase our funding knock on wood."

Strengthening Affirmative Practice

While youth described their agencies in overwhelmingly positive terms, they also reflected on ways their agencies could each improve. Youth highlighted how changes to the agency setting, providers' availability, services offered, and level of connectivity between LGBTQ+ organizations would facilitate even greater support.

First and foremost, community members described hoping and wanting more of their agencies, emphasizing the desire for more space, staff members, and services. When it came to the physical setting, youth across agencies described wishing for a larger space.

> I just wish we were provided a bigger space. I feel like it would be a lot more welcoming…Because like so many of us come here. It's not the staff's fault at all. They're just working with what they're given. So, I feel like being given a wider space would be let people have more elbow room and feel more comfortable. (Site 1 Youth)

While there was explicit acknowledgment that agencies were working with what they had been given, multiple youth commented on wanting to have additional space. Similarly, youth also reflected on wanting to have more opportunities to engage individually with staff when they were struggling.

> If I have something going on and I really need to talk to somebody, and I can't reach my therapist or anything, [Staff] usually pull us to like this one room and then we can talk about things…And they actually talk to you and understand you and all that, but sometimes when I do come, [Staff] is so busy that like, she can't really…have time to talk about things. So, it's more like, maybe when…there's some one that needs a staff to talk to, another staff could come in and continue the work and then maybe the other staff can go and talk to the other person. And they don't have to put a break on the work (Site 4 Youth)

This thought was reiterated by staff who also acknowledged the importance of having groups co-facilitated for this exact reason.

> There are times when I have group and I'm the only one that's facilitating, but it's something that we try to challenge a lot…[because] what happens is that you're having conversations that can be traumatic or can be activating for youth. And what happens if there's an altercation? What happens if someone's activated and they need to step out of the space, right? You want to make sure that the youth have someone that they could check in with at that time. They shouldn't have to wait until group is over. They shouldn't wait until the next day, they should always be at least two adults or staff folks in this space, so that if a youth participant me like a participant needs that individual attention, it's given to them no questions asked.

There was explicit acknowledgment that having "one on ones" with staff is necessary when providing support to youth, to allow them to have the space to process or react to events occurring inside or outside the agency.

When it came to services offered, there were recommendations from youth to expand programming to include more training on gender identity and opportunities for family involvement.

> I definitely feel like there needs to be a required pronoun 101 thing for cis people. Because honestly as a trans person I'm tired. But other than that, though, I don't really have much to say. But I have seen the pronoun thing maybe make one trans person not

> want to come back because maybe like they got misgendered by accident etc. Or maybe this person does not understand what they/them pronouns are, so they're either defaulting to he or she which can also be exhausting. So that would be my only thing. (Site 1 Youth)

As noted previously in the dissertation, trans youth had, at times, negative experiences engaging with the other youth at the agencies. In response, one youth recommended that agencies provide education on gender identity to facilitate the use of affirming language. Additionally, youth also requested to have greater family involvement to increase acceptance and affirmation within their households.

> One thing I'd like to change would be more things for parents so they can learn more about this. Because not a lot of people live in in an accepting household. And it might be because they're ignorant… I know there is some type of group here but there should be more opportunities for that so people; the families and the youth can both you know be able to communicate to each other about what they're going through. (Site 1 Youth)

As many adolescents in this study described strain in their relationships with family members as a direct result of their sexual orientation or gender identity, finding ways to engage family members in services can be a critical step to repairing relationships.

Finally, youth commented on the desire to have more opportunities to engage with the broader LGBTQ+ community, hoping that their own agency could provide linkages to other programs/events.

> I have suggestions in how [Site 4] can improve. I mean one is to actually bridge out of the other LGBT communities and LGBT programs and services throughout Hudson County, Newark, and New York. They're basically affiliated with some of them, but they're not like they don't work, you know, personally or closely. They just they do it in a professional setting, but not in a way where they would actually support each other. They just refer each other they have, they're connected, but the bond is just laceration. There's no unity. (Site 4 Youth)

The desire to create these connections was motivated both by wanting to expand their own social networks and to help promote awareness of the many different programs, resources, and service available to LGBTQ+ community members.

Conclusion

This chapter describes three concepts that emerged directly from conversations with staff and youth: community guidelines, code switching, and ways to strengthen affirmative practice. Practitioners and youth described the community guidelines as integral to the functioning and success of agency services. The guidelines, developed by youth from each of the organizations, provided a framework for effective participation in groups. The guidelines ranged from reminders to ask for each other's' pronouns to a protocol for expressing and receiving feedback. In line with efforts to enhance youths' ownership over the agency space, youth were not only encouraged to define their own guidelines but to also uphold them. Youth became accountable to each other, rather than to staff members. Though, at times, staff described taking a more forceful approach, the implementation of the guidelines was a community-wide effort. Moreover, when it came to code switching, staff members described how they were able to translate their practices and work to obtain funding and support (e.g., describing "being together" as a community intervention in agency documentation).Or, in some cases, translate agency expectations to better meet the needs of their youth (e.g., inviting speakers into the space to talk about their direct experiences navigating medications like PreP). Finally, while agencies were viewed overwhelmingly positively, youth were able to reflect on how to enhance their practices of their agencies. Youth also described ways to enhance agency practices through making changes to the agency setting, providers' availability, services offered, and level of connectivity between LGBTQ+ organizations.

Member Checking

I used a synthesized member checking procedure whereby I presented the study findings and affirmative practice recommendations to staff members at two of the LGBTQ+ agencies (Sites 1

and 4) (Birt et al., 2016). During the presentation and subsequent focus group, staff members were encouraged to ask questions and provide feedback on interpretations of qualitative data. Staff from the agencies reiterated and validated study findings, providing further examples of the importance of having shared identities with their youth, employing community guidelines, and reinforcing the need for continued attention to intersectionality. Additionally, practitioners at one agency described the difficulty of having their agency being housed within a larger building, expanding on the experiences of youth who reported being misgendered by staff in other parts of the building. In another instance, staff explained that they encouraged youth to take on leadership roles within the agency to ensure that younger and newer members had role models, even when staff were not present. Staff feedback helped to further contextualize findings and indicated that the interpretation of qualitative data was consistent with providers' experiences.

Chapter 8: Discussion of Qualitative Findings

The three prior chapters provide findings from the qualitative interview sand focus groups conducted with staff and youth at four LGBTQ+ youth-focused community-based organizations. Using a template analysis approach, data were analyzed through the lens of existing affirmative practice guidelines developed by Hadland et al. (2016). The analysis demonstrated that while Hadland et al. (2016)'s systems level principles and practitioner behaviors were present in each of the four organizations, there were differences in how these concepts were described by staff and youth.

The systems-level principles describe the context in which LGBTQ+ affirmative practice can be conducted, in essence these principles "set the stage" for service delivery (Hadland et al., 2016). Similar to descriptions of contextual modifications and surface level adaptations to evidence-based interventions, Hadland et al. (2016)'s principles address the environmental factors that contribute to successfully delivering services to LGBTQ+ youth (Stirman et al., 2013). Hadland et al. (2016)'s principles, tailored from existing World Health Organization (WHO) guidelines for youth friendly healthcare practices, describe how to adapt the environment to affirm the distinct and unique experiences of LGBTQ+ youth. The WHO framework for youth friendly services explains that youth services must be equitable (i.e., all youth are provided equal care), accessible (e.g., services are low cost or free and the agency is located in a convenient place), and acceptable (e.g., providers ensure confidentiality and are non-judgmental) (Tylee et al., 2007).

While the tenets of Hadland et al. (2016)'s guidelines and the WHO youth friendly services remained ever-present in the work of the LGBTQ+ organizations, there were differences in how LGBTQ+ organizations described providing services in their community-based

organizations. Rather than providing youth services in healthcare settings, the agencies in this study described providing services in a community-based organization. With respect to contextual modifications, the findings from the study detail the changes to population, setting, format, and personnel that were critical to provide affirmative care to LGBTQ+ youth. Across agencies, there was consistent reference to providing services in a group setting, rather than individually to promote community building and connection among youth members. Further, the youth who participated in this study emphasized that working with providers with a shared sexual orientation and/or gender identity was critical to feeling understood and comfortable at their organization. Beyond contextual modifications, there were several other ways in which organizations adapted to better meet the needs of LGBTQ+ youth. Specifically, Cabassa & Baumann (2013) define surface level adaptations as "customizing the intervention materials and messages to the 'observable' social and behavioral characteristics of a target population. These adaptations…enhance the intervention's appeal and face validity." (Cabassa & Baumann, 2013, p.7). Similarly, the findings from this study reflected the need for their services to look different in order to serve youth individuals identifying as LGBTQ+. As described by the agencies in this study, acceptability included the presentation of symbols of LGBTQ+ pride (e.g., rainbow flags), inclusive signage (e.g., all gender bathroom signs), and images of LGBTQ+ individuals on brochures. The observable characteristics of the environment communicated affirmation of queer identities However, the physical environment was minimally discussed compared to other aspects of the agencies.

The contextual modifications and surface level adaptations helped to increase the compatibility of services with LGBTQ+ youth, while community guidelines helped to shape the culture of organizations. Youth and staff agreed that creating expectations and guidelines for the

space were critical to developing a "safe and brave space." For many LGBTQ+ youth, social contexts have been synonymous with rejection of their sexual orientation or gender identity, leading many to expect or fear similar rejection when entering into a new space (Goldbach & Gibbs, 2018). However, in this study, youth described quickly acclimating and feeling a sense of trust and safety within each of their organizations. When asked to describe how and why they felt such comfort within their organization, youth often attributed their experience, in part, to the community agreements. For each agency, the community agreements were developed by youth to set expectations for how to participate in the space. While the agreements were unique to each organization, there was considerable overlap in the content, with agreements reminding youth to maintain confidentiality, respect, and speak up when uncomfortable. Rather than serving as a proxy to criticize peers, youth described that the intentional "calling in" (as opposed to "calling out") of someone when a community agreement was violated helped to normalize the possibility of mistakes and create accountability. These agreements seemed to architect the culture of organizations, creating a welcoming space where youth did not fear rejection. While group agreements are commonly referenced as part of establishing group norms across mental health support groups, research examining the impact of these agreements on participant experiences is entirely absent (Rutan & Shay, 2016). For youth in this study, the community guidelines seemed to ensure safety, a feeling that is far from guaranteed in many other contexts of the youths' lives (Goldbach & Gibbs, 2017). The agreements seemed to create a context in which youth could engage, participate, and learn from each other without the fear of rejection.

Moreover, the practitioner behaviors identified by Hadland et al. (2016) (e.g., expectations, barriers) and those derived directly from conversations with youth and staff (e.g., just for fun, non-hierarchical approach) respond to and address the multifaceted ways that

minority stress experiences impact LGBTQ+ youth. Through the lens of the psychological mediation framework, these strategies provide a means for LGBTQ+ youth to begin to increase their coping resources through community building, development of emotional regulation skills and positive self-schemas.

Hatzenbuehler (2009) explains that in the context of the psychological mediation framework, LGB individuals may experience an increase in social isolation. In this context, social isolation among LGB persons reflects both the absence of social support and a tendency to engage in concealment of one's identity to avoid further discrimination. Throughout focus groups, youth described how familial rejection and peer-based victimization formed an understanding and "expectation" that their queer identities would be rejected by those around them. For some youth, this resulted in waiting to share their identities with their families and for others to expect maltreatment in their relationships. The findings from the present study are substantiated by results from the 2015 National School Climate survey which reported that LGB individuals who experienced more frequent victimization also reported a reduced sense of "belonging" in their school environment (Kosciw et al., 2016). While social isolation remains a product of minority stress, there is a general understanding that the stress of isolation can be "buffered" by identifying as part of a community. While this hypothesis was originally identified in the context of LGB related stress, more recent conceptualizations of minority stress have hypothesized that transgender and gender non-conforming individuals also garner resilience from their community support networks (Hendricks & Testa, 2012). From Meyer (2003)'s seminal text to more recent literature examining protective factors associated with identification as LGBTQ+ (Higa et al., 2014), peer support and community building are essential to helping LGBTQ+ individuals cope with minority stress. The practitioner behaviors such as "just for fun"

respond directly to the need to help LGBTQ+ youth develop social support networks. As described by the youth focus group participants, these events introduced youth to both the agencies, themselves, and the broader LGBTQ+ community. Youth described how engaging with the community-based organizations shifted their expectations of relationships, with many reporting realizing that they could have more positive experiences.

Second, Hatzenbuehler (2009) describes that LGBTQ+ individuals' experience increased emotional dysregulation (operationalized by the presence of maladaptive coping e.g., rumination, escape/avoidance through alcohol consumption) as a result of stress experiences. Therefore, providing youth with skills and tools to decrease maladaptive coping is a necessary component of work with LGBTQ+ youth. While none of the agencies explicitly provided mental health services, their workshops, groups, and events provided a space to teach youth about different coping skills. At one agency that provided substance use prevention resources, staff members emphasized the importance of knowing a harm reduction program that offered resources to help youth make "healthier choices." At another agency, this was reflected through providing youth skills to engage in "self-care" practices and at others, this was achieved through having peer educators practice "skills sharing" with each other. While there was no explicit reference to rumination, the presentation of skills and focus on youth taking ownership of what they learned through teaching others provides youth an opportunity to gain new emotion regulation strategies.

Finally, the psychological mediation framework posits that LGB individuals may experience a disruption in their cognitive processes as a result of exposure to chronic stress. In particular, Hatzenbuehler (2009) highlights that negative self-schemas may mediate the relationship between chronic stigma-related stress and negative mental health outcomes. Negative self-schemas are described by Hatzenbuehler (2009) to be consistent with depressed

cognitions and “involve negative views of the self, the environment, and the future” (p. 719). Negative views of oneself have been associated with internalized negativity of one’s sexual orientation and/or gender identity. Often, individuals attribute stigma-related stress to negative evaluations of themselves (such as being “bad” or “other”), rather than a consequence of one’s experience of stress (Higa et al., 2014). For the youth who participated in focus groups, this oftentimes resulted in expectations of being treated poorly or feeling that their future plans/opportunities would be limited by their sexual orientation or gender identity. By sharing a space with LGBTQ+ identified staff members and other LGBTQ+ identified youth, youth began to challenge their negative thoughts about themselves and the community as a whole. Staff also described the need to educate youth about queer identities and normalize diverse experiences of gender identities and sexual orientation through a process of “asking questions.” The normalization and validation of diverse identities allowed youth the space to safely explore their identities and feel comfort in who they are, challenging internalized homophobia and/or transphobia.

Chapter 9: Affirmative Practice Recommendations

Introduction

This chapter seeks to synthesize findings from this study and intervention literature to provide recommendations for programs to increase their capacity to support LGBTQ+ youth and provide affirmative care. Hadland et al. (2016) developed guidelines to assist health care agencies to provide LGBTQ+ affirmative care to youth. This dissertation sought to determine if and how those guidelines were consistent with the practices of LGBTQ+ youth-focused community-based organizations. The findings from the study demonstrate significant parallels between the guidelines and organizational/practitioner practices. However, the findings from this study also expand on practices to enhance agency and provider capacity to provide affirmative care. This chapter offers a developing list of recommendations for behavioral health care settings seeking to incorporate LGBTQ+ affirmative practices. Based on this study's findings, first, this chapter will review how to create a context in which affirmative practice can be conducted using system's level principles; and then this chapter will identify provider-level practices to facilitate affirmative care.

Organizational Level Guidelines

LGBTQ+ youth affirmative care is a reflection of both organizational level and practitioner level behaviors, requiring organizations to commit to evaluating and, at times, modifying the service environment and service provision to better serve community members. At the organizational level, it is necessary for policies, training, and the service environment to be inclusive of queer identities.

1. Queer the Content

a. Agencies should prepare to "queer" their services. This entails ensuring that ongoing services decenter hetero and cis normativity and include topics that pertain to individuals who are LGBTQ+. In some instances, this may require a shift in language (e.g., avoiding use of gendered terms or pronouns) and at other times, it may require the actual content of services to be modified. For example, within the context of a primary care setting, providers must ensure that discussions of safe sex include information on oral sex and other forms of penetrative sex outside of penile/vaginal penetration. The need for "queer" services has been reflected across the literature examining affirmative practice (Hadland et al., 2016), however, this study emphasizes that even within queer spaces, the needs of TGD individuals can be missed. Special attention should be paid to ensure that content is relevant and accessible to all community members including individuals who identify as TGD. Additionally, the findings from this study highlight the need for organizations to provide youth members with an overview of TGD affirmative language, explaining the use of "they" as a singular pronoun and other ways language can be modified to better support their TGD peers.

b. Cite: Abrams, M. (2019). LGBTQIA Safe Sex Guide. Healthline. https://www.healthline.com/health/lgbtqia-safe-sex-guide

2. Commitment to Ongoing Training

a. As LGBTQ+ culture, experiences, and terminology continue to evolve, it is necessary to ensure that the agency also evolves to better meet the needs of community members (Hadland et al., 2016). For example, as noted in Chapter 4,

youth are now more commonly using labels of pansexual and queer, rather than more traditional terms of lesbian, gay, and bisexual (Callis, 2014; Puhl & Wheldon, 2020). Additionally, while youth described their sexual orientations consistently being validated and affirmed, both youth and staff who participated in this study emphasized that affirmation was not guaranteed for the TGD community. This suggests that even among LGBTQ+ organizations, formal training in affirmative care for the TGD community should be prioritized. This finding, consistent with prior literature, emphasizes that TGD affirmative care cannot be assumed because a space is able to affirm LGB+ identities (Marine & Nicolazzo, 2014). Further, in order to continue to ensure relevance of training, it is essential for ongoing training to be updated annually in collaboration with youth.

3. Develop and maintain a list of LGBTQ+ youth oriented services referrals

   a. Given that the majority of organizations will not be able to provide the breadth of needed services for LGBTQ+ youth, referrals can complement services offered on site. While Hadland et al. (2016) described on-site services as integral to the provision of affirmative care, the findings from this study highlight that referrals can and have served as a substitute in lower resourced organizations. Organizations should collect a list of resources and referrals for youth across multiple domains: housing, behavioral health care, support groups, and gender affirming care. This can create an extended network of service referrals to which organizational clientele can be triaged.

4. Offer Inclusive Programming

a. Similar to the descriptions of programming at each of the aforementioned agencies, *how* services are delivered is as important as *what* services are delivered. Programming for LGBTQ+ youth should seek to enhance social support. Given the vast number of LGBTQ+ youth who experience bullying or have had other adverse experiences as a result of their identities, it is critical to ensure that youth are able to engage with each other and challenge expectations of hetero- or cisnormativity. Thus, organizations should consider offering opportunities for LGBTQ+ youth to engage with each other through group-based activities. For the majority youth in this study, group-based support was the driving and primary factor motivating initial engagement with the organization. Further, the findings from this study uniquely describe community building as a byproduct of participation in "just for fun" activities (e.g., Pride events, LGBTQ+ prom). However, if organizations are unable to connect youth with each other on site, it is essential to help LGBTQ+ youth connect with the broader LGBTQ+ community. This could be conducted by providing LGBTQ+ youth with information on LGBTQ+ events, gay/straight alliances (if available), community centers (if the community-based organization offering the intervention is not a LGBTQ+ organization), online chatrooms, and other online community resources. In addition to the provision of resources, special consideration should be given to providing LGBTQ+ youth with the capacity to seek out community support. This can be achieved by borrowing from the growing evidence base for the Effective Skills to Empower Effective Men (ESTEEM) intervention, an intervention designed to address minority stress in men who have sex with men (Pachankis,

2015). Pachankis (2015) describes facilitating social support as one of the six guiding principles of the intervention and that it is achieved through teaching assertiveness skills training. In the context of an intervention for LGBTQ+ youth, this could be achieved by providing youth with assertiveness skills training to increase comfort with reaching out to others and brainstorming/troubleshooting feasible opportunities to generalize skills.

5. Support Shared Identities
    a. While not every agency may have a practitioner or provider who identifies as LGBTQ+, it is essential that the organizational culture is conducive to staff members feeling comfortable disclosing their sexual orientation/gender identity. Across the growing literature examining mental health services among individuals who identify LGBTQ+, there is recognition of the importance of providers' self-disclosure of their own LGBTQ+ identity While not every agency may have a practitioner or provider who identifies as LGBTQ+, it is essential that the organizational culture is conducive to staff members feeling comfortable disclosing their sexual orientation/gender identity. Across the growing literature examining mental health services among adults who identify LGBTQ+, there is recognition of the importance of providers' self-disclosure of their own LGBTQ+ identity (Jones et al., 2003; Berke, et al., 2016). Similarly, the findings from this study found that staff members who identified as LGBTQ+ was both validating of youths' identities and allowed youth to have a positive LGBTQ+ role model. This finding further substantiates our understanding of the importance of "matching" within the LGBTQ+ community (Jones et al., 2003; Berke, et al., 2016).

6. Create space(s) reflecting LGBTQ+ identity and a safe, inclusive environment
    a. Within the context of LGBTQ+ community-based organizations, LGBTQ+ centric décor and signs (e.g., pride flags, gender neutral bathroom signs) were ever-present throughout waiting rooms, offices, and group rooms at the four agencies represented in this study. Beyond the bounds of LGBTQ+ centered spaces, LGBTQ+ décor helps to communicate to and welcome community members. In a recent study examining student experiences in schools, visible displays of LGBTQ+ support was associated with student comfort. In one example, Kosciw et al. (2016) note that "Safe Space stickers and posters" in offices and classrooms helped LGBTQ+ identified students identify supportive staff members (Kosciw et al., 2016). While this does not directly translate to intervention research, it is important that intervention content communicate safety and affirmation of identities. This can be conducted by including images of both a rainbow flag and/or trans+ flag on intervention documents and ensuring that intervention examples use inclusive language (e.g. the term partner to represent a significant other rather than use of gendered terms such as boyfriend/girlfriend) (Hadland et al., 2016). While surface level adaptations have not been the discussed in the majority of intervention literature, the findings from this study underscore that they have the capacity to subtly communicate acceptance and affirmation of diverse identities and should be included as a recommendation for programs.
    b. Cite: McClain, Z., Hawkins, L. A., & Yehia, B. R. (2016). Creating Welcoming Spaces for Lesbian, Gay, Bisexual, and Transgender (LGBT) Patients: An

Evaluation of the Health Care Environment. *Journal of homosexuality, 63*(3), 387-393.

Practitioner Guidelines

1. Use Affirmative Language
    a. Practitioners should ensure that their language does not imply or create an expectation of heterornormativity or cisnormativity. Even for the most well-intentioned clinicians, these internalized concepts can unconsciously influence language. Therefore, practitioners need to actively work to recognize how these their social learning has influenced them (Boroughs et al., 2015; O'Shaughnessy & Speir, 2018). This can be achieved through training in affirmative language and developing a greater awareness of one's own heterosexual and/or cisgender privilege. The findings from this study parallel those from prior literature, acknowledging that even within the LGBTQ+ community, affirmation of identity is not always guaranteed (Marine & Nicolazzo, 2014). There may emerge special needs and attention to evolving changes and lack of inclusivity. For example, as trans+ youth reported in this study, there was reference to feeling unsupported or excluded even within the context of a LGBTQ+ organization. In developing guidelines for other organizations, it is necessary to ensure that there is specific attention to language affirming the identities of trans+ youth. This can be achieved through staff training and direct discussion with youth regarding pronoun use and language.
    b. Cite: Tollefson, K. (2010). Straight Privilege: Unpacking the (Still) Invisible Knapsack.

Motulsky, S. L., & Trantham, S. M. (2017). The Gender Identity Knapsack: Transphobia & Cisgender Privilege.

Out & Equal Workplace Advocates. (2019). Glossary of LGBTQ Terms. https://outandequal.org/wp-content/uploads/2019/11/LGBTQ-Terminology-2019.pdf

2. Be Aware of Minority Stress
    a. Staff members must understand and incorporate factors related to overall experience of minority stress into their work with youth. It is integral to appreciate the origins of mental health disparities and emergence of minority related stress in the LGBTQ+ community (Meyer, 2003; Stulberg, 2018). This includes a basic understanding of the historical criminalization of non-heteronormative behavior and pathologization of both non-cisgender/heteronormative persons (Meyer, 2003; Stulberg, 2018). Understanding the historical context, will help to frame practitioners' awareness of systemic factors that have marginalized LGBTQ+ identities. Further, in line with findings from prior literature, the presentation of minority stress theory must be adapted to accurately represent the lived experience of youth. For LGBTQ+ youth, specifically, this will also include an understanding of how the various social contexts (e.g., family, school) in which youth are embedded can create or lessen expectations of rejection and/or victimization (Goldbach & Gibbs, 2018). Further, youth in this study described how lack of media representation and role models in their lives influenced their perception of what LGBTQ+ individuals could achieve in life. Therefore, discussions related to minority stress should also address how marginalization has impacted LGBTQ+ media representation.

b. Additionally, given that youth may not have disclosed their identity to their families or would not feel comfortable sharing information with their parents, staff should ensure that services are accessible without parental consent (Dowshen & Garofolo, 2015). Practitioners are encouraged to review state laws and statutes to determine if and how services (e.g., STI testing, family planning) can be provided without parental notification or consent (Dowshen & Garofolo, 2015).

c. Similarly, as noted previously, staff should be prepared to work with youth who may be experiencing homelessness and be able to provide resources (e.g., food) (if available) or referrals to help youth meet their needs. Staff should have access to a resource list provided by their agency (see organizational guideline #3).

3. Spend Unstructured Time with Youth

    a. Based on the findings from this study, beyond providing services and programming, staff should also build in time to engage youth outside of programming. Given the weight these informal interactions carried in both engaging and retaining youth at each of the agencies, it is essential that staff engage with youth in more "on the fly interactions." For staff across sites, this was achieved through spending time in common areas or being available to speak with youth before or after group. Given potential limitations to providers' time at different agencies, staff may instead, consider other methods of rapport building within their sessions.

4. Provide a Non-Judgmental Space to Explore Identity

    a. Staff should provide youth with the education, tools, and space to explore their identities. Drawing on best practices in counseling, and reflective listening in the

broader mental health services literature, for example, staff should seek to ask open-ended questions and not make assumptions about youths' identities (Rautalinko, Lisper, & Ekehammar, 2007). Additionally, this study uniquely demonstrated the importance of providing youth with knowledge of diverse experiences of sexual orientation and gender identities, such as providing workshops on asexuality. Through ongoing education for youth, they can begin to examine which labels (if any) align most with their experience. Similarly, youth also reflected on the importance of having room to explore and open up about their identity (e.g., sharing their chosen name with peers and staff) without feeling judged or being questioned about their gender identity.

5. Take Ownership of Mistakes
    a. Staff should anticipate making mistakes, including and have a protocol for how to "apologize, acknowledge, and do better next time." Building on the concept of "handling mistakes" (Hadland et al., (2016), it is necessary that practitioners are aware and accountable to mistakes that they make (e.g., misgendering someone). Further, practitioners should work to regulate their own emotional responses to their mistakes to ensure that the person being misgendered does not have to "take care of" the providers' emotional response (GLSEN, 2019). This protocol may be embedded into the larger set of community guidelines (see #6).
6. Develop Community Guidelines
    a. Language used in communities is critical to setting tone and culture. This study found that in addition to attention to language used by staff (Hadland (2016) attention to organizational consumer's or youth's word choices also influenced

the culture of organizations. Further, prior negative experiences across multiple social contexts may increase youths' fears of entering into a new environment (Goldbach & Gibbs, 2018). Therefore, community guidelines were developed to help set the tone of events, workshops, and other programming on site at the individual agencies. Though community guidelines are commonly referenced as a norm in group facilitation guidelines, descriptions of how to develop and what to include in community guidelines had not yet been documented or described (Rutan & Shay, 2016). The formalization of this process in this study can assist practitioners in developing guidelines. As with other aspects of the agency environment, staff referenced the importance of collaborating with youth to develop the guidelines, to create a greater sense of "ownership" over the guidelines.

Conclusion

The affirmative practice recommendations presented in this chapter represent a synthesis of information gathered from a review of prior literature, Hadland et al. (2016)'s guidelines, and new findings identified through this study. In order for affirmative practice to exist, it is necessary for organizations to create a context in which practitioners can provide affirmative care. With respect to the organizational level guidelines, it is recommended that agencies review their programming and services to ensure that content is reflective and relevant to LGBTQ+ community members, in other words queering the content. This same practice should be adopted when considering the physical space (e.g., décor) and forms provided to clients. Similarly, organizations must remain current with the needs of community members and commit to providing ongoing training to their practitioners. Further, the structure of services offered to

youth should reflect community needs (e.g., holding services in a group setting (when appropriate), rather than individually to enhance community building). Beyond on-site services, it is necessary for organizations to develop a list of referral sources to provide youth when youth have needs that cannot be met within the agency setting.

With respect to practitioner level behaviors, practitioners must use affirmative language, avoiding gendered expressions (e.g., "you guys") and assumptions about an individual's pronouns. Further, the recommendations emphasize the importance of being aware of minority stress in the lives of youth and the multifaceted way that stress can impact youth's lives. In addition, practitioners are encouraged to spend unstructured time with youth, provide a non-judgmental atmosphere in which identity exploration can occur, and facilitate the development of community guidelines. While the organization and practitioner level behaviors described in this chapter outline strategies to enhance affirmative care, organizations and practitioners will still need to examine the growing evidence base and receive continued training in their specific discipline as this dissertation provides a more general overview of care.

Chapter 10: Implementing Affirmative Practice in a Community mental health setting: A case example

Case Study

The qualitative findings from this study illustrate how community-based LGBTQ+ organizations describe affirmative practice at their organizations. However, LGBTQ+ focused agencies are inherently different from more general behavioral health care agencies as their singular mission is to center and uplift the lives, experiences, and identities of individuals whose sexual orientation and gender identity exist outside the bounds of hetero and cis-centric cultures. Therefore, for organizations whose missions do not have such an explicit focus on the LGBTQ+ community, how do they still uplift and decenter hetero- and cisnormativity? This chapter of the dissertation uses the Consolidated Framework for Implementation Research (CFIR) to outline how these findings can be used to promote affirmative care within behavioral health care organizations and uses a case example to demonstrate how to interweave the tenets of affirmative care within a mental health private practice (Damschroder et al., 2009). Using the case example of a mental health private group practice in New York City, and using affirmative practices as an innovation or "intervention," this section will review the intervention characteristics, inner setting, outer setting, individual characteristics, and implementation process that are likely to either facilitate or inhibit implementation of LGBTQ+ affirmative practice in this setting.

Setting

In this chapter, the process of implementing LGBTQ+ youth affirmative practices within a mental health group private practice in an urban center will be described. This setting was chosen out of convenience, and because of its proximity to my own practice as a queer identifying clinician in a mental health group private practice. The group practice is comprised of

both psychologists and social workers. The group practice, itself, is dedicated to implementing evidence-based interventions, with all six therapists having been intensively trained in Cognitive Behavioral Therapy and Dialectical Behavioral Therapy. Embedded into each work week is a one-hour training (didactics) to help practitioners remain up-to-date on developments in research. The client population is primarily comprised of individuals who are seeking services as a result of chronic suicidal ideation, self-harm, substance use, and/or emotion dysregulation. Outside of myself, the other clinicians in the practice do not have a specific background or training in providing LGBTQ+ affirmative care. While LGBTQ+ pride flags line the outer door and intake forms ask for individuals to write in their pronouns, on a broader scale, affirmative care is absent from the ongoing conversation about how to approach topics in session to ensure that the therapist actively avoids imposing a heteronormative or cisnormative view. The fee structure at the practice is fee for service, with no insurance accepted. However, clients are provided a bill to submit for reimbursement to insurance companies (if they have out of network benefits) and clinicians are able to offer sliding scale rates for clients. Given the agency's commitment to providing evidence-based care, the intervention characteristics will offer significant advantage for the organization. However, elements of both the inner and outer setting may limit the degree to which the practices described in Chapter 9 can be fully implemented. This case study will outline how a LGBTQ+ support group could be implemented in a group practice setting.

Intervention Characteristics

LGBTQ+ affirmative care, as a whole, includes multiple organization and practitioner-level behaviors that inform the physical agency environment, how services are delivered, and what services are delivered. The recommendations synthesized in Chapter 9 provide action steps for agencies to take to prepare to provide affirmative care to LGBTQ+ youth. To implement

these guidelines in the group practice setting, the agency will need to receive education, adapt program policies, and offer additional services. Presently, within the practice setting, the physical space is decorated with pride flags and intake forms are worded to decenter heteronormativity and cisnormativity (e.g., questions about sexual orientation and gender identity ask for individuals to write in answers, rather than providing categories). In addition to what has already been established at the agency, the group practice will be asked to attend ongoing trainings, continue to enhance the physical environment to communicate affirmation of LGBTQ+ identities (e.g., gender neutral bathroom signs) and develop additional programming (e.g., support group for LGBTQ+ youth or coping skills group). This section will outline how characteristics of the aforementioned intervention (using the eight constructs outlined in CFIR) may facilitate or inhibit implementation in a private practice setting (Damschroder et al., 2009).

Intervention Source

In this case, as a member of the group practice, my own commitment to providing LGBTQ+ affirmative care will create a distinct advantage. As noted in within CFIR, "the legitimacy of the source" or in this case who is advocating for the implementation of an intervention is critical to viewing the intervention positively (Damschroder et al., 2009).

Evidence Strength and Quality

While there was no specific request for training within the organization based off of patient experiences, across professional disciplines (e.g., the American Psychological Association (APA) and National Association of Social Workers (NASW)), there is recognition of the importance providing specialized care to individuals identifying as LGBTQ+ (American Psychological Association, 2011; National Association of Social Workers, 2015). However, despite there being strong recommendations for and a commitment to providing affirmative services, across disciplines, there is presently only an expectation of LGBTQ+ training, rather

than a mandate to receive training in affirmative practice (Craig et al., 2014). Even without an explicit mandate, there is an overwhelming amount of research highlighting the need for practitioners to be aware of how one's sexual orientation and gender identity influences and informs their daily lives, expectations, and self-concept (Meyer, 2003; Hatzenbuehler, 2009). Within the context of the group practice, there is a spoken and shared culture of this organization among staff is that it will remain up to date on research. Therefore, the strength of the evidence will facilitate positive reception among practitioners within the practice.

Relative Advantage of LGBTQ+ Affirmative Care

Relative advantage is described as the degree to which the intervention is viewed as better than existing services (Damschroder et al., 2009). Currently, within the context of the private practice, there are no specific services oriented towards LGBTQ+ youth, despite the fact that many of our young clients identify as LGBTQ+. Therefore, receiving specialized training, modifying current practices, and commencing a support group provides significant advantages for the agency to be able to better support our clients. A strong relative advantage should facilitate implementation.

Adaptability

Within the context of a mental health private practice, the recommendations provided for organizations will need to be adapted in order to "fit" with the services offered. Specifically, given the fee structure of the practice, it will be impossible to provide a full range of programming or services free of charge. However, as mentioned in Chapter 9, practitioners will be able to develop a list of referrals or resource manual to be able to support youth in need of additional services (e.g., healthcare, housing). Therefore, clinicians will be trained in how to use the resource manual to support their clients, rather than providing all needed services on site.

Trialability

With respect to trialability, or the degree to which a consumer can 'try out' a new service, there is capacity for organizations to shift course after receiving training or implementing aspects of the affirmative practice guidelines (Damschroder et al., 2009). For example, if practitioners were to start a youth support group, practitioners might allow participants to drop in for the first weeks and request feedback on both the structure and content of the group to determine whether to adjust or maintain the service. Additionally, other elements of affirmative practice, such as incorporating and integrating minority stress theory into practice, can easily be trialed and discontinued. Practitioners will have the capacity to adjust their services even after the initial implementation, reducing the risks associated with the intervention.

Complexity

Complexity considers how difficult it will be to implement a given intervention. At a glance, LGBTQ+ affirmative care can appear simpler than it truly is. While learning about new concepts (e.g., terminology) and adding new services (e.g., a LGBTQ+ youth support group) are integral, truly inclusive affirmative care will require the practitioner to engage in reflexive practices and increase their own awareness of how their social learning has created expectations of heternormativity and cisnormativity. As practitioners in the practice begin to implement these practices, it will be necessary to ensure that they feel prepared to do this work. Experiential learning will be used in trainings to allow practitioners the space to trial the innovation through role plays.

Outer Setting

Successful acceptance of the intervention and its implementation among staff and leadership also requires attention to a number of aspects of the 'outer setting.' Particularly in

New York, deemed to be home to the largest number of LGBTQ+ identified persons in the United States, there is significant pressure to be affirming of LGBTQ+ persons (Stringer, 2017). There is both a significant peer pressure (from other mental health agencies in New York) and, as mentioned previously, external policies and incentives (recommendations from APA and NASW) to provide LGBTQ+ affirmative care. Additionally, while there has been no explicit request from LGBTQ+ youth currently receiving services at the practice to shift or modify services, the prospect of being able to better serve our youth will likely motivate practitioners in the practice to want to gain additional knowledge, creating incentive based on patient needs and resources.

Inner Setting

With respect to the inner setting, the structural characteristics, networks and communications, culture, and implementation climate will also influence the implementation of affirmative care in this service setting. Structural characteristics, describing the internal network of an organization and connectedness between departments, is less of a factor for an organization as small as the group practice, with minimal turnover. New innovations or interventions are presented in weekly team meetings, with all seven team members (six clinicians and one administrative staff member) present. Decisions to implement new practices are made by the group as a group and there is already a process in place for integrating new interventions into practice. Similarly, there are both formal and informal methods of communication in place for when issues with implementation of empirically supported interventions arise. In addition to weekly peer supervision, staff are also encouraged to email each other informally when issues with fidelity arise. The organizational culture already in place supports the implementation of empirically supported interventions.

Outside of these factors related to the inner setting, the implementation climate is critical to the uptake of a given intervention. While LGBTQ+ affirmative care aligns with the organizational values, uptake may be slower due to the relative priority of the innovation. Because the innovation was suggested internally, rather than by clients receiving services at our agency, practitioners may prefer to prioritize patient needs when considering additional training (e.g., receiving additional training in empirically supported interventions for Post-Traumatic Stress Disorder). Similarly, there are no organizational incentives or rewards in place to encourage practitioners to receive additional training. Therefore, depending on the individual practitioners' caseload size or burn out, the possibility of learning and implementing an additional practice may be overwhelming.

Recommendations for Implementation Planning

Given the various strengths for and barriers to implementation of affirmative care, it will be necessary to ensure that the practitioners, on the whole, have sufficient buy-in to engage with and learn the intervention. Even if there is substantial support from leadership (in this case the co-directors) without the support of the other five team members, there is a low likelihood of successful implementation. Prior to the implementation of the innovation and as needed following implementation, education will be provided to all members of the practice (including administrative and clinical staff). To start, as the internal champion, I will speak with staff members in the designated team meeting about affirmative care practices, assess interest, and aim to build buy-in. I will emphasize the relative advantage and compatibility of the innovation with current practices and troubleshoot with practitioners any hesitations that emerge when reviewing the intervention characteristics. Additionally, I will take on the responsibility of teaching and facilitating training sessions with the group. Based on the results from Powell,

Proctor, & Glass (2014)'s systematic review of strategies for implementation of interventions, the following education strategies will be used: development of relevant materials, education of agency stakeholders, and ongoing consultation. Further, as part of agency-wide training, staff will engage in experiential training whereby they role play conducting an affirmative intake session and receive feedback from peers (Powell et al., 2014). I will also provide one-on-one supervision as needed. Finally, three months following the initial training in the intervention, a follow-up training session will be conducted to formally receive feedback from practitioners about the integration of the innovation into their practice and to discuss any implementation barriers.

Readiness for Implementation

Readiness for implementation describes the degree to which organizations are prepared to implement a new intervention, measured through leadership commitment, available resources, and access to information and knowledge. On the whole, it is clear that leadership would be committed to pursuing this as a project. However as mentioned previously, given the numerous competing organizational priorities, it will be important to determine when the organization would be ready to start integrating the innovation. With respect to resources, there are few costs associated with the intervention other than staff training. Given that there is already a dedicated time and space to learn new interventions (in weekly meetings), it will be easier for the organization to find a space to provide the needed training. Additionally, there are several clinicians in the practice who may be interested in running a support group for youth after completing training. Finally, there will always be access to information and knowledge of the intervention, as I am staff member on site, I will be able to continue to consult with clinicians and help them with troubleshooting problems as they arise.

Individual Characteristics

With respect to the characteristics of individuals that will influence implementation, it is important to consider the experiences of the other clinicians within the practice who may have more difficulty implementing the innovation. Specifically, while all clinicians in the practice are have the capacity to implement empirically supported interventions (this is a prerequisite to joining the practice), knowledge and beliefs about the intervention may inhibit implementation. Specifically, individuals may not see an issue with their current practice with LGBTQ+ clients, reducing the likelihood of achieving implementation goals. Therefore, it will be essential to ensure that conversations with practitioners emphasize the relative advantage and compatibility of the intervention to increase interest among clinicians.

Conclusion

This chapter uses a case example of a mental health group practice to describe the facilitators and challenges to implementing the LGBTQ+ youth affirmative practice recommendations. Using constructs identified in CFIR, the chapter outlines how intervention characteristics, elements of the inner and outer setting, and individual characteristics influence the uptake of the innovation (Damschroder et al., 2009).Specifically, this chapter emphasizes how even in the context of an organization whose mission is to provide empirically supported treatment and remain current on emerging literature, there are still factors that will challenge the implementation process. In the case study, competing priorities, lack of staff enthusiasm, and lack of incentivization were identified as possible challenges to achieving the practices' implementation goals. This chapter emphasizes the need for organizations to consider the context in which LGBTQ+ affirmative practice recommendations will be embedded to determine best practices for planning for implementation. For agencies who do not have an existing

infrastructure for staff training in empirically supported interventions or experience with maintaining fidelity to treatment models, several additional implementation strategies may need to be employed. From the outset, intervention characteristics and the implementation climate will be critical to examine and consider before determining how to propose implementation. Specifically, aspects of the intervention, such as relative advantage, adaptability, complexity, and cost will be critical to increasing buy-in among both leadership and frontline staff. Additionally, understanding tension for change (i.e., the degree to which change is viewed as a necessity) and the learning climate. In order to develop an understanding of stakeholder views towards the implementation of LGBTQ+ affirmative practice, prior to the implementation of the intervention, qualitative interviews should be conducted in line with CFIR recommendations for pre-implementation of innovations. Damschroder (2009) explains, "capacity and needs assessments are done to identify potential barriers and facilitators to implement from the perspective of the individuals and organizations involved in the implementation"(Damschroder, 2009). From this initial needs assessment, a more exact determination of the facilitators and barriers to change within the agency can be made.

Chapter 11: Strengths and Limitations

Strengths

This qualitative study presents findings from qualitative interviews and focus groups across four different LGBTQ+ organizations in the Northeast. The study sample (n=42) represents a racial/ethnically diverse group of youth and staff who identify across the LGBTQ+ spectrum. Further, the LGBTQ+ organizations that participated in this study offered diverse services (e.g., substance use prevention, internship programs) increasing the potential applicability of findings to other settings. Several strategies were also employed to increase methodological rigor including maintain an audit trail, peer debriefing, and member checking. Further, throughout the entirety of the data collection and analysis phases, I continued to engage in reflexive practices to enhance my awareness of and reduce potential bias.

Limitations

There are several limitations to this study. Notably, this study is being conducted in a major urban center. Therefore, the components of affirmative practice identified in the community- based organizations may be specific to or indicative of services provided in this geographic setting. Additionally, individuals (both service providers and youth) who chose to participate in interviews may have differing experiences with the program than those who choose not to participate in interviews or those who chose not to continue services at the agency (i.e. focus group participants may view agencies more positively). Future research should ensure that focus groups include youth with a variety of experiences with the agency, including youth who are less satisfied with services. Further, there was inconsistent representation of staff and youth across the four sites, with only twelve total staff members interviewed from three sites, compared

to thirty youth participants. There was one additional focus group scheduled with staff members from Site 4, however, the focus group was cancelled due to the coronavirus pandemic.

Chapter 12: Implication and Conclusion

Implications

The findings from this study have implications across mental health practice and services research. As previously stated, youth identifying as LGBTQ+ have culturally specific needs, evidenced by the heightened rates of mental health diagnoses and minority stress experiences (Austin & Craig, 2015; Russel & Fish, 2016). However, despite this understanding, there is no established consensus on how to adapt interventions and practices to increase their relevance, acceptability, and reception among LGBTQ+ individuals. The findings from this study provide an initial template and recommendations on how to adapt care practices to ensure they are inclusive of LGBTQ+ identities and respond to minority stress experiences. Specifically, the findings demonstrate how organizational and practitioner level strategies can enhance an organization's capacity to engage youth.

Mental Health Practice

Overall, the findings from this study exemplify how organizational principles and practitioners' behaviors can affirm and uplift queer identities. The findings from this study have several implications for mental health practice. For organizations that are unable to provide a full range of services, a referral or resource list should be developed to help practitioners connect youth to care. Beyond what is offered by agencies, who provides services and how they are provided are also integral. While self-disclosure is a personal decision made on the part of the practitioner, findings from this study and prior research examining therapist self-disclosure of their sexual orientation emphasizes the importance of having a shared identity in providing care to youth (Berke, et al., 2016; Jones et al., 2003). This shared identity contributed to youth's trust in agency providers.

Given the mixed findings related to agencies' abilities to provide services that respond to intersectional identities, organizations should seek to ensure that their services are reflective of diverse identities and experiences. Further, for organizations dedicated to providing services to the LGBTQ+ community, it will be essential to determine if the appearance of agency (e.g., rainbow flags on the door) dissuades participation of individuals who may fear being associated with a LGBTQ+ identified space. Prior literature has emphasized that many individuals who identify as a racial/ethnic minority and LGBTQ+ face heterosexism or cissexism in their communities. Thus, overt association with the LGBTQ+ community may be an impossibility, thereby creating limitations on who can obtain services and support (Bowleg, 2012; McConnell et al., 2018). Within this study, two of the agencies had LGBTQ+ signs and flags displayed in front of their entrances while the other two agencies were unidentifiable. It will be essential to determine if the appearance of agencies influences participation to ensure that services are accessible to all, including individuals who are not able to be seen publicly as LGBTQ+.

This study further articulates the minority stress experiences of LGBTQ+ youth, emphasizing parental/caregiver rejection and school-based victimization as the dominant stressors facing youth (Meyer, 2003; Hendricks & Testa, 2012; Goldbach & Gibbs, 2017). Beyond anticipating rejection from family members and peers, youth in this study referenced how these experiences negatively influenced their sense of self and perceptions of the future (Meyer, 2003; Hatzenbuehler, 2009). This finding, in line with the Psychological Mediation Framework, exposes how minority stress begins to form negative self-schemas and hopelessness. As described in Chapter 6, youth described that prior to entering into their respective agencies, they felt that their futures would be limited by their identification as LGBTQ+. This suggests that practitioners must respond to the multifaceted way that minority stress can disrupt one's

coping resources, both directly and indirectly (Hatzenbuehler, 2009). In line with findings from prior literature, psychoeducation on minority stress is an essential component of providing care to LGBTQ+ youth (Bochicchio et al., 2020). However, as noted by the youth in this study, connection and development of community pride can also influence youths' self-perceptions, even without direct discussion of minority stress (Meyer, 2003). Therefore, practitioners should also consider the importance of providing a space for community building.

Additionally, the qualitative findings that emerged directly from this study (see Table 6) have several implications for practice including recommendations for structuring staff time and training in addition to agency programming and policy. As mentioned in Chapter 6, staff engaging with youth outside of structured programming helped youth to develop trust in staff. Similarly, staff valued this unstructured time equally, citing it as intrinsic to maintaining the agency culture as warm and friendly. Agencies should consider if and how to create space and time for staff to engage with youth in more informal ways. With respect to staff training, staff's consistent use of a non-judgmental stance, too, create comfort and safety in youths' exploration of their identities. This suggests how topics are discussed is as, if not more important than what is discussed. Additionally, as previously noted, opportunities to create community are critical to buffering the impact of minority stress (Meyer, 2003). As noted in Chapter 6, "just for fun" activities offered opportunities for youth to become acquainted with services and develop connections with each other. Finally, agencies must consider the importance of building policies with youth, rather than for youth. An overarching commitment to collaborative decision making helped youth to take ownership over the space. Community guidelines, for example, made in conjunction with youth were viewed as a primary means to combat fear of entering into a new social context and maintaining a feeling of being in a "safe and brave space."

Table 6. Implications of Study Findings

Qualitative Findings	**Definition**	**Practice Implications**
Unstructured Time with Youth	Staff engaging in conversations with youth outside of structured, events, workshops, or programming.	Staff time
Non-judgmental Stance	Providing a space for youth to learn in a supportive, accepting, and affirming environment.	Staff training
Just for Fun	Developing events and other programming that had a sole purpose of being "fun" and having youth become "connected" to one another.	Agency programming
Collaborative Decision Making	Creating space for youth to be involved organizational processes and decisions.	Agency policy
Community Guidelines	"The standard of how we want to see people treated."	Agency policy

Services Research

With respect to implications for future research, the results from the qualitative study will provide foundational knowledge for future qualitative research to explore if and how the components of LGBTQ+ affirmative practice identified in this study exist and can be operationalized across organizations. Presently, there is no standardized measure of LGBTQ+ youth affirmative care, leaving definitions of affirmative care to the discretion of agencies and individuals. In line with prior literature, this study highlights that LGBTQ+ affirmative care is developed from agency level policy and structure in addition to practitioner behaviors (Hadland et al., 2016). While all four agencies were viewed positively by youth, the findings from this

study articulate that intersectionality was not guaranteed in most settings, providing an understanding of what needs to change in order to enhance affirmative practices. Similarly, with the development of a measure of affirmative care, the strengths and weaknesses of programs can be better assessed. Further, such standardization would also ensure that agencies and individuals could be provided tangible feedback on how services or behaviors can be modified to better meet the needs of LGBTQ+ youth.Future research should seek to standardize guidelines of affirmative care practices to ensure that definitions across treatment settings and providers are consistent.

The results from the qualitative study also highlight the importance of clarifying practice guidelines for work with LGBTQ+ clients across service disciplines and developing mandatory requirements for practitioner training in LGBTQ+ affirmative practice. In the field of social work, this may include a requirement for MSW programs to integrate LGBTQ+ affirmative care into coursework or for social workers in practice to attend post-masters training.

Conclusion

The dissertation examined both service provision (e.g. types of services offered, staff background, approach to service delivery, participant experiences) and the service environment (e.g. agency policies, geographic location, interior décor) at four LGBTQ+ organizations located in two large urban centers in the Northeast. Through the voices of staff and youth community members, this study describes how the LGBTQ+ community-based organizations provide affirmative care to their youth. Using a template analysis approach, these findings were compared to Hadland et al. (2016)'s existing affirmative practice guidelines and subsequently synthesized to create a preliminary list of LGBTQ+ youth affirmative practice guidelines. While all of the guidelines presented in Hadland et al. (2016)'s study were present, how these

guidelines were described differed. At times, Hadland et al. (2016)'s guidelines reflected ideals, rather than realities in the LGBTQ+ service settings. Though LGBTQ+ organizations did not have the financial capacity to provide a full range of services, the agencies used referrals to supplement the care they were able to provide. Further, despite expectations to provide affirmative care across for both LGB+ and TGD identified youth, TGD community members reported that their identities were not always affirmed in their agency setting. Similarly, staff, at times, felt unprepared to provide care to the TGD community. However, youth and staff also identified many ways that staff excelled to create contexts in which LGBTQ+ identities could be explored, experimented, and affirmed. To facilitate an affirmative context, several new concepts emerged directly from the findings of this study. Specifically, youth and staff described the critical role of collaborative decision making and community guidelines in architecting a sense of safety in their agency. The findings from this study demonstrate how an affirmative agency culture precedes affirmative practice, with youth able to respond to services because they felt safe, rather than services creating a sense of safety. Future research should explore if and how the components of LGBTQ+ affirmative practice identified in this study exist and can be operationalized across organizations.

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Appendix A

Focus Group Interview Guide

Focus Group ID:_____ **Interview Date:_____/_____/_____**

Agency: _____

Interviewer: _____

INTERVIEWER'S INSTRUCTION:

Introduction: Thank you for taking the time to participate in this interview. Please remember that your participation is completely voluntary, and you are free to take a break or leave the focus group at any time. The interview is expected to last for about an hour to an hour and a half. I will be asking questions about your experience at [Site X]. I want to assure you that there are no right or wrong answers to these questions and that I'm interested in your honest opinions. Do you have any questions or comments before we begin?

TURN ON THE RECORDER AFTER READING THE INTRODUCTION.

1) Please describe your experience at the [Site X]? (Probes: Please note that I am not asking about your personal reasons for seeking services, but instead am asking what the place and people there are like. For example, how did you feel when you came here for the first time? What makes you keep going back?)

2) a) How easy or difficult is it to come to the [Site X]?
b) What makes it easy or difficult?

3) How would you describe what the services are like to someone who has never been to the program?

4) What do you think are some of the reasons that people come to this program?

5) a) How has the program been helpful? What do you like about the program?

b) What hasn't been helpful about the services there?

6) I am asking this next question to learn more about how this program is similar to or different from other programs. Have you ever been to another LGBT+ community center? another agency?

If no:

a) What did you expect when you came to this program?

b) How is the program similar to what you expected?

c) How is the program different from what you expected?

If yes:

a) How is your experience at this program similar to your past experiences at other agencies?

b) How is your experience at this program different from your past experiences at other agencies?

6) a) How would you describe your sexual orientation and/or gender identity?

b) Does this program recognize your sexual orientation and/or gender identity?

c) If yes, how?

d) If no, what could they do better?

7) What would you like to be different about the services at this program?

8) Is there anything else you think people should know about this program?