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Not a Phase: LGBTQ+ Teens -- How We Can Save a Life

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Not A Phase: LGBTQ+ Teens- How We Can Save a Life

by

Jennifer Carner

A project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the degree of
Doctor of Nursing Practice

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Date	Date

Abstract

This DNP project was conducted to address suicide and risk-taking behaviors of LGBTQ teens and how adults can improve the long-term outcomes of LGBTQ teens by being supportive adults. LGBTQ+ teens are at 4 times higher risk of suicide than their non-LGBTQ+ peers (The Trevor Project, 2021). The Suicide Prevention Resource Center, 2008, found a teen having one caring adult in their lives decreases the risk of suicide. The project's goal was to educate adults to increase their comfort levels in terminology, their understanding of the developmental stages of teens, and how to provide protective factors to help reduce the risk of suicide and risk-taking behaviors. The self-reflective post-survey completed by participants showed an overall increase in comfort levels with terminology and gender and sexual orientation issues. This project was completed at an organization within a community where many individuals identify as LGBTQ+. This may have caused some positive cultural bias, so there is a need to further this project in areas where the population is less aware of the LGBTQ+ identities.

Key Words: LGBTQ, teens, prevention, suicide, gender, sexuality

Acknowledgements

This project and its completion were made possible with the support of my friends, family, coworkers, and supporters of the LGBTQ+ community. Without allies and those who came before who stood up against injustices, we would not be able to address the issues of our young people today. I would have remained lost without my project chair, Dr. Yvonne Smith's guidance, positive words, direction, feedback, and encouragement.

Thanks to Eliada Homes and our wonderful CEO, Cindy Davis-Bryant, who gave me their time, space, and attention for this project. Their expressed interest and excitement for my success kept me going. My family, who went through this journey with me over the years, deserve the most recognition. My husband, Daniel, kept pushing me, thank you. To my children, Kyja, Daylen, Freyja, and Langley, I do this all for you, your generation, and the generations after you.

Table of Contents

List of Tables

List of Figures

Problem Recognition

The Centers for Disease Control and Prevention (CDC) states that youths need to feel socially, emotionally, and physically safe and supported in their communities in order to thrive (CDC, 2017). LGBTQ+ supportive school environments, families, and communities can reduce depression, suicidal feelings, substance use, and unexcused school absences for this population (CDC, 2017; Suicide Prevention Resource Center, 2008; The Trevor Project, 2019a). Lesbian, gay, and bisexual (LGB) students are 3 times more likely to attempt suicide than their heterosexual counterparts (Johns et al., 2020). Transgender, non-binary, and gender nonconforming (TNG) youth are less likely to be "out" at school, and more likely to experience victimization and report they feel unsafe at school, and are at higher risk of suicide around the time they come out (Allen et al., 2020; Suicide Prevention Resource Center, 2008).

Problem Statement

This project focused on Lesbian, gay, bisexual, transgender, queer/questioning, intersexed, allied/asexual (LGBTQ+) youth, their struggles in the school system, community, peer, and family relations in correlation to mental health and suicide risk factors. The project aimed to identify the educational needs of adults to help protect LGBTQ+ youth from suicidal ideation and other mental health issues that are increasing in this population across the life span. Early intervention and cultural inclusivity can help reduce lifelong mental health illnesses.

Literature Review

LGBTQ+ youth have an increased risk of suicide and risk-taking behaviors than their peers, as they are 4 times more likely to consider, plan, and attempt suicide than

their peers (Guz et al., 2020; The Trevor Project, 2021a). LGBTQ+ youth who have considered suicide increased from 39% in 2019 to 42% in 2021 (The Trevor Project, 2019b, The Trevor Project, 2021b). Having one caring adult can reduce the risk of suicide for LGBTQ+ youth (Suicide Prevention Resource Center, 2008; The Trevor Project. 2019a).

Increasing adults' knowledge about LGBTQ+ identities and the developmental stage of teens can potentially decrease suicide and risk-taking behaviors. This project aimed to increase the knowledge needs of adults on the issue of LGBTQ+ youth to better protect them from suicidal ideation and other mental health issues that affect this population across the life span. Early intervention and cultural inclusivity can help reduce lifelong mental health illnesses.

LGBTQ+ students are more likely to report depression than their straight peers by 200% (Zeglin et al., 2020). Those with Autism Spectrum Disorder (ASD) who identify as LGBTQ+ have an increased risk of suicide and poor psychosocial adjustment than non-ASD or non-LGBTQ+ youth (Bottema-Beutel et al., 2019). Chen et al. (2020) found that LGBTQ+ youth who were started on puberty suppressing therapy also had better outcomes in their mental health. Also, the cultural diversity of families, regions, and community backgrounds affects LGBTQ+ youth differently and needs to be taken into consideration when addressing the adults of these youths (Hagai et al., 2020; Schmitz et al., 2020).

In schools with Gender Sexuality Alliance (GSA), LGBTQ+ youth were less likely to hear homophobic remarks than those without GSA nationally (Kosciw et al., 2020). It was also reported that LGBTQ+ youth felt safer at schools with GSA than

without, and school staff was more likely to intervene when hearing homophobic comments (Kosciw et al., 2020). Incorporating education about LGBTQ+ youth in schools, residential facilities, and educating staff on cultural competence can improve social awareness of LGBTQ+ youth and help foster a welcoming atmosphere without a GSA. The more supportive the school culture is the better long-term health outcomes (Allen et al., 2020; Day et al., 2019). Having support networks for LGBTQ+ youth to reach out to when they are experiencing a crisis during times of isolation, such as during the height of the COVID-19 pandemic, allows these youth to find acceptance where they did not have it home setting (Fish et al., 2020).

Creating a welcoming environment for LGBTQ+ youth in their schools, homes, care facilities, and other community settings with adults knowledgeable about their struggles creates a culture of tolerance and understanding. LGBTQ+ students have reported in surveys that they have felt safer in their schools with a GSA program (Allen et al., 2020; Day et al., 2019). Educational models created for adults who are in a position to be caring adults, role models, direct care providers, or community members can highlight the challenges LGBTQ+ youth. Framing experiences that can relate to stories of their youth can provide a deeper, more empathic connection (Smith & Liehr, 2008). Adolescents experience struggles as part of Erikson's developmental stage of identity vs. role confusion which contribute to suicide rates, risk-taking behaviors, and long-term mental health issues. When someone can relate to another person's story, it can help bridge the generational gap and foster a more supportive culture.

Improvement in social-emotional development and academic success was also found for LGBTQ+ youth when policies were in place to be inclusive and foster

wellbeing with school belonging, which reduced suicidality, substance use, self-harm, and mental health disorders such as depression (Allen et al., 2020). The sense of belonging to a community and having a supportive peer group can increase well-being across the age span and allow for better self-esteem and decreased loneliness (Barr et al., 2016). Family and peer rejection increase suicidality in LGBTQ+ youth, especially when the youth is coming out (Ream, 2020; Suicide Prevention Resource Center, 2008). Five percent or 57,000 of the LGBTQ+ adolescent population subjected to conversion therapy are at higher risk of depression and suicide than their straight, cisgender peers (American Medical Association, 2019; Green et al., 2020; The Trevor Project, 2019b). With supportive LGBTQ+ policies, students may be more inclined to be out with teachers and peers, seek more support services, and use preferred pronouns and chosen names. Mangin (2019) found principles that supported transgender youth and used child-centered decision-making creating a positive experience for both the youth and themselves.

Needs Assessment

PICOT

Can residential staff members demonstrate increased understanding and improved support for LGBTQ+ youth after attending and participating in a staff educational intervention than pre-intervention?

Sponsors and Stakeholders

Many people have an interest in supporting increasing education on LGBTQ+ youth in various settings. The sponsors include the administrative officeholders who by creating a top-down example of being a welcoming organization can positively influence the culture. The organization's board members have a responsibility to all students, staff

in the facility, and the community. Sponsorship of this project confirms and strengthens project implementation and priority toward inclusivity.

The stakeholders are the teachers, nurses, school staff, direct care staff in clinical settings, and healthcare providers. They have a significant opportunity to see the change in the culture of the youth they are providing support. Other stakeholders include foster care families, social workers, peers, and family members. Other sponsors are lawmakers and policymakers that have a unique position to write and enact laws to protect LGBTQ+ youth. Many laws are being introduced to reduce the rights of LGBTQ+ individuals. More can be done to educate the public on these issues starting with those in direct contact with LGBTQ+ youth. Students and their peers learn from what they see adults do in many situations. When they see adults in their lives advocating, protecting, and being mindful of how they interact and treat LGBTQ+ youth, they have a positive behavior to model. Table 1 shows a SWOT analysis.

Table 1

SWOT Analysis

SWOT Analysis	
Strengths: • Awareness of LGBTQ+ is becoming more widespread • Supportive administration • Logistically feasible	Weaknesses: • Regional culture • Funding • Family of origin
Opportunities: • National programs are already in place. • Queer Youth Organizations. • Outreach to community resources. • Federal protections are put in place to protect LGBTQ+ people's rights. • Could improve recruitment/retention of staff	Threats: • Funding • Religious and political ideology • Anti-LGBTQ+ laws are being introduced • Pandemic has shifted priorities in staff education and fiscal demands

Available Resources

Many resources are available to help design a training module or other educational workshops, training, and seminars. There are also simple web-based trainings that allow individuals to watch informational videos and slides with knowledge checks throughout and a quiz after watching. Having a welcoming culture being emphasized at the beginning of employment, becoming a foster parent, or volunteering with an origination can help trickle out into the community.

LGBTQ+ awareness has become more widespread with an increase in acceptance. Pride month, International Transgender Day of Visibility, Transgender Awareness Week, and National Coming Out Day are many dates used to highlight and bring awareness to the LGBTQ+ community, and are being introduced to healthcare providers and other disciplines through curriculums. These awareness days can help introduce education and

encourage those with questions to find the answers and have a safe place to ask. There are many LGBTQ+ alliance organizations with research and evidence-based tools widely available, such as The Trevor Project.

Desired and Expected Outcomes

Creating welcoming environments for all youth may give them a sense of belonging in their community to secure a lifelong sense of well-being. Reducing trauma in schools, health care, foster care, and home environments can help reduce long-term health issues (Barr et al., 2016). Those who have experienced discrimination, abuse, bullying, or victimization in other ways based on their sexuality or gender identity have an increased risk for suicide, substance abuse, decreased long-term health outcomes, and other risk-taking behaviors (Barr et al., 2016). By making an inclusive, welcoming, and caring culture, these negative outcomes may be reduced thereby impacting and decreasing health risks for generations to come.

Team Selection

The implementation of this project occurred at a project facility with residential psychiatric services for adolescents, including day treatment and the associated on-campus academy (school), and therapeutic foster care services. The DNP Project leader coordinated with the committee members, project champion, the CEO, Administration Coordinator, Human Resource Director, and Agency Trainer at the facility to plan a time and location to hold a 1-time pilot session. The team leader worked with the above team members on prospective content and the audience the information would be designed for.

Cost/Benefit Analysis

Implementing a new educational program will need various resources to cover the upstart and ongoing cost to train new members and update individuals on new tools and research. The training session took place during the day with encouraged staff participation from those who were working during that shift, and also salary employees. The facility has space that requires a reservation but does not increase the cost. The computer system, internet, and projector were furnished for the education sessions but did not increase the cost. Project materials included printouts of the survey and handouts of organizations for further help and resources for those participating in the session. The DNP Project Leader provided all the work required in the project development and received no monetary reimbursement for these efforts. All work and time expended in the project development and implementation were completed outside of regular working hours and job responsibilities.

Long-term cost benefits may be seen in the short-term and unable to be assessed within this project, but may include immeasurable benefits such as reduced cost for therapy, substance use counseling, detox and rehabilitation, and various other adverse health outcomes impacted by trauma from childhood experiences. There may be a reduction in lawsuits and legal fees from litigation over mistreatment in facilities, malpractice, and harassment. These lawsuits can be in the form of students or patients feeling their needs were not met, victims of discrimination, and staff who may have the same experiences. Improving the culture across many settings throughout an organization can potentially carry over to other community settings and be carried with individuals across the lifespan.

Scope of Problem

Nationwide 59.1% of LGBTQ+ students reported they felt unsafe at school based on their sexual orientation (Kosciw et al., 2020). North Carolina (NC) is no exception to this statistic. Recent data shows that 72% of LGBTQ+ students reported being verbally harassed in the past year due to their sexual orientation, 27% were physically harassed, and 10% were physically assaulted (GLSEN, 2021). Nineteen percent of LGBTQ+ students in NC heard homophobic remarks made by school staff, and 35% heard negative comments about someone's gender (GLSEN, 2021). Only 7% of LGBTQ+ students reported their school having anti-bullying policies that specifically address sexual orientation and gender identity, and 4% support trans and nonbinary students (GLSEN, 2021). In-school settings, support is lacking both nationwide and in NC. Nationally, more LGBTQ+ students were taught positive representation of LGBTQ+ history, events, or people at 19.4%, whereas NC only reported 15% positive representation in the curriculum (GLSEN, 2021; Kosciw et al., 2020). NC falls behind with LGBTQ+ sex education, with only 2% of students reporting LGBTQ+ inclusive sex education, whereas nationally, it was reported to be at 8.2% (GLSEN, 2021; Kosciw et al., 2020).

Goals, Objectives, and Mission Statement

Goals

This DNP project aims to bring understanding and education to adults across settings in an organization to improve the quality of life for LGBTQ+ youth to reduce adverse health risks across the lifespan. By increasing education for those who provide care for LGBTQ+ youth, a welcoming and accepting environment can be created for all individuals. With education for adults who have had little experience with the LGBTQ+ community, they can become more comfortable using the terminology that is inclusive and providing support for those who may be finding it hard to accept or communicate with LGBTQ+ youth.

Objectives

- S: Increase knowledge and comfort for adults responsible for LGBTQ+ youth in various settings.
- M: Assess the knowledge and comfort levels of individuals using a self-reporting post-survey to measure the growth from before they took part in the program to after.
- A: This project can be implemented in an organization for staff, foster parents, social workers, or guardians of students. The target audience is adults who have influence or provide services to youth.
- R: There are many trainings, research, and resources available to design a program or training module that can be concise and informative for people across the lifespan and education levels.

- T: Increased knowledge and comfort levels will be measured immediately post-intervention through a post-survey instrument.

Mission Statement

This project aims to improve the overall quality of life for those identifying as LGBTQ+. This can be done by giving the adults in their lives the tools and knowledge to create a culture that is welcoming to all individuals. Increasing cultural awareness of LGBTQ+ terminology, normalcy, and acceptance can reduce adverse health outcomes for youths as they grow and develop across their lifespan. Knowledge and comfort may be increased by improving adults' awareness and comfort with the use of preferred pronouns, understanding gender and sexual identity, and the risk factors that come from being discriminated against based on one's identity.

Theoretical Underpinnings

The theoretical underpinning used to help guide this project is the Story Theory by Mary Jane Smith, Ph.D., RN, and Patricia Liehr, Ph.D., RN. The Story Theory is a middle-range theory with the foundation and purpose of using one's story to connect the storyteller and the listener in a meaningful dynamic. This process is utilized to ease each person into a better understanding of a nurse-person health-promoting process (Smith & Liehr, 2008). This theory helps provide a story-centered structure that helps guide nursing practice and research. It opens an intentional dialog occurring in the nurse-person relationship that leads the nurse to gather information about their health situation (Smith & Liehr, 2008).

The three interrelated concepts are (1) intentional dialogue, (2) connecting with self-in-relation, and (3) creating ease (Smith & Liehr, 2008). Everyone has their own

coming-out story, and not all stories are happy. Many traumas came with the anticipation of coming out and friends and family's reaction to a person coming out. For adolescents, there is a power imbalance in a family dynamic, and they can find themselves forced to leave their homes or loss of freedom and significant personal control of their lives. Using Story Theory, one can allow the person to express themselves safely by educating adult role models to accept and use the appropriate language when listening and giving feedback. These role models can then retell the stories from a place of care and buffer the teens and young adults from the community who may not be as open and accepting of the LGBTQ+ youth.

Storytelling can be used in private one-on-one settings or workshops, allowing the learner to reflect on their own life story and times they have felt singled out, unloved, rejected, or times they felt loved and accepted. The theory helps connect with the self-in-relation for the role model or parent (Smith & Liehr, 2005). Providing stories and statistics allow for the story to appeal to the human element to create empathy for the youths who have faced hardship based on their sexual orientation or gender identity. Bringing the stories of those who have faced hardships may inspire adults in the role model or caregiver role to be more open and welcoming to LGBTQ+ youth (Appendix A).

Work Planning

There was an initial thorough review of the problem and a comprehensive needs assessment completed through a review of the literature and statistical data from surveys by The Trevor Project. Goals and objectives were created as well as project design. After permission from the organization was received, the DNP Project Leader began

developing all project materials, teaching strategies, and evaluation tools. Logistical planning and coordination took place with the administrative coordinator, CEO, facilities, IT, and staff. Institutional Review Board application and materials were completed and reviewed by the university. Upon IRB approval, a date was set for the educational materials to be presented to interested staff. The day before, there was additional coordination between the DNP project leader and facilities to determine the project layout and the working environment for participants.

The project leader arrived prior to the scheduled time to place handouts on each table for the number of chairs at each table, test the computer, ensure it was compatible with the projector, and ensure the wireless mouse would work well to progress slides. The meeting started with the CEO introducing the DNP Project Leader. The DNP Project Leader began the presentation by reviewing the Informed Consent Form and a brief synopsis of the presentation topic.

Throughout the presentation, there was some participation from the participants with questions relating specific features to the organization's client population. Once the presentation was completed, other participants shared their perspectives of how they have interacted or witnessed someone else interacting with LGBTQ+ youth. The DNP Project Leader left the area and allowed the participants to complete their surveys and place them at the front of the classroom.

There were conversations about the topic and personal stories relating to themselves or a family member who identifies as LGBTQ+. Story sharing was the theoretical underpinning of this project. After the surveys were collected from the

envelope and left on the table, the DNP Project Leader collected all items and ensured the learning environment was secure.

The data was later entered into Excel based on the number of answer selections made for each question. The data was then graphed in a pivot graph for each question and the overall results from the questions combined. The data was interpreted and synthesized for each question; the overall results were reviewed with mean scoring reviewed resulting inconclusive findings. Additionally, barriers and possible biases were identified, reviewed, and considered in the data results.

Timeline

A timeline (Figure 1) and work breakdown structure (Figure 2) were used for planning and project development, formalizing the project plan leading up to the IRB, and IRB approval. Once the IRB application was approved, the project was implemented. The goal was to have the content applicable to a wide range of adults in various roles who influence the lives of LGBTQ+ youth. The project content did not require modification and once materials were finalized the educational process went smoothly. The project was implemented 3 weeks after IRB approval, and the final drafts of the last steps were completed after implementation.

Figure 1

Work Planning Timeline

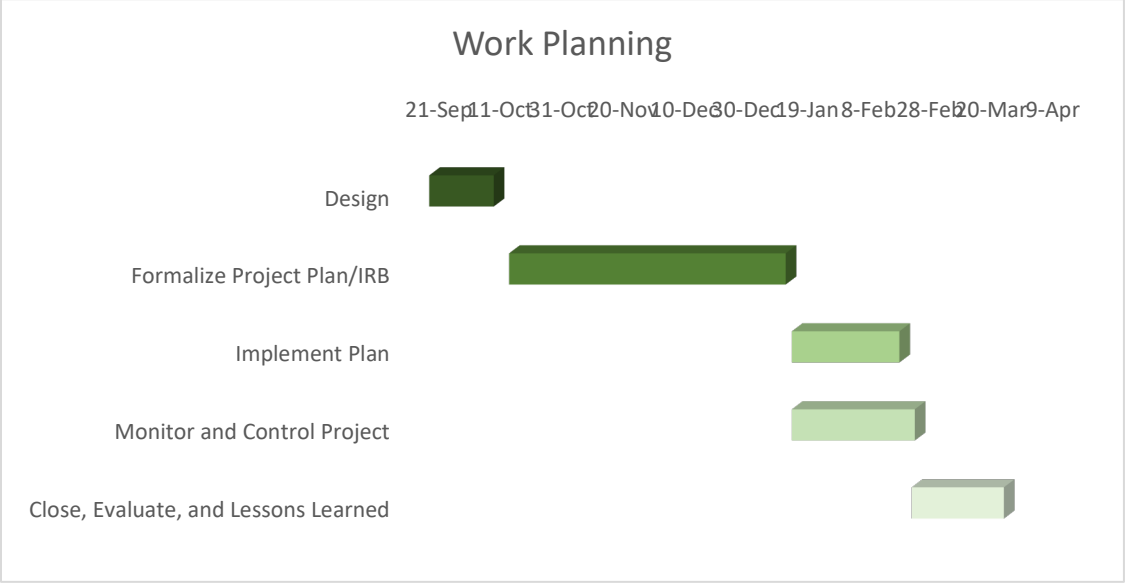
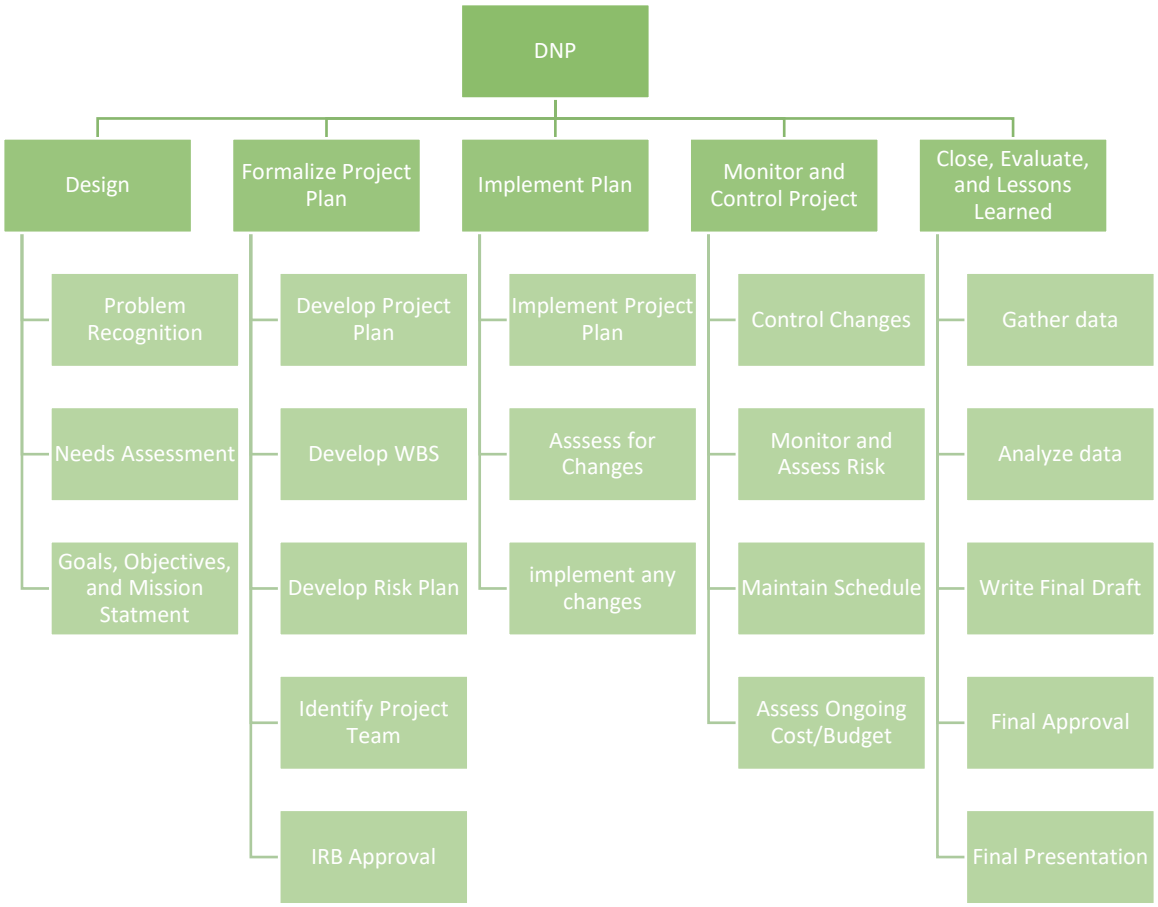


Figure 2

Work Breakdown Structure



Budget

The highest cost of this project was funding the staff wages of those who took part in the training. Variables for labor cost depended on if they were salaried or hourly, and wage rates were based on licensed vs. non-licensed direct care staff. Paper handouts were utilized and used approximately one ream of paper cost $10.00. Educational space and learning environments were provided by the project setting and required no cost, only reservation of space. Electricity and technology were currently budgeted through the facility, so this budget item did not incur additional costs. (Table 2).

Table 2

Budget

Cost of Personnel and Non-Personnel Resources			
Cost Category	Resource	Detail	The Total Cost is $
Direct Labor Costs	Organization	5 Nurses @ $30 an hour	$150.00
		10 Aux Staff @ $15 an hour	$150.00
		Total Direct Labor	$300.00
Indirect Labor Costs		60% of direct labor cost	$180.00
Other Direct Cost		Materials	$100.00
		Total Project Cost	$880.00

Planning for Evaluation

Evaluation Plan

The logic model was used to determine the desired outcome of increased knowledge, comfort, and understanding of LGBTQ+ youth in adults to improve the lives of LGBTQ+ youth. There is a possible long-term outcome of how well the adults use the information they gain to educate other adults they encounter. This possible long-term outcome is not finite and cannot be measured at this time. The logic model is in Appendix B.

The evaluation for this project utilized a post-survey with a mix of quantitative and qualitative questions. Questions were framed to rate how participants felt before the presentation and then afterward. This was also a project design direction to reduce the number of forms filled out by the participants. The questions were answered after the

education session. The questions were intended to provoke thoughts and to better understand the audience's knowledge and understanding of the topic before and after the presentation. The post evaluations were anonymous and had an option to be opted out. This improvement and no identifying information was gathered. The seven questions required an answer choice between information gathered to measure the quality of the materials, making the project five answers: Less, Somewhat Less, No Change, Somewhat More, and More. The surveys were printed, and participants' answer choices were circled. The survey can be found in Appendix C.

Implementation

Threats and Barriers

The threats and barriers to this project came in the form of time constraints of the facility, a global pandemic, administration staff turnover, and active or potential disinterest of the audience. The facility along with the CEO had many policy changes, patient population changes, revamping, and the start-up of new additional programs while leading up to and during the implementation of this project. The agency trainer, human resource director, and clinical counselor had each resigned to pursue other opportunities or change positions within the organization. During this time, the CEO had taken on these roles while also filling in where needed on campus when there was a staff shortage. It was challenging to be able to actively meet with and discuss project concerns in a timely manner. Therefore, most communication was with the administrative coordinator and nurse manager.

Along with the changes in staffing, there were programs being closed and others in the process of being designed. Additionally, policies were being updated to ensure

compliance with state regulations. This was a time-consuming process that required attention from all departments and made scheduling implementation sessions even more challenging. The week before and during the education training, there was an outbreak of COVID-19 among interns and patients. This created further staffing issues in the direct care area limiting the number of attendees that may have otherwise attended. Because the educational session ultimately fell during a time many people would not be scheduled to be on campus, were required to be in other meetings, or were unable to leave their direct care position, and the lack of mandatory attendance, and high turnout expectations were already low.

A barrier was space and technology. The meeting was moved to a larger location on the campus that provided a projector and screen to show the PowerPoint presentation and allowed staff to spread out more to reduce the risk of contact with COVID. This also allowed more tables to be arranged as well to allow for better note-taking should the participants wish to write on their handouts. Adjusting the tables and seating arrangements at the last minute creates additional stress and unexpected time commitment.

Monitoring of Implementation

This project focused on providing information on LGBTQ+ terminology, how the developmental stage and process affects the individual during adolescence, and a variety of risk factors and protective factors. The information was designed to apply to any adult who may be of influence on a young person. The staff at this organization work closely with children and adolescents ages from pre-K to 17 years of age. The population the organization serves is at high risk due to circumstances in their home life or intellectual

development that led to receiving day treatment or residential care. The information of the project was presented by the DNP Project Leader within a 30-minute presentation. The DNP Project Leader was well prepared to interact with and educate the audience, and the audience was well engaged throughout. The use of handouts of the PowerPoint and a list of resources were utilized to allow note-taking and later references to the materials after the session. The goal of this session was to inform and educate the importance of being culturally aware of the needs of LGBTQ+ youth to help provide a support system. This support system in turn can help reduce risk-taking behaviors and suicide of LGBTQ+ youth. The audience was encouraged to engage with questions, comments, or concerns throughout and after the presentation.

Project Closure

At the conclusion of the presentation, there was discussion among the audience as they finished and turned in their surveys. The CEO was pleased with the presentation, along with many messages afterward from participants who found it beneficial and enlightening. The remaining handouts were placed in the administration mailroom for anyone who did not attend and would like one. Ultimately, the project proceeded as planned and the participation rate was higher than expected. The presentation lasted approximately 30 minutes and was found to be long enough to present the information clearly, answer questions, facilitate open discussion, and keep everyone engaged.

There were some topics that surfaced regarding specific laws, and there was uncertainty as to which states were creating laws that are anti-LGBTQ+. In the future, more state-specific laws, bills, and mandates should be available to reference during sessions to anticipate these same questions. After the presentation, there was a

conversation between the CEO, nurse manager, and the presenter. Collectively, everyone was pleased with the outcome. The budget was not affected, as the organization had the time already planned to take the place of a staff meeting and most everyone in attendance were salary employees. The area used is part of the fixed budget for staff space so there was no additional cost incurred. Technology was well thought out and there were no visibility or technical mishaps. If the space had been any larger or more people, there may be a need for a microphone. The stage was intentionally not utilized as the DNP Project Leader elected to stay at the same level and physical proximity as the audience to maintain a more casual and open atmosphere.

Interpretation of Data

Qualitative Data

This project was designed to educate adults on the developmental stage of adolescents and how it can play a role in the risk of behavior and suicide of LGBTQ+ youth, and the issues they face in the home, school, and community. The survey used a 5-point Likert Scale to answer seven questions. The question choices were less comfortable, somewhat less comfortable, no change, somewhat more comfortable, and more comfortable. The questions evaluated comfort levels with the participant's understanding of terminology, use of preferred pronouns, preferred names, correcting themselves when using the wrong pronoun or name, and educating others on using preferred pronouns and names with the reduction of suicide risk of LGBTQ+ teens.

Question 1

Compared to before this education, do you now feel more comfortable or less comfortable with what LGBTQIA+ means? (Table 3, Figure 3)

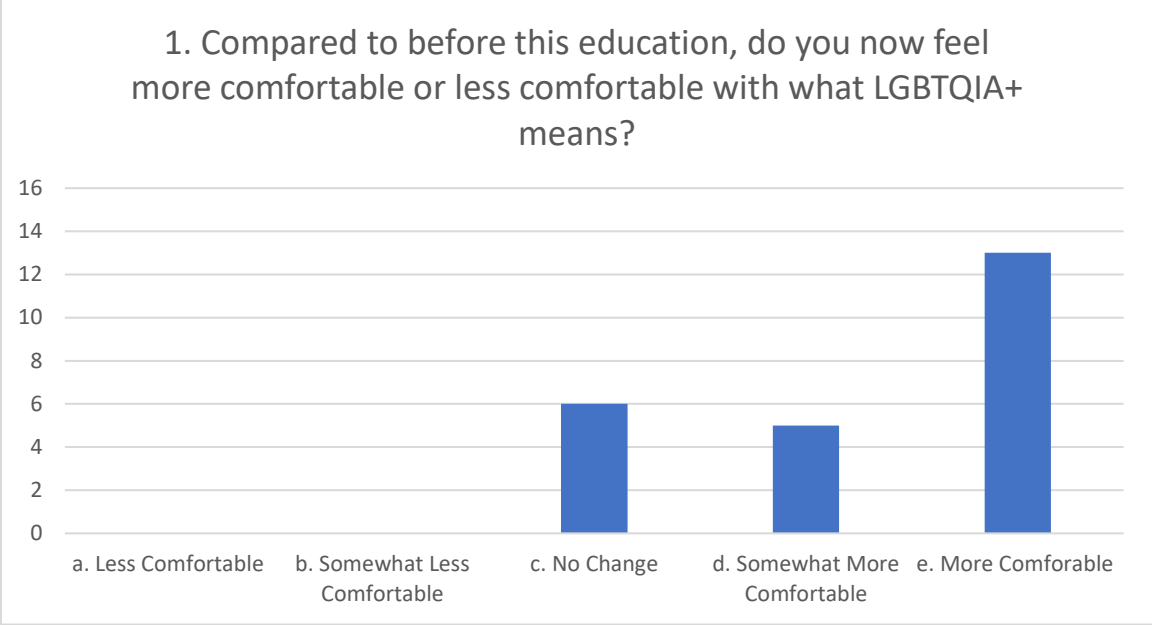
Table 3

Question 1 Answer Choices

Answer Choices	Answers Selected
a. Less Comfortable	0
b. Somewhat Less Comfortable	0
c. No Change	6
d. Somewhat More Comfortable	5
e. More Comfortable	13
Grand Total	24

Figure 3

Question 1 Results



Responses to question one indicated this training increased familiarity with the meaning of the acronym LGBTQIA+, with 75% of subjects indicating they now feel

more comfortable. Twenty-five percent of participants did not experience a change, but importantly the results of the survey indicate the training did not have an adverse impact on the understanding of any of the subjects.

Question 2

Compared to before this education, do you now feel more comfortable or less comfortable supporting a teen who came out to you? (Table 4, Figure 4)

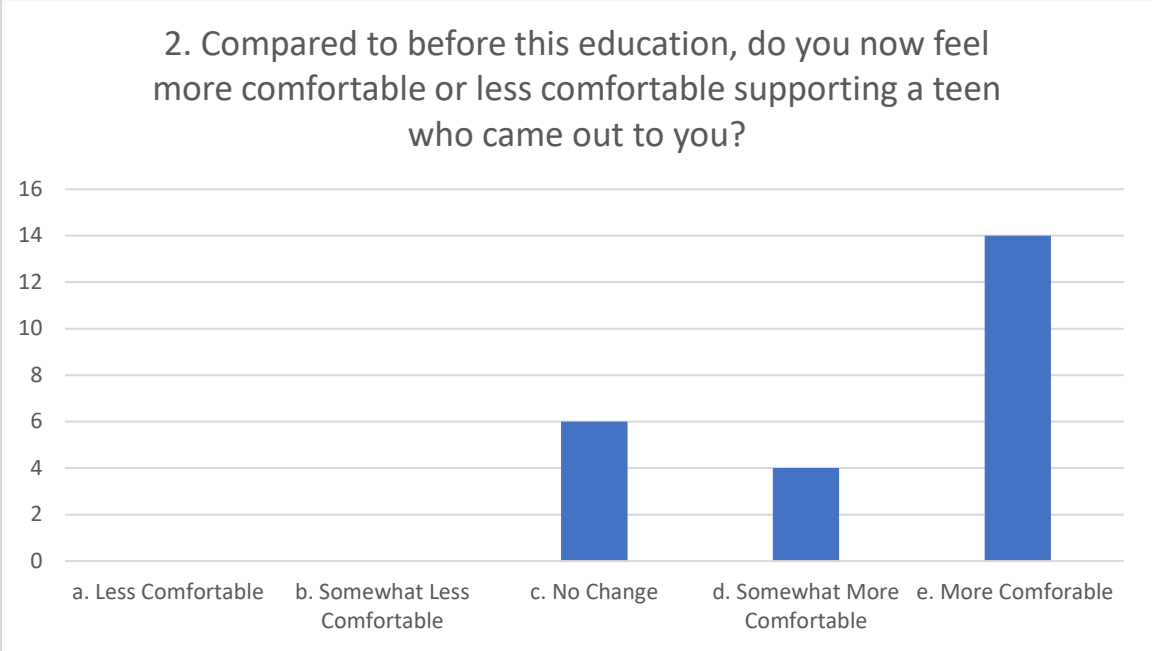
Table 4

Question 2 Answer Choices

Answer Choices	Answers Selected
a. Less Comfortable	0
b. Somewhat Less Comfortable	0
c. No Change	6
d. Somewhat More Comfortable	4
e. More Comfortable	14
Grand Total	24

Figure 4

Question 2 Results



Responses to question two indicated this training increased comfort in supporting a teen coming out to them, with 75% of subjects indicating they now feel more comfortable. Twenty-five percent did not experience a change, but importantly the results of the survey indicate the training did not have an adverse impact on the comfort level of any of the subjects.

Question 3

Compared to before this education, do you now feel more comfortable or less comfortable discussing gender and sexual orientation with teens? (Table 5, Figure 5)

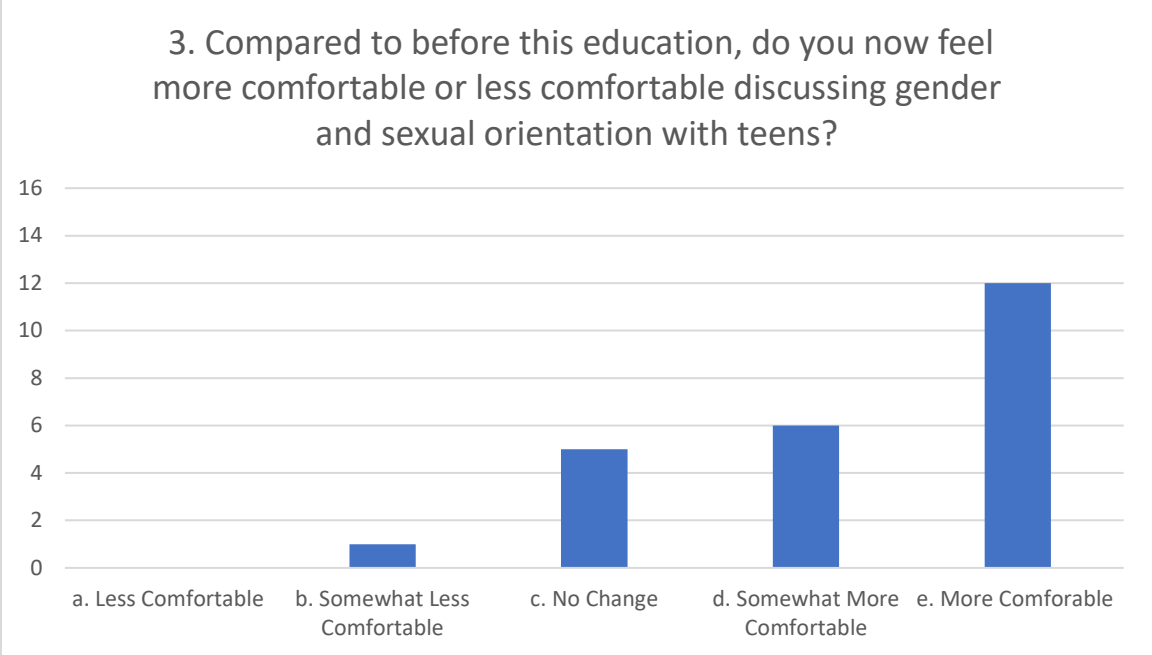
Table 5

Question 3 Answer Choices

Answer Choices	Answers Selected
a. Less Comfortable	0
b. Somewhat Less Comfortable	1
c. No Change	5
d. Somewhat More Comfortable	6
e. More Comfortable	12
Grand Total	24

Figure 5

Question 3 Results



Responses to question three indicated this training increased comfort in discussing gender and sexual orientation with teens, with 75% of subjects indicating they now feel more comfortable. Twenty-one percent did not experience a change, but importantly the results of the survey indicate the training did not have an adverse impact on the comfort level of any of the subjects with only one respondent, 4% reporting they felt less comfortable.

Question 4

Compared to before this education, do you now feel more comfortable or less comfortable using preferred pronouns and preferred names that are not in line with the gender assigned at birth? (Table 6, Figure 6)

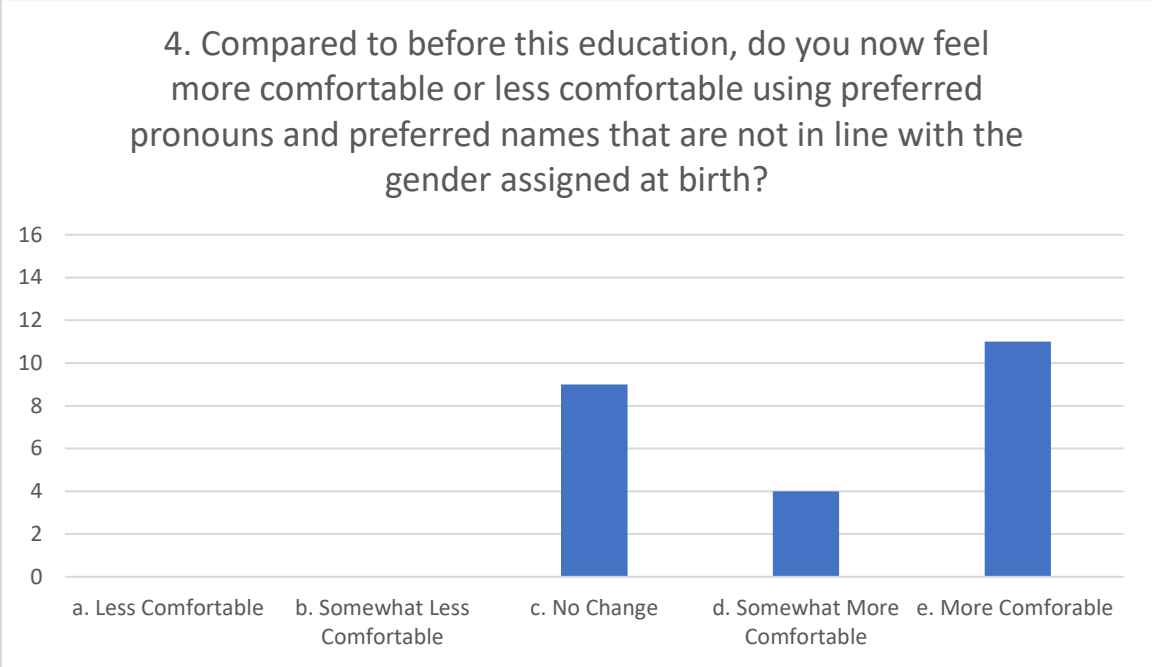
Table 6

Question 4 Answer Choices

Answer Choices	Answers Selected
a. Less Comfortable	0
b. Somewhat Less Comfortable	0
c. No Change	9
d. Somewhat More Comfortable	4
e. More Comfortable	11
Grand Total	24

Figure 6

Question 4 Results



Responses to question four indicated this training increased comfort using preferred pronouns and names are not in line with the gender assigned at birth, with 62.5% of subjects indicating they now feel more comfortable. Thirty-seven and a half percent did not experience a change, but importantly the results of the survey indicate the training did not have an adverse impact on the comfort level of any of the subjects.

Question 5

Compared to before this education, do you now feel more comfortable or less comfortable correcting yourself if you misgender someone? (Table 7, Figure 7)

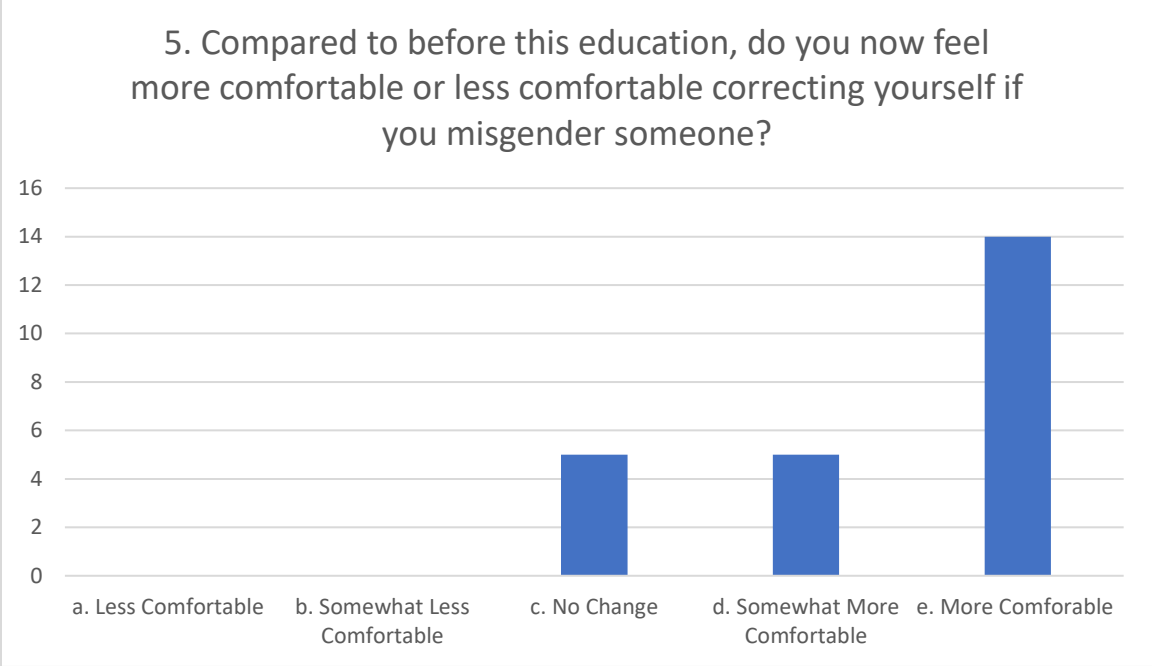
Table 7

Question 5 Answer Choices

Answer Choices	Answers Selected
a. Less Comfortable	0
b. Somewhat Less Comfortable	0
c. No Change	5
d. Somewhat More Comfortable	5
e. More Comfortable	14
Grand Total	24

Figure 7

Question 5 Results



Responses to question five indicated this training increased comfort with correcting themselves if they misgender someone, with 79% of subjects indicating they

now feel more comfortable. Twenty-one percent did not experience a change, but importantly the results of the survey indicate the training did not have an adverse impact on the comfort level of any of the subjects.

Question 6

Compared to before this education, do you feel more comfortable or less comfortable educating peers on the importance of using preferred pronouns/names to reduce suicide risk? (Table 8, Figure 8)

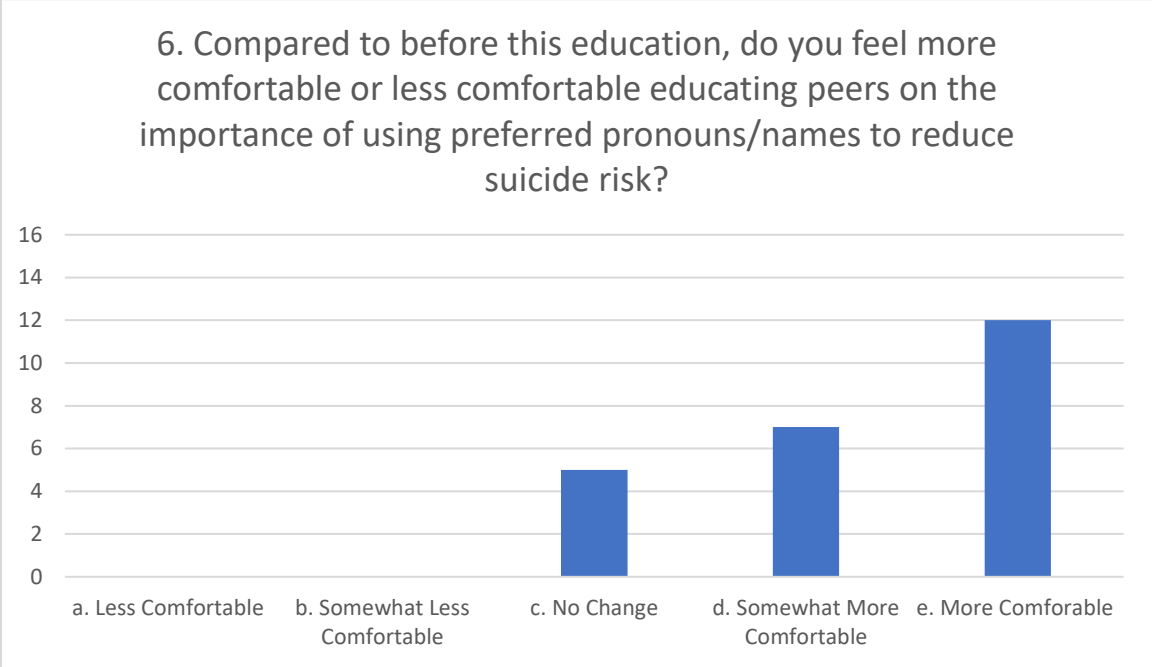
Table 8

Question 6 Answer Choices

Answer Choices	Answers Selected
a. Less Comfortable	0
b. Somewhat Less Comfortable	0
c. No Change	5
d. Somewhat More Comfortable	7
e. More Comfortable	12
Grand Total	24

Figure 8

Question 6 Results



Responses to question six indicated this training increased comfort with educating peers on the importance of using preferred pronouns and names to reduce the risk of suicide, with 79% of subjects indicating they now feel more comfortable. Twenty-one percent did not experience a change, but importantly the results of the survey indicate the training did not have an adverse impact on the comfort level of any of the subjects.

Question 7

Compared to before this education, do you feel more comfortable or less comfortable educating others on the terminology used in the LGBTQ+ community? (Table 9, Figure 9)

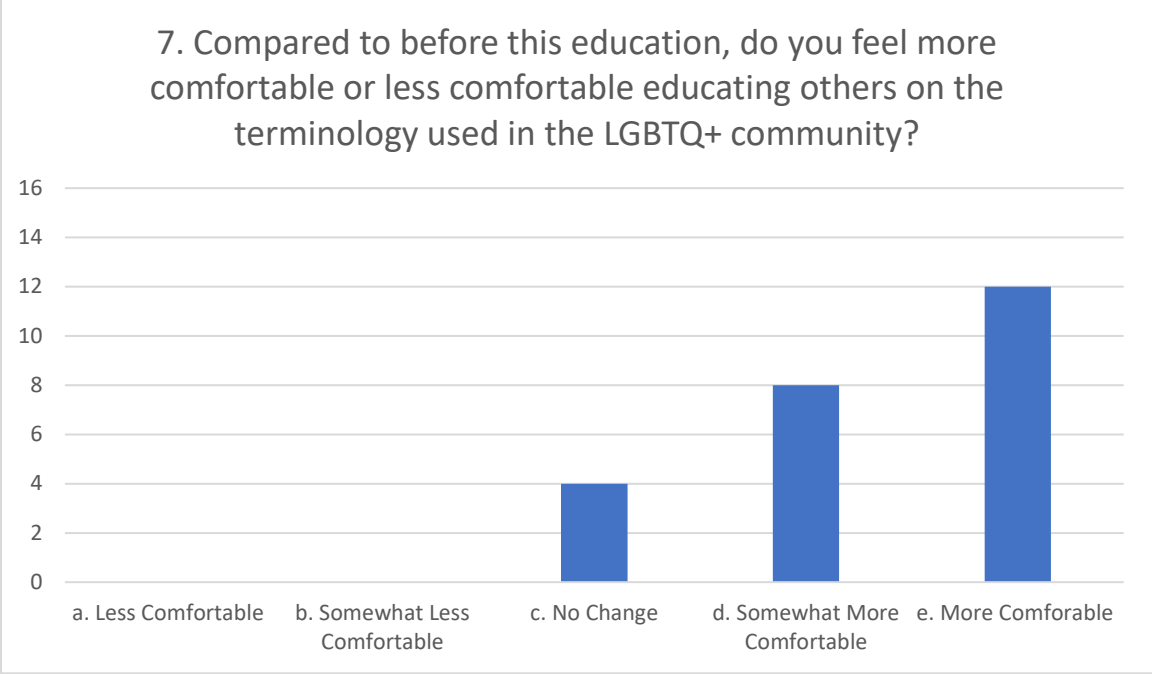
Table 9

Question 7 Answer Choices

Answer Choices	Answers Selected
a. Less Comfortable	0
b. Somewhat Less Comfortable	0
c. No Change	4
d. Somewhat More Comfortable	8
e. More Comfortable	12
Grand Total	24

Figure 9

Question 7 Results



Responses to question seven indicated this training increased comfort with educating peers on the terminology used in the LGBTQ+ community, with 83% of

subjects indicating they now feel more comfortable. Seventeen percent did not experience a change, but importantly the results of the survey indicate the training did not have an adverse impact on the comfort level of any of the subjects.

Overall Outcome

Overall, there was a 75.6% increase in comfort levels of the participants after the training session, and 24% reported no change, and less than 0.01% reported a decrease in comfort level. This was a convenience sample taken from those who chose to come to the education session, and there may be subject bias. The culture of the organization is one of diversity and openness of sexual orientations and gender identities for staff, the adolescent population we serve, and the local community it is located. (Table 10, Figure 10)

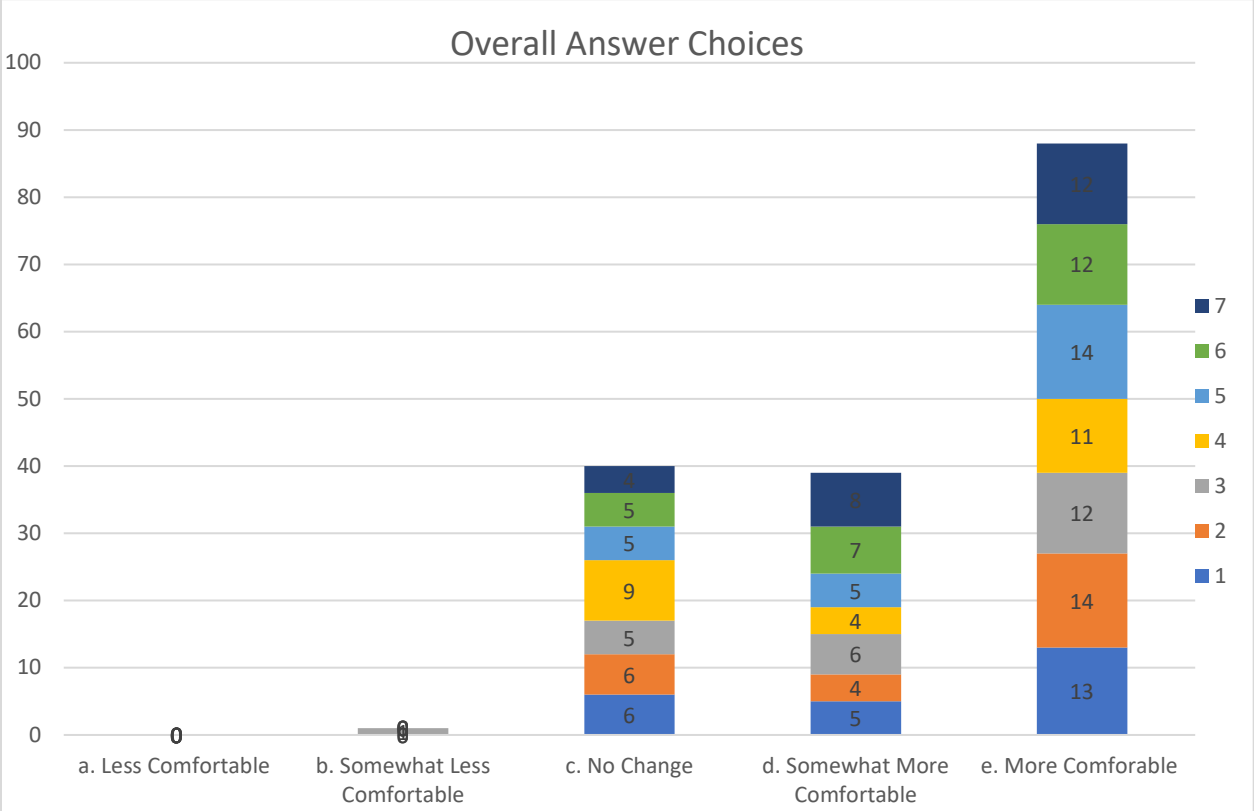
Table 10

Overall Answer Choices

Answer Choices	Questions							Grand Total
	1	2	3	4	5	6	7	
a. Less Comfortable	0	0	0	0	0	0	0	0
b. Somewhat Less Comfortable	0	0	1	0	0	0	0	1
c. No Change	6	6	5	9	5	5	4	40
d. Somewhat More Comfortable	5	4	6	4	5	7	8	39
e. More Comfortable	13	14	12	11	14	12	12	88
Grand Total	24	24	24	24	24	24	24	168

Figure 10

Overall Answer Results



Process Improvement Data

Overall, there was an increase in the comfort levels of the participants in each of the areas discussed during the presentation. The option “less comfortable” was not chosen by any participant, and “somewhat less comfortable” was only chosen once on one question. There was a significant increase in comfort levels although many chose “no change.” The participants of the education session were from a community with a high LGBTQ+ population and work with teens who identify as LGBTQ+. This education can continue to be used for new hire training for staff and foster parents to improve the level of comfort they have with the LGBTQ+ youth they may encounter on campus or in their foster services. This study does not represent a broad sample size and would require a

larger more diverse group to gauge the level of impact it may have. It would be beneficial to conduct this study in a location with a less welcoming or knowledgeable setting.

Conclusion

This project allows us to further educate adults on what the LGBTQ+ youth community faces daily and how we can provide the support they need to reduce the risk of suicide or other risk-taking behaviors. It will help those who see how potentially harmful legislation and policies may be to LGBTQ+ across the life span. Continuing to ensure those who do not identify as LGBTQ+ are comfortable and knowledgeable in supporting the LGBTQ+ community or individuals can help foster a more inclusive culture. This project was conducted in an organization that prides itself on inclusivity and protecting people who identify as LGBTQ+ in a welcoming culture.

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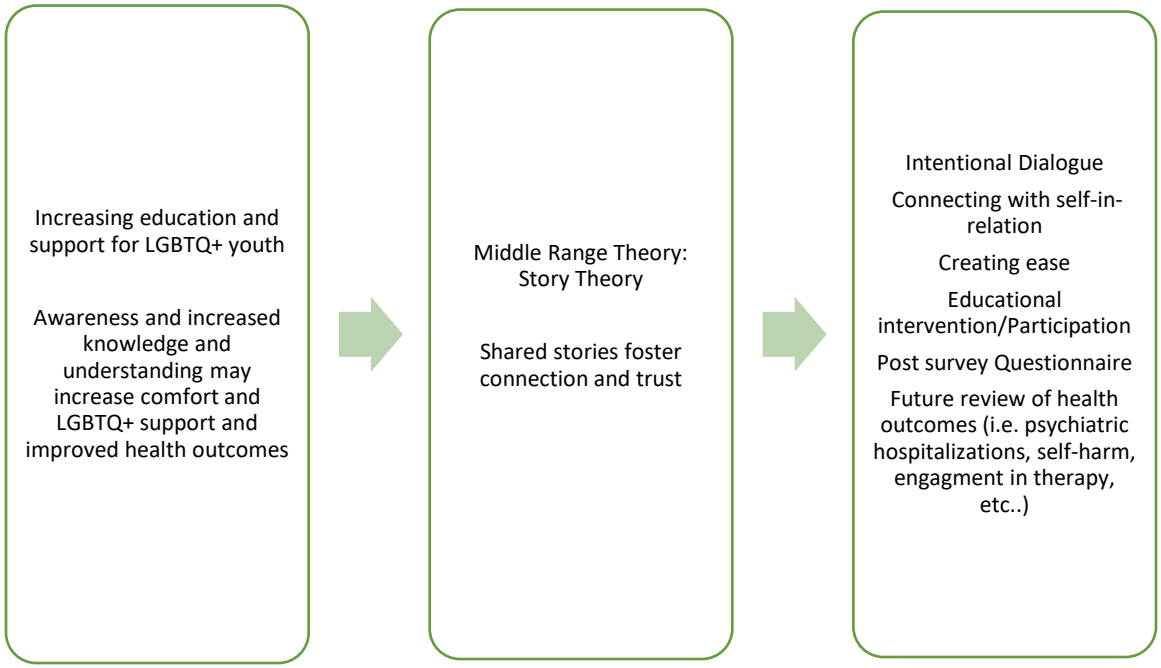
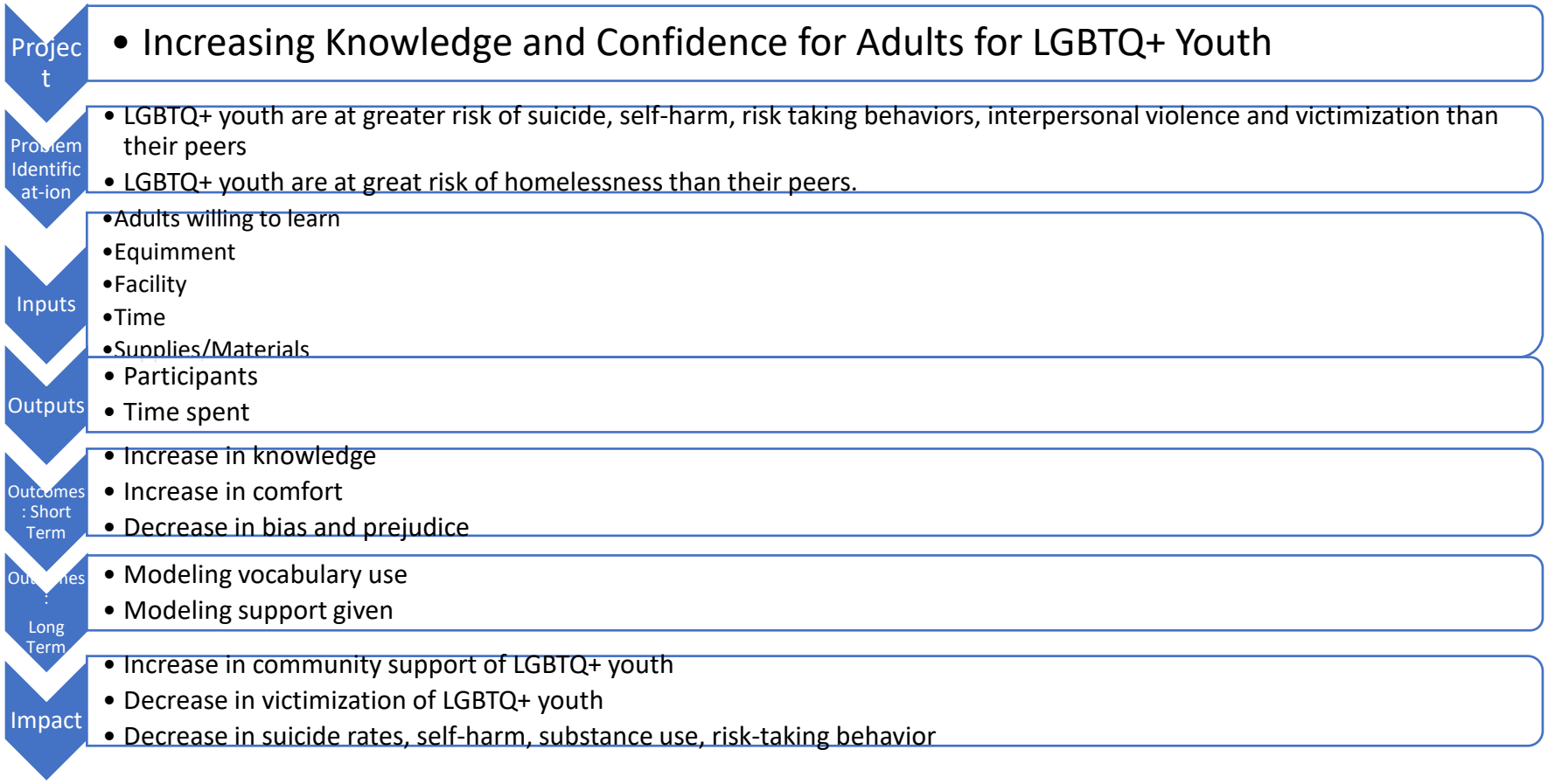
Appendix A

C-T-E Diagram



Appendix B

Logic Model



Appendix C

Survey

The following questions are to be answered after the education session. These questions are to provoke thought, better understand the audience demographic, their knowledge, and understanding of the topic before and after the presentation.

The post evaluations are anonymous and can be opted out of. This information is gathered to measure the quality of the materials and make improvements, and no identifying information will be collected or shared.

1. Compared to before this education, do you now know more or less what LGBTQ+ means? (Less, Somewhat Less/No Change/Somewhat More, More)

2. Compared to before this education, do you now feel more or less comfortable supporting a teen who came out to you? (Less, Somewhat Less/No Change/Somewhat More, More)

3. Compared to before this education, do you now feel more or less comfortable discussing gender and sexual orientation with teens? (Less, Somewhat Less/No Change/Somewhat More, More)

4. Compared to before this education, do you now feel more or less comfortable using preferred pronouns and preferred names that are not in line with the gender assigned at birth? (Less, Somewhat Less/No Change/Somewhat More, More)

5. Compared to before this education, do you now feel more or less comfortable correcting yourself if you misgender someone? (Less, Somewhat Less/No Change/Somewhat More, More)

6. Compared to before this education, do you feel more or less comfortable educating peers on the importance of using preferred pronouns/names to reduce suicide risk? (Less, Somewhat Less/No Change/Somewhat More, More)

7. Compared to before this education, do you now feel more or less comfortable educating others on the terminology used in the LGBTQ+ community? (Less, Somewhat Less/No Change/Somewhat More, More)