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## **Our Space LGBTQ Center a program of Bay Area Youth Center**

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Critical Conversations:  
Talking About LGBTQI2S Transition  
Age Youth & Mental Health



# Our Space LGBTQ Center a program of Bay Area Youth Center

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## Critical Conversations: Talking About LGBTQI2S Transition Age Youth & Mental Health

### OUR STORY

At Our Space we create safe space for LGBTQI2S youth to be themselves, to speak all of their truths, and to be celebrated and affirmed for who they are. Many of the LGBTQI2S youth we work with have deep trauma histories and continue to experience trauma in their daily lives. Many of these young people are interested in accessing mental health support services but don't because of fear and experience of being mistreated, misdiagnosed and misunderstood. Critical Conversations was created by LGBTQI2S youth for the provider community, to help the provider community better understand the needs of LGBTQI2S youth at the intersection of mental health and have the tools needed to be visibly safe and affirming providers for LGBTQI2S youth.

#### **For more information, please contact:**

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## **LGBTQI2S Learning Questions #2**

**Date Submitted:** *December 29, 2015*

**Project Name:** Critical Conversations: Talking About LGBTQI2S Transition Age Youth & Mental Health

**Grantee Organization:** *Our Space / BAYC*

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**Project Contact:** *Bárbara de Paula Rodrigues da Silva*

Please include a narrative description of the training curriculum by answering the following questions about your project's Learning Question(s), target subpopulation, program description, and effectiveness of the strategies.

### **Addressing the Learning Question(s)**

#### **1. Identify the Learning Question(s) your project addressed.**

*What training curriculum will best support age-based, culturally responsive provider capabilities regarding the specific needs and issues of LGBTQI2S clients/consumers?*

#### **2. Answer your selected Learning Question(s) based on your project findings and final project desired outcomes. Explain how your strategies address the learning question(s).**

*Based on the findings of our project, a training curriculum for service providers to best serve the specific needs and issues of LGBTQI2S TAY is one that is based on the experiences of a diverse range of LGBTQI2S youth and co-created by LGBTQI2S youth through a social justice-framework and a holistic, accessible and trauma-informed process. The ideal training curriculum is relevant to the experiences of LGBTQI2S TAY, and provides a framework for understanding the intersectionality of their identities. The training curriculum should be critical of the mental health system and address the barriers and stigma that LGBTQI2S TAY face in accessing care, the intersections of the mental health system with other systems, and the impact of medical/psychiatric diagnosis and labeling on LGBTQI2S TAY lives. The training curriculum should also be hopeful and empowering to mental health providers who wish to create cultural shifts in working with LGBTQI2S TAY, by containing practical content and concrete suggestions for the providers to create safer spaces and better practices for working with LGBTQI2S TAY in their agencies. Additionally, an ideal training curriculum is interactive, accessible and empowering to service providers of all levels of background understanding by: including multimedia training materials with the voices and knowledge that comes directly from the training subjects (LGBTQI2S TAY); being adaptable and including multiple options of activities and methodologies for engaging with colleagues at different agencies; including images, and user-friendly language.*

*Critical Conversations' strategy addresses the learning question by providing a multimedia facilitation guide for mental health providers to facilitate critical conversations at their agencies. The Critical Conversations Facilitation Guide includes Digital Stories made by LGBTQI2S TAY impacted by the mental health system. Through testimonials of their lived experiences, insights, reflections, hopes and dreams, coupled with a comprehensive, adaptable, accessible guide for facilitators the goal is to shift the organizational culture of their agency to better meet the mental health needs of LGBTQI2S TAY.*

### **3. Any other ideas or interventions employed to support the LGBTQI2S Clients and Consumers? Explain.**

*We supported and empowered LGBTQI2S Clients throughout our innovative project activities, which centralized their voices in order to give authentic insight to mental health providers on how to support LGBTQI2S Clients, and also to inspire LGBTQI2S TAY participants to use their voices to make systemic change, along the way. (More about project activities in question 8)*

*The ideas that were generated through the process on how mental health providers can support LGBTQI2S TAY Clients involved:*

- A) Creating safer spaces: Having visible signs of allyship, such as posters, brochures, stickers; Creating inclusive gender neutral spaces for trans and gender-non-conforming TAY; Ensuring that all agency forms/brochures are inclusive and affirming of LGBTQI2S TAY; Reviewing and updating existing agency policies to specifically support the safety and needs of LGBTQI2S TAY; Designating "safe zones" exclusively for LGBTQI2S TAY ; Developing agency connections and partnerships to LGBTQI2S organizations in the community; Offering and encouraging consistent LGBTQI2S competency trainings for all agency employees and volunteers; establishing sound recruitment and hiring practices that ensure employee's ability to competently serve LGBTQI2S TAY; Improve physical, financial, linguistic & cultural accessibility to ensure that a diverse range of LGBTQI2S TAY can access services.*
- B) Creating better practices: Being aware of own beliefs & biases and how they might impact work with LGBTQI2S TAY; Respecting youth's gender identities and expressions by not making assumptions and allowing for youth's self-determination regarding their identity and presentation; Respecting confidentiality of LGBTQI2S TAY's sexual orientation and gender identity; Educating self about the histories and issues important to LGBTQI2S communities; Empowering LGBTQI2S TAY to be agents in their own care, direct flow of conversation, and give their own ideas, opinions and feedback; Allowing for LGBTQI2S TAY to talk about self-harm and suicidal ideation; Using a trauma-informed lens by understanding that LGBTQI2S TAY's trauma histories, identities, and institutionalized and systemic oppression, impact their behaviors; Using a Harm Reduction model by accepting where individuals are at and educating them to make informed choices that reduce risk and increase wellness at their own pace and on their own terms.*

## Identify the Priority Subpopulation

### **4. Identify the subpopulation of LGBTQI2S clients and consumers for whom this program was most effective. Please include age, culture/ ethnicity, language, and other factors. How was this determined?**

*The program is most effective for LGBTQI2S Transition Age Youth (ages 18-24) who hold intersecting identities that are not often represented when talking about mental health, and who are involved with mental health systems at varying levels and with varying severity of symptoms. This includes LGBTQI2S TAY of color, especially trans and gender non-conforming TAY and TAY with a diverse array of life experiences that include: differing immigration statuses; homelessness; involvement in street economies for survival; adoption and foster care histories; histories as trauma survivors; experiencing high levels of suicidal ideation and/or suicide attempts on a regular basis; and substance use.*

*This subpopulation was determined based on demographics of LGBTQI2S youth who access Our Space's community center, and who have struggled with mental health systems. This was also determined by centering the voices and identities within marginalized and systematically oppressed communities.*

### **5. Describe the involvement with BHCS stakeholders (e.g., clients/ consumers, family members, and BHCS contracted providers).**

*LGBTQI2S TAY (Clients/Consumers) were involved in the process at multiple levels. We started by recruiting 7 LGBTQI2S TAY who participated in a digital storytelling workshop and completed their Digital Stories with the assistance of the Berkeley Center for Digital Storytelling staff. Of the group that completed their digital stories, two participants were hired as Peer Facilitator Interns to create/facilitate the Critical Conversations Facilitation Guide (training curriculum) for mental health service providers. The two Peer Facilitator Interns received weekly in-depth training around facilitation and curriculum development, co-facilitated the Critical Conversations Open Space Technology Forum in November, informed the Critical Conversations Facilitation Guide, and facilitated the Critical Conversations Facilitator's Training in May.*

*LGBTQI2S TAY, service providers, and community members at large participated in the day-long Critical Conversations Open Space Technology Forum held on Wednesday, November 12th, 2014. A total of 63 different participants (mostly adult service providers/community members and a few transitional age youth) attended the Forum and provided valuable feedback and ideas that informed the training curriculum.*

*On May 29<sup>th</sup>, thirteen providers participated in the Critical Conversations Facilitator's training held at Seneca Center. Each participant agreed to facilitate a Critical Conversation at their workplace, and submitted feedback surveys at the completion of their Critical Conversation.*

*In the final quarter, the Project Manager conducted an in-person Field Test with 2 consumers (LGBTQI2S TAY), 1 family member and 3 providers (from BAYC and James Baldwin Academy). Field Test participants met with the Project Manager at Our Space for 2 hours to review the curriculum, watch the Digital Stories and fill out a 2-page feedback questionnaire.*

## **6. How are the strategies culturally responsive to this priority population?**

*We utilize culturally responsive strategies by centering the voices, strengths and life experiences of marginalized TAY identities, including LGBTQI2S TAY of color, trans & gender non-conforming TAY, immigrants, young parents, homeless and foster youth, etc.. . One of the key discussion themes of Critical Conversations is the intersectionality of their identities, and how providers can understand and work with LGBTQI2S TAY from an intersectional framework, addressing and responding to the specific experiences of each TAY as they are affected by their multiple intersecting identities.*

## **7. What are the goals of the program/ curriculum?**

*The overarching goal of Critical Conversations is to empower mental health providers to initiate critical conversations at their workplaces regarding the experiences and needs of LGBTQI2S TAY in the mental health system. By giving providers the tools they need to do this, we hope to see providers positively shift organizational culture in serving LGBTQI2S TAY in each agency, ultimately making mental health services in our community safer and more welcoming of LGBTQI2S TAY.*

## **8. Describe the Program Design, including the essential program components (e.g., outreach & engagement, interventions, treatment, evaluation, etc.)**

*Our Program Design supported and empowered LGBTQI2S Clients throughout our innovative project activities, which centralized their voices in order to give authentic insight to mental health providers, and also to inspire LGBTQI2S TAY participants to use their voices to make systemic change, along the way. Our project activities were:*

*1) Hosting a digital storytelling workshop in collaboration with the Center for Digital Storytelling so that 7 LGBTQI2S TAY could gain the necessary tools and emotional support to share their experiences with the mental health system using innovative multimedia technology.*

*2) Hosting an Open Space Technology Conference, in which youth, providers and community members viewed the Digital Stories and discussed their own experiences and ideas about the intersections of LGBTQI2S TAY and the mental health system.*

*3) Creating a Critical Conversations Facilitator's Guide and Facilitator's Training in collaboration with 2 Peer Facilitators who were hired from the group of LGBTQI2S TAY Digital Story participants. The Peer Facilitators and Project Manager met weekly to learn and discuss themes, objectives, goals, strategies, facilitation skills, etc, necessary to train Critical Conversations Facilitators in hosting critical conversations with their colleagues to better support LGBTQI2S TAY.*

*4) Holding an in-person Field Test with LGBTQI2S TAY, family members and providers. The Field Test included: an interactive review of the Facilitation Guide, a screening of the Digital Stories, and a*

*collection of feedback via discussions and a 2-page survey. This included LGBTQI2S Clients/Consumers and community members in the feedback process, and informed the final edits of the Critical Conversations Facilitation Guide.*

### **9. How did the program impact the population served by this project?**

*The program impacted the LGBTQI2S TAY by empowering them to share their stories and experiences with the mental health system. In turn, these Stories are disseminated into different mental health agencies, through Critical Conversations—facilitated discussions that center the experiences of TAY portrayed in the Digital Stories-- so that providers can learn directly from the population about ways to support and empower LGBTQI2S TAY at the intersections of mental health systems.*

### **10. What are the essential elements?**

*Essential elements for the Critical Conversations project have been:*

- Youth created/informed every step of the way. What makes this training curriculum so relevant and valuable is that it was made by consumers – LGBTQI2S young people impacted by mental health. It is filled with their voices, their experiences, and their ideas.*
- Anybody can host a Critical Conversation. The Facilitator’s Guide gives people ideas/skills for facilitating a critical conversation. This model helps to encourage dialogue among colleagues and (hopefully) helps lay the groundwork for agency culture shifts in how LGBTQI2S young people at the intersection of mental health are treated/served.*

### **11. Identify staffing requirements and considerations? Include recommended qualifications, certification and / or licensure.**

*Technically, this project does not require any additional staffing expenses. The final output (digital stories and Facilitator’s Guide) has been created with the idea that anybody, with any level of experience around facilitation or LGBTQI2S issues, can host a critical conversation using the Facilitator’s Guide and digital stories. There is a training that can be done for potential Critical Conversation hosts if desired. If that happens, our recommendation is that the training is provided by an Our Space staff member and 1 – 2 LGBTQI2S youth impacted by mental health.*

### **12. Identify the collaborators necessary to the success of the program.**

*We collaborated with the Center for Digital Storytelling to train and assist participants in creating the Digital Stories. We also collaborated with Seneca Center to utilize their space for the Facilitator’s Training and to outreach to other providers for the Field Test.*

### **13. Describe the strategies, methods of implementation and timeframe.**

*The strategy of Critical Conversations is to equip mental health service providers with a multimedia facilitation curriculum (Digital Stories combined with the Facilitation Guide) so that they can each begin to shift the organizational culture at their agency and empower their colleagues to work effectively with LGBTQI2S TAY within the mental health system. The facilitation curriculum can be used **by and for** any service provider who works directly with LGBTQI2S TAY involved with mental health systems, including social workers, therapists, nurses, youth advocates, and other service providers who would like to facilitate a screening of the Digital Stories with a guided discussion (AKA implement a Critical Conversation) within their agency. The facilitation curriculum is adaptable and can be implemented on a variety of timeframes—from a one-time event to a 7-part series.*

### **Demonstrate Effectiveness of Strategies**

#### **14. How do you know these strategies are effective in achieving the goal of reducing isolation for the priority population? (Include data collection)**

*I know the program strategies are effective because we drew from community inputs and feedback at each step of the way: Starting with the personal stories of each Digital Story participant, to the input and feedback collected from youth and providers at the Open Space Technology Forum, to the ideas of the Peer Facilitator Interns who co-created the Facilitation Guide, to the feedback from providers who participated in the Critical Conversations Facilitator Training and facilitated Critical Conversations at their own agencies, to the feedback surveys and discussions with providers, youth and family member for the Field Test. Based on the data that we collected on the Field Test surveys, 100% of client participants strongly agree that the project addresses their needs and experiences as LGBTQI2S TAY. 100% of provider participants strongly agree that the project meets the needs of our local community to better serve LGBTQI2S TAY. 50% of client participants agree and 50% of client participants strongly agree that the project is interactive and easy to understand. 100% of client participants strongly agree that they would receive better services if this training curriculum were offered at agencies that serve them. 100% of provider participants strongly agree that their work would be enhanced if this training curriculum were available at their agency.*

#### **15. Describe the culturally responsive nuance of the strategies for the priority population?**

*Critical Conversations was created by centering the voices, strengths and life experiences of marginalized TAY identities, including LGBTQI2S TAY of color, trans & gender non-conforming TAY, immigrants, young parents, homeless and foster youth, etc . One of the key discussion themes of Critical Conversations is the intersectionality of their identities, and how providers can understand and work with LGBTQI2S TAY from an intersectional framework, addressing and responding to the specific experiences of each TAY as they are affected by their multiple intersecting identities.*

#### **16. Describe the process for arriving at the Program Design supported by evidence-based or community defined best practice findings.**

*We utilized community-defined Best Practices to create the Critical Conversations Facilitation Guide by gathering the feedback, experiences, ideas, criticisms and dreams of mental health practices from*



LGBTQI2S TAY, providers and community members throughout the process. This was generated through discussions at the Open Space Technology Forum, the Digital Storytelling workshop and participants' Digital Stories, the ongoing work with the Peer Facilitators, feedback from providers who participated at The Facilitation Guide, and feedback from the Field Test. Overall, Critical Conversations emerged from the lived experiences of LGBTQI2S TAY within the mental health system, who have enough evidence of the methods and techniques that have consistently shown superior results for them.

**17. Provide quantitative and qualitative data that show the effectiveness of the strategies. Include measures of effectiveness and data sources used.**

To measure the effectiveness of the strategies, we drew from feedback surveys and discussions with providers, youth and family member for a Field Test of Critical Conversations. Based on the data that we collected on the Field Test surveys, 100% of client participants strongly agree that the project addresses their needs and experiences as LGBTQI2S TAY. 50% of client participants agree and 50% of client participants strongly agree that the project is interactive and easy to understand. 50% of client participants agree and 50% of client participants strongly agree that the presentation of the material was interactive and easy to understand. 100% of client participants strongly agree that they would receive better services if this training curriculum were offered at agencies that serve them. One client participant noted that what they liked about the project was seeing so many other youth (in the Digital Stories) sharing similar subjects and experiences. Another client participant liked that the youth in the Digital Stories made other youth feel comfortable in being LGBTQ. Client participants stated that they would recommend the Critical Conversations Training Curriculum to their counselors, therapists and other adult providers.

Also based on data that we collected through the field test surveys, 100% of provider participants strongly agree that the project meets the needs of our local community to better serve LGBTQI2S TAY. 33.3% of provider participants agree and 66.6% of provider participants strongly agree that the project is well-organized and easy to use. One provider participant noted that the Facilitation Guide flows and transitions well between modules. She believes that the comprehensiveness of the Facilitation Guide demonstrates diligence and respect to the TAY who participated in the Digital Stories and their range of identities and experiences. Another provider added that the Facilitation Guide answers questions perfectly, even for those who are not familiar with working with LGBTQI2S TAY. 100% of provider participants strongly agree that the presentation of the material clearly communicated the work that was accomplished by the Project Manager. 100% of provider participants strongly agree that their work would be enhanced if this training curriculum were available at their agency. The provider participants noted some of the most inspiring and impacting pieces of the project: All providers agreed that the Digital Stories were the most inspiring pieces of the project, helping to personalize and connect providers to the training. Providers also noted liking the representations of intersectionality with youth of color, and representation of a spectrum of TAY. The concerns of the provider participants in implementing the training curriculum at an agency include: having to allot more time for providers who are not as familiar with the content; and the pacing through showing the Digital Stories, given their heaviness and possible triggers.

# Critical Conversations: Talking About LGBTQI2S Transition Age Youth & Mental Health

*A Facilitation Guide for Mental Health Providers*



## OUR SPACE

**where it is safe to be yourself**

A BAYC PROGRAM / A DIVISION OF SUNNY HILLS SERVICES

by Bárbara de Paula Rodrigues da Silva  
October, 2015

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# Information About Our Space

Our Space: where it is safe to be yourself is an LGBTQ youth community center that works in partnership with LGBTQ youth, adults and allies to create safe and affirming space where LGBTQ youth can socialize, build community, develop leadership skills and access culturally relevant mental health services. Our Space holds the experiences, strengths and needs of young people impacted by poverty, homelessness and the child welfare and juvenile (in)justice systems at its core, and recognizes these youth as fierce and fabulous change-agents in our communities.

Our Space services include: LGBTQ youth community center programming four days per week; LGBTQ affirming case management and mental health services; and targeted support services to LGBTQ foster youth and their caregivers/families via the Youth Acceptance Collaborative, a collaboration between Our Space, Family Builders by Adoption, and Alameda County Social Services.

Our Space is located in Hayward, California and is a program of Bay Area Youth Center, a division of Sunny Hills Services.

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## About The Author

Bárbara de Paula Rodrigues da Silva is the Our Space Community Center Coordinator at Bay Area Youth Center (BAYC), where she works in partnership with LGBTQI2S youth to create empowering, creative, and engaging community center programming that promotes social justice leadership development, community building, self-expression and holistic mental health.

Bárbara has worked in educational programming in a variety of youth community centers, schools and after-school programs, and has developed, implemented and facilitated curriculum in poetry and performance, social justice activism, holistic health and sexual education. In her free time, Bárbara writes and shares her poetry, and performs with a Brazilian dance and drumming troupe.

Bárbara is originally from Rio de Janeiro, Brazil, and holds a B.A. from Hampshire College.

# Introduction

Mental health disparities among Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex and Two Spirit (LGBTQI2S) Transition Age Youth (TAY) are of growing concern. LGBTQI2S youth experience repeated exposure to psychosocial stressors associated with anti-LGBTQI2S and anti-youth attitudes and behaviors, including discrimination, stigmatization, pathologization, and violence. Further, LGBTQI2S TAY also face individual and institutional forms of bias and obstacles in accessing mental health clinics, residential treatment centers, hospitals, and other mental health institutions.

## **Critical Conversations is a *multimedia training curriculum***

for mental health providers who wish to shift the organizational culture at their agency and better equip their colleagues on working effectively with LGBTQI2S TAY within the mental health system.

**Critical Conversations can be used *by and for* anyone who works with LGBTQI2S TAY involved with mental health systems, including: social workers, therapists, nurses, administrators, youth advocates, and other service providers.** Anyone who is passionate about LGBTQI2S TAY inclusion and competency can use this comprehensive training curriculum to host a **Critical Conversation** within their agency.

The **Critical Conversations** Training Curriculum is comprised of:

- A collection of 8 *Digital Stories* created by LGBTQI2S TAY about the impact of mental health on their lives. You can access the complete playlist of the Digital Stories on YouTube through this link: <https://goo.gl/hcgnCD>
- This *Facilitation Guide* so that providers can facilitate a screening of the Digital Stories with a guided discussion --AKA **Critical Conversation** -- at their agency.

**The overarching goal of Critical Conversations is to empower mental health providers to initiate *critical conversations* at their workplaces regarding the experiences and needs of LGBTQI2S TAY in the mental health system.** *By giving providers the tools they need to do this, we hope to see providers positively shift organizational culture in serving LGBTQI2S TAY in each agency, ultimately making mental health services in our community safer and more welcoming of LGBTQI2S TAY.*

## About the Digital Stories:

"*Digital storytelling*" is a relatively new practice of combining digital tools, such as photographs, video, animation, sound, music, text, with a narrative voice to tell a compelling story. The Critical Conversations Digital Stories were created through a partnership with the Center for Digital Storytelling in Berkeley. Seven LGBTQI2S TAY participated in a workshop that empowered them to create and share their own story using their own words, interwoven with carefully curated images, videos, texts and sounds.

Through this process, participants recognized the importance of their voice and unique perspectives as LGBTQI2S TAY within the mental health system. Their seven individual stories combined--along with "Love Letter", a collaborative digital story created by all participants--are an expressive and engaging training tool for providers to gain insight on the mental health struggles, needs, and resiliency of LGBTQI2S TAY. Their experiences and insight provide invaluable guidance for improving mental health services for this population. *These youth share their stories with the hope that by giving providers a true glimpse of what it is like to be an LGBTQI2S TAY, they will help improve the mental health system for the other LGBTQI2S TAY in their community.*

Each Digital Story can be effective in illustrating particular concepts to providers. You might want to show stories individually to address specific topics at your agency. You might also wish to show all of the stories as a set in order to provide a more well-rounded illustration of the range of experiences of LGBTQI2S TAY impacted by mental health. The Critical Conversations Training Curriculum is intended to be adaptable to all of your training needs, background knowledge and timeline.

## Using this Facilitation Guide

To ensure the most effective use of the Digital Stories, we offer this *Facilitation Guide*, which has been created by two of the Digital Story participants, and has been informed by the knowledge and experiences of the larger LGBTQI2S and provider community.

The materials in this *Facilitation Guide* have been designed with multiple purposes in mind. They offer you:

1. *Easy-to-use tools needed in order to frame and better understand the Digital Stories and host a **Critical Conversation** at your organization;*
2. *Goal setting and planning materials to support you in organizing your **Critical Conversation**;*
3. *Worksheets and handout materials for participants at your **Critical Conversation**;*
4. *Additional resources & information to support you and your colleagues in making mental health care safe, supportive, and welcoming of LGBTQI2S TAY.*

## The following tools are included in this Facilitation Guide:

- **Key Concepts** for better understanding and explaining the differences between assigned sex, gender identity, gender expression and sexual orientation.
- **Digital Stories Viewing Guide**, which includes main points, keywords, discussion questions and references to discussion themes for each Digital Story;
- **Discussion Themes** generated by LGBTQI2S TAY and mental health providers that will assist you in better understanding the Digital Story topics, and framing and directing your **Critical Conversation** at your agency;
- **Action Planning Worksheet**, for you to set goals and concrete steps as you plan for your **Critical Conversation**
- **Checklist & Skill Sheet for Facilitators**, which has a list of things for facilitators to consider before, after, and during a **Critical Conversation**;
- **Critical Conversation Lesson Plan Sample**, to support you in planning your **Critical Conversation**;
- **Glossary**, for your personal use as you read the Facilitation Guide, and for participants to reference during your **Critical Conversation**;
- **Critical Conversation Handouts**, which should be printed and handed out to participants during your Critical Conversation, including:
  - **Digital Story Reflection Worksheet**, for participants to capture their thoughts and reflections during and after Digital Story screening;
  - **Thank You Letter to Our Dream Provider**, created by Digital Story participants to be handed to providers as an inspiration at the end of a **Critical Conversation**;
  - **LGBTQI2S Resource List**, with informational resources for providers, and helpful resources for LGBTQI2S TAY, to be handed to providers at the end of a **Critical Conversation**;
  - **Safe Space Poster** created by a Digital Story youth participant, for printing and hanging in participants' offices as an affirmation to LGBTQI2S TAY.

*By offering providers the tools needed to host a **Critical Conversation** at their workplace, our goal is to utilize shared knowledge, the art of storytelling and agency-wide conversations to positively shift services for LGBTQI2S TAY impacted by mental health in our community.*

# Key Concepts:

## GENDER & SEXUAL ORIENTATION 101

When discussing and working with the LGBTQI2S population, it is important to understand and distinguish between the following four concepts: assigned sex, gender identity, gender expression, and sexual orientation. For many people, the terms “gender” and “sex” are used interchangeably, which can erase the experience of transgender and gender nonconforming individuals. Additionally, these terms are often interpreted as having binary categories: male or female, man or woman, straight or gay. These assumptions can negate the existence of LGBTQI2S identities and experiences, which often do not fit into rigid & binary categories. *The following is a helpful way of understanding and defining assigned sex, gender identity, gender expression, and sexual orientation:*

### ASSIGNED SEX

Assigned sex is determined by chromosomes, hormones, and internal reproductive structures and external genitalia that are used to assign sex at birth. Given the potential variation in all of these, assigned sex must be seen as a spectrum or range of possibilities rather than a binary set of two options.

**Typical binary:** male OR female

**Beyond the binary:** intersex, transsexual, etc...

### GENDER IDENTITY

Gender Identity refers to how individuals perceive themselves and what they call themselves-- their internal sense of self as male, female, both or neither. One’s gender identity can be the same or different than the sex assigned at birth. Some of those whose gender does not match their assigned sex may choose to hormonally and/or surgically change their sex to more fully match their gender identity.

**Typical binary:** man OR woman

**Beyond the binary:** transgender, genderqueer, agender, 2 Spirit, etc.

### GENDER EXPRESSION

Gender expression refers to the ways in which people externally communicate their gender identity to others through behavior, aesthetic choices, presentation, social/cultural expectations and gender roles that have traditionally been associated as male or female.

**Typical binary:** masculine OR feminine

**Beyond the binary:** gender non-conforming, gender fluid, androgynous, butch, stud, femme,...

### SEXUAL ORIENTATION

Sexual Orientation refers to primary romantic, sexual, or affectional attraction to people of a particular gender.

**Typical binary:** gay/lesbian OR straight

**Beyond the binary:** bisexual, queer, pansexual, asexual, etc...



The following illustrations from “The Gender Book” offer other ways of examining gender:

### the GENDER BINARY

is the system of belief in only two genders.

Public bathrooms, like driver's licenses and census forms, present us with two options. You're either male or female. In this system, your gender and sex are assumed to be the same thing. However, this isn't always true for gender minorities or intersex folks.

### GENDER SCALES

are what most psychologists use when measuring gender. In this system, masculinity and femininity are independent. You can be high in masculine qualities and feminine qualities at the same time, low in both, or any combination.

FEMININITY → 10      ← 10 MASCULINITY

### ALTERNATIVE SYSTEMS

### GENDER SPECTRUM

imagines infinite genders ranging from the very masculine to the very feminine. This gives more than two options, but is still pretty one-dimensional.

### OTHERS!

Try imagining gender as a 3D space. What would your dimensions be?

Some see gender as a horseshoe, where the conforming (masculine and feminine) genders have more in common with each other than with the nonconforming possibilities.

Others create colorful gender diagrams. None of these are right or wrong, but different ways to look at the same concepts. Let's consider how inclusive each system is to gender minorities.

My friends and I would love a gender system that includes more options than male and female. Can you imagine that? What might it look like?

11

### Imagine gender as a planet.

### CISGENDER

If you're most comfortable in the gender you were assumed at birth, that's called cisgender.

each identityland has its own language of pronouns + words specific to the residents.

borders change over time.

Sometimes immigrants are treated as second-class citizens.

New islands are often discovered.

Some genderlands have more resources + power than others.

Some identities are populated entirely by travelers.

Manlandia

Ladyland

Gender Diverse Island

the sea of Gender nonconformity

Transgender

Anyone who lives outside their expected gender land, crossing state lines, so to speak, **could** be said to be transgender.

1

<sup>1</sup> Hill, Mel Reiff, and Jay Mays. *The Gender Book*. N.p.: n.p., n.d. 10-11. Print.

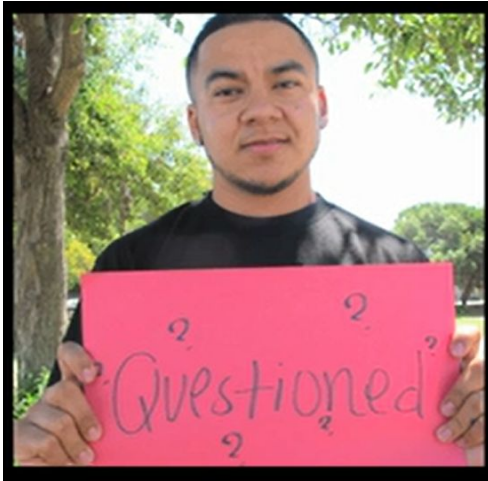
# Digital Stories Viewing Guide

The LGBTQI2S TAY represented in the Digital Stories hold intersecting identities that are not often represented when talking about mental health, and who are involved with mental health systems at varying levels and with varying severity of symptoms. The group is comprised of youth of varying races and gender identities and have a diverse array of life experiences that include: differing immigration statuses; homelessness; involvement in street economies for survival; adoption and foster care histories; histories as trauma survivors; experiencing high levels of suicidal ideation and/or suicide attempts on a regular basis; and substance use. Their voices provide first-hand descriptions of the mental health struggles, needs, and resiliency of LGBTQI2S TAY. Their experiences and insight provide invaluable guidance for improving mental health services for this community.

*This section gives the Critical Conversation facilitator an overview to better understand and frame each Digital Story.* In each page you will find:

- A relevant quote from each Digital Story
- The YouTube link and running time of each Digital Story
- *Trigger Warnings* to announce before screening each Digital Story to **Critical Conversation** participants
- *Key points* that each Digital Story illustrates
- *Key words*, or vocabulary terms contained in each Digital Story (all defined in the Glossary)
- Thought-provoking *Discussion Questions* to create meaning of each Digital Story, and to provide opportunities for **Critical Conversation** participants to reflect on how each Digital Story connects to their own work and practices as mental health providers.
- *Discussion Themes*, which points the facilitator to the following section in this Facilitation Guide to demonstrate what larger themes can be brought up from each Digital Story in order to generate discussion and deeper reflection & understanding.

As an alternative to asking *Discussion Questions* after each Digital Story, Critical Conversation facilitators may also choose to hand out *Digital Story Reflection Worksheets* (included in the Handout section), for Critical Conversation participants to capture their thoughts as they watch the entire collection of Digital Stories. The questions on the worksheet will fuel the discussions after screening the entire set of Digital Stories, and helps providers identify common threads and how their agencies are responding to the common issues addressed throughout the Stories.



# Jay

*“For trans youth, coming out is one thing, finding services is another”*

**Digital Story Link:** <https://youtu.be/ulDwRMmF2YY>

**Running Time:** 3:19

**Trigger warnings:** contains derogatory language use, and negative body image and self-esteem issues

<p><b>What this Story Illustrates:</b></p> <ul style="list-style-type: none"> <li>• The importance of family support as transgender TAY are coming out and transitioning.</li> <li>• The common experience of LGBTQI2S TAY having to doubt themselves and their identities as a result of family and societal pressures, values and expectations.</li> <li>• Mental health providers and clinics not equipped to support transgender youth because of lack of information and resources.</li> <li>• The barriers to receiving medical services which lead to many LGBTQI2S TAY to lie and further marginalize themselves in order to receive support.</li> </ul>	<p><b>Key Words:</b></p> <p>Trans          Puberty          Marimacha          “Come Out”          Psychologist          Testosterone          Chest Surgery</p>
<p><b>Discussion Questions:</b></p> <ol style="list-style-type: none"> <li>1. What might have helped Jay in his coming out experience?</li> <li>2. How could providers have helped affirm his experience as he was coming out, and lead him to resources?</li> <li>3. Jay says that coming out to his family was hard because they were catholic. How might we, as providers and institutions, hold values that make LGBTQI2S TAY feel unsafe in disclosing all of their identities?</li> <li>4. How can we, as providers and institutions, support families of LGBTQI2S TAY and connect them to resources throughout transitions?</li> <li>5. What does Jay’s story say about the barriers trans youth face in receiving medical support?</li> </ol>	<p><b>Discussion Themes:</b></p> <p><b>A-</b>Intersecting Identities  <b>C-2-</b> Need to self-pathologize to access adequate health care &amp; treatment  <b>D-</b> Creating Safer Spaces  <b>E-</b>Creating Better Practices</p>



# Drusilla

*“I can imagine myself as different genders and it gets me into trouble”*

**Digital Story Link:** [https://youtu.be/u\\_eoD-3CLCU](https://youtu.be/u_eoD-3CLCU)

**Running Time:** 3:19

**Trigger warning:** contains use of several homophobic and transphobic language, mention of sexual trauma, verbal abuse and suicide ideation

<p><b>What this Story Illustrates:</b></p> <ul style="list-style-type: none"> <li>● Hate crimes and homicides against LGBTQI2S TAY based on their gender expression, and the psychological effects on their community members.</li> <li>● Verbal and emotional violence from professionals within mental health institutions.</li> <li>● The links between gender identity, diagnosis and treatment within the mental health system.</li> <li>● The isolation and desperation that leads some LGBTQI2S TAY to suicide attempts and/or life on the streets.</li> <li>● The resilience of LGBTQI2S TAY as they face both institutional and interpersonal homophobia and transphobia, hospitalizations, family neglect, homelessness, sexual trauma and abusive relationships.</li> </ul>	<p><b>Key Words:</b></p> <p>Faggot Tranny Bashed Kicked Out Homeless Sexual Trauma Dissociation Hallucinations Psychosis Delusion 5150</p>
<p><b>Discussion Questions:</b></p> <ol style="list-style-type: none"> <li>1. What factors drove Drusilla to attempt suicide?</li> <li>2. In what ways was Drusilla violated in the hospital?</li> <li>3. Drusilla asks important questions about the links between psychosis, hallucination, and gender identities. What links do you see between mental health and gender identity?</li> <li>4. What do you think Drusilla means when they say “I can imagine myself as different genders and it gets me into trouble?”</li> <li>5. What would you have done to create a safer space for Drusilla in the hospital?</li> </ol>	<p><b>Discussion Themes:</b></p> <p><b>A-</b>Intersecting Identities <b>C-1-</b> Mental Health care only available when youth is in crisis <b>C-3 -</b> Silencing strong emotions as a form of self-preservation <b>D-</b> Creating Safer Spaces <b>E-</b>Creating Better Practices</p>

# Glenn\*

*“I will do anything to numb myself, to keep me away from the hospital.”*

Digital Story Link: <https://youtu.be/McjWOX02qTo>

Running Time: 2:30

*Trigger warning: contains mention of sexual abuse and self-harm*

<p><b>What this Story Illustrates:</b></p> <ul style="list-style-type: none"> <li>● Neglect, objectification, stigmatization and othering of LGBTQI2S TAY within mental health hospitals.</li> <li>● Hospitalization in a mental health institution as a form of punishment and institutionalization, similar to being incarcerated.</li> <li>● The ways in which LGBTQI2S TAY may prevent themselves from having strong emotions--<i>numbing themselves</i>--for fear of being hospitalized.</li> <li>● Intergenerational trauma and abuse within mental health institutions.</li> <li>● The importance of supportive family members and friends in the mental health of many LGBTQI2S TAY.</li> </ul>	<p><b>Key Words:</b></p> <p>Hospitalized Suicidal Mental Health Industry Mental Health System Numb</p>
<p><b>Discussion Questions:</b></p> <ol style="list-style-type: none"> <li>1. Why is the mental health industry a danger to Glenn?</li> <li>2. Glenn refers to the hospital’s wrist band as a paper shackle, and makes a comparison between being hospitalized and imprisoned. What connections do you see between our mental health system and the prison system?</li> <li>3. Glenn talks about numbing themselves in order to prevent any future hospitalizations. What does this say about the ways in which LGBTQI2S youth enact self-preservation?</li> <li>4. How can providers hold space for LGBTQI2S TAY to express their emotions without forcing them into unwanted institutionalization?</li> <li>5. How does intergenerational trauma show up in your work with TAY?</li> </ol>	<p><b>Discussion Themes:</b></p> <p><b>A</b>-Intersecting Identities <b>B-1</b>-Intersections of Mental Health &amp; Criminal Justice System <b>B-2</b>-Intersections of Mental Health &amp; Pharmaceutical Industry <b>C-1</b>- Mental Health care only available when youth is in crisis <b>C-3</b> - Silencing strong emotions as a form of self-preservation <b>D</b>- Creating Safer Spaces <b>E</b>-Creating Better Practices</p>

*\*In order to protect this participant’s anonymity, we have created a pseudonym, and blurred all of their images.*



# Rebekah

*“I want to help out people like me, make them feel comfortable about themselves.”*

**Digital Story Link:** <https://youtu.be/bFdB3Ganw6Y>

**Running Time:** 2:46

**Trigger warnings:** *contains mention of family abuse, neglect and gender role enforcement*

<p><b>What this Story Illustrates:</b></p> <ul style="list-style-type: none"> <li>● Family abuse, neglect, and the way in which gender roles (such as masculinity) are enforced within the family as a form of violence.</li> <li>● The importance of allies within the families of LGBTQI2S TAY.</li> <li>● The importance of having the freedom to express one’s authentic self through gender expression and/or transition.</li> <li>● Access to medical transition treatments as vital to trans youth mental health.</li> </ul>	<p><b>Key Words:</b></p> <p>DL Foster Care Masculine Transition Hormones</p>
<p><b>Discussion Questions:</b></p> <ol style="list-style-type: none"> <li>1. In what ways has Rebekah experienced abuse from her family?</li> <li>2. What and who could have helped Rebekah feel affirmed and appreciated as she was growing up?</li> <li>3. How has Rebekah’s gender expression helped her heal?</li> <li>4. What do you think the butterfly imagery represents in Rebekah’s story?</li> <li>5. What does Rebekah’s story say about the importance of having access to transition-related health care?</li> <li>6. What might have happened to a different youth, without such personal drive, in the same situation that Rebekah found herself in?</li> </ol>	<p><b>Discussion Themes:</b></p> <p><b>A-</b>Intersecting Identities <b>B-3-</b>Intersections of Mental Health &amp; Foster Care System <b>D-</b> Creating Safer Spaces <b>E-</b>Creating Better Practices</p>



# Shanell:

*“The therapists didn’t help, because they had no idea what I was going through.”*

**Digital Story Link:** <https://youtu.be/cBeF3TiS9dQ>

**Running Time:** 2:50

**Trigger warnings:** contains mention of verbal and sexual abuse

<p><b>What this Story Illustrates:</b></p> <ul style="list-style-type: none"> <li>• The effects of family abuse on the mental health and self-awareness of LGBTQI2S TAY.</li> <li>• The additional challenges LGBTQI2S TAY face when dealing with sexual violence.</li> <li>• How the lack of empathy, understanding, and trauma-informed services from mental health providers can halt the ability for LGBTQI2S TAY to experience healing.</li> <li>• How the over medicalization of trauma symptoms and experiences affect the well-being and mental health of LGBTQI2S TAY.</li> <li>• The role that parenting can play in LGBTQI2S TAY’s lives by shifting cycles of violence within their family.</li> </ul>	<p><b>Key Words:</b></p> <p>Custody  Legal Guardian  Trauma  Assault</p>
<p><b>Discussion Questions:</b></p> <ol style="list-style-type: none"> <li>1. How did Shanell internalize the violence she received as she was growing up?</li> <li>2. What does Shanell's story say about the use of medications to treat trauma?</li> <li>3. What interventions could have helped Shanell when she was seeking treatment?</li> <li>4. How does Shanell break the cycles of intergenerational violence in her family?</li> <li>5. How can Shanell be supported as an LGBTQI2S mother and as a survivor?</li> </ol>	<p><b>Discussion Themes:</b></p> <p><b>A-</b>Intersecting Identities  <b>B-2-</b>Intersections of Mental Health &amp; Pharmaceutical Industry  <b>B-3-</b>Intersections of Mental Health &amp; Foster Care System  <b>D-</b> Creating Safer Spaces  <b>E-</b>Creating Better Practices</p>



## Joshua:

*“I know that there are mental health professionals out there not doing a good job, especially for queer & trans folks, and I am determined to be one of the good ones.”*

**Digital Story Link:** <https://youtu.be/Rp0LFkJ7iqc>

**Running Time:** 3:06

*Trigger warnings: contains mention of suicide attempts and overdose*

<p><b>What this Story Illustrates:</b></p> <ul style="list-style-type: none"> <li>• The disconnect between the diagnoses of LGBTQI2S TAY and how LGBTQI2S TAY actually describe and interpret their own experiences.</li> <li>• The importance of peer support &amp; community building within isolating mental health institutions.</li> <li>• Examples of how affirming therapy practices can positively impact LGBTQI2S TAY.</li> <li>• How LGBTQI2S TAY can become empowered to support other LGBTQI2S TAY.</li> </ul>	<p><b>Key Words:</b></p> <p>PTSD          OCD          Suicide Attempts          Overdose</p>
<p><b>Discussion Questions:</b></p> <ol style="list-style-type: none"> <li>1. Joshua expresses a disconnect between the way ze is diagnosed, and how ze interprets hir experience. How might labelling and diagnoses affect the ways in which we view and treat LGBTQI2S TAY?</li> <li>2. How does community support impact Joshua’s mental health? How can we encourage relationship-building and community support among our clients?</li> <li>3. Joshua’s therapist allowed for hir to express hir anger, while encouraging other emotions. How do we give permission for our LGBTQI2S TAY clients to have intense emotions, including anger?</li> <li>4. What factors have inspired Joshua to become a therapist? How can we model being good providers in order to inspire LGBTQIA2S TAY to become change agents?</li> </ol>	<p><b>Discussion Themes:</b></p> <p><b>A-</b>Intersecting Identities  <b>C-1-</b> Mental Health care only available when youth is in crisis  <b>C-3 -</b> Silencing strong emotions as a form of self-preservation  <b>D-</b> Creating Safer Spaces  <b>E-</b>Creating Better Practices</p>





# Apple:

*“An affliction, disorder, a cause of not being normal. Who knows you but you?”*

**Digital Story Link:** <https://youtu.be/R2nj3AvxYOY>

**Running Time:** 3:07

*Trigger warning: contains mention of bullying, abuse and negative self-esteem and body image*

<p><b>What this Story Illustrates:</b></p> <ul style="list-style-type: none"> <li>• The negative and pervasive effects of bullying, othering, exclusion and childhood trauma on LGBTQI2S TAY.</li> <li>• The isolation, and struggle of LGBTQI2S TAY to find community.</li> <li>• The importance of storytelling, self-naming and self-identification for LGBTQI2S TAY to be able to gain agency in their lives, truths and experiences, and begin to heal their trauma, and foster self-love.</li> </ul>	<p><b>Key Words:</b></p> <p>Abnormal Abuse Bullied Tortured Disorder</p>
<p><b>Discussion Questions:</b></p> <ol style="list-style-type: none"> <li>1. What words does Apple use to describe her trauma and mental health diagnosis?</li> <li>2. How could providers have supported Apple when she was being bullied and abused?</li> <li>3. How does Apple show resilience?</li> <li>4. How does the storytelling process help Apple work through her trauma, and gain self-acceptance?</li> <li>5. What does Apple’s story say about the ways in which to engage youth in processing their traumatic experiences and healing themselves?</li> </ol>	<p><b>Discussion Themes:</b></p> <p><b>A-</b>Intersecting Identities</p> <p><b>B-1-</b>Intersections of Mental Health System &amp; Criminal Justice System</p> <p><b>D-</b> Creating Safer Spaces</p> <p><b>E-</b>Creating Better Practices</p>

# Love Letter:



**Digital Story Link:** [https://youtu.be/tB0Pbh\\_0Vas](https://youtu.be/tB0Pbh_0Vas)

**Running Time:** 3:49

*Screen this Digital Story at the end of the screening session, to uplift, inspire and empower mental health providers serving LGBTQI2S TAY.*

## **Discussion Questions:**

1. What are some of the wishes that the Digital Story participants have for LGBTQI2S TAY?
2. How can agencies incorporate these wishes to create safer spaces for LGBTQI2S TAY?
3. How can providers incorporate these wishes to create better practices for serving LGBTQI2S TAY?

## **Discussion Themes:**

**D-** Creating Safer Spaces

**E-** Creating Better Practices

# Discussion Themes

Throughout the Digital Stories, there are common themes that can be helpful in understanding the experiences of LGBTQI2S TAY impacted by mental health, and in informing better practices in mental health systems.

This section was informed by the critical feedback of LGBTQI2S TAY, LGBTQI2S adults and TAY mental health providers who participated in a day-long Critical Conversations symposium. Participants watched the Digital Stories and then participated in community dialogue to identify common threads, intersections, and needs of LGBTQI2S TAY within the mental health system that the Digital Stories brought up.

**The following themes were generated as being important topics for mental health providers to understand:**

- *Intersecting Identities*
- *Intersecting Systems*
- *Diagnosis & Labelling*
- *Creating Safer Spaces*
- *Creating Better Practices*

As a **Critical Conversation** Facilitator, familiarize yourself with these themes so that you can use them to generate dialogue at your agency during your **Critical Conversation**.

# A-Intersecting Identities

**THERE IS NO SUCH THING AS A SINGLE-ISSUE STRUGGLE BECAUSE WE DO NOT LIVE SINGLE-ISSUE LIVES.**

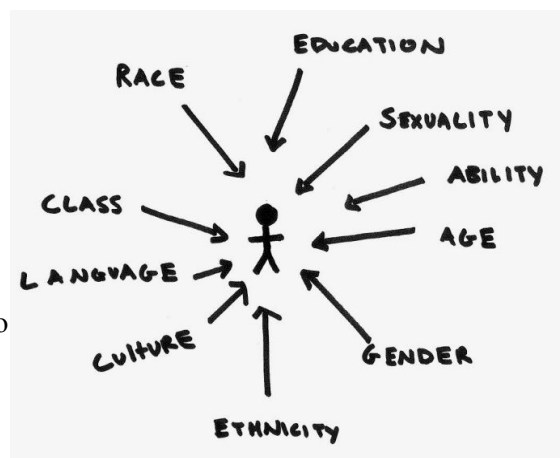
**- AUDRE LORDE**

The Digital Stories display the experiences of LGBTQI2S TAY from various **intersecting identities** that significantly shape who they are, how they view the world, and what stories they tell us.

It is common practice to represent the LGBTQI2S community without much attention to the **complex ways in which race, class, ability, gender, nationality, citizenship, language, and other identities all frame and interact with LGBTQI2S experiences.**

As Audre Lorde stated so eloquently: “There is no such thing as a single-issue struggle because we do not live single issue lives.”<sup>2</sup> In other words, we don’t have one-dimensional identities as human beings, therefore the issues that affect us aren’t one-dimensional either. Individuals have multiple identities, and the oppression that we each experience is the interaction of all of those identities. We cannot tease these identities apart, or prioritize one over the others. If we as mental health providers only view an individual through an isolated identity, we are unable to understand the complex experiences and struggles that the individual brings with them into the mental health system. This can be detrimental to the way in which we treat and build relationships with LGBTQI2S TAY, who are regularly forced to choose which part of themselves they can show at any given time.

**Intersectionality is a way of thinking holistically about how different forms of oppression interact in people’s lives.** Intersectionality paradigms remind us that identities do not exist in isolation, but in relationship with each other. Through this framework, we are able to understand that all oppressions work together in producing injustices on a global level, *and significant trauma on a personal level.* When mental health providers use an intersectional frame to work with LGBTQI2S TAY, we are able to identify the impacts of systemic oppression on their mental health, and also recognize their strengths and resiliency in the face of their intersecting oppression.



<sup>2</sup> Audre, Lorde, *Sister Outsider: Essays & Speeches* by Audre Lorde (Berkeley: Crossing Press, 2007)

# INTERSECTIONALITY a fun guide



this is Bob.

Bob is a stripey blue triangle!

AND SHOULD BE PROUD.



SADLY SOME PEOPLE DO NOT LIKE Bob. Bob FACES OPPRESSION FOR BEING A TRIANGLE, & FOR HAVING STRIPES.



LUCKILY, THERE ARE LIBERATION GROUPS! BUT THEY AREN'T INTERSECTIONAL.

SO THEY LOOK LIKE THIS



THEY DON'T TALK TO EACH OTHER. IN FACT, THEY COMPETE.

BOB CAN'T WORK OUT WHERE TO GO.



AM I MORE STRIPE OR TRIANGLE?



BOB WISHES THAT THE TRIANGLES AND STRIPES COULD WORK TOGETHER.



NO LIBERATION WITHOUT EQUAL REPRESENTATION!

INTERSECTIONALITY IS THE BELIEF THAT OPPRESSIONS ARE INTERLINKED AND CANNOT BE SOLVED ALONE.

OPPRESSIONS ARE NOT ISOLATED.  
**INTERSECTIONALITY NOW!**

**Mental health providers need to make intersectionality central to the work we undertake.** It is important for providers to account for the intersecting nature of LGBTQI2S TAY identities and statuses. It is important to recognize and respond to each LGBTQI2S TAY as a whole being, comprised of various intersecting identities and affected by a myriad of systemic oppression.

As showcased in the Digital Stories, there is not a singular LGBTQI2S TAY experience-- there are multiple unique stories. Let's remember the diversity of narratives as we move forward in our work with LGBTQI2S TAY, and strive towards becoming better allies and competent providers.

**Here are a few questions we can ask ourselves to keep intersectionality at the center of our work with LGBTQI2S TAY:**

- What are my own intersecting identities and how do they affect my work with LGBTQI2S TAY?
- What powers & privileges do I hold as a provider and how does this impact my relationships with LGBTQI2S TAY?
- How do the intersecting identities of the LGBTQI2S TAY with whom I work affect their mental health experiences, and how can I support them through a multi-dimensional framework?
- What are some of the world events and systemic oppression that impact the communities with whom I work, and how can I create intentional space for them to process these events?

<sup>3</sup> Intersectionality: a fun guide, by Miriam Dobson

## B-Intersecting Systems

LGBTQI2S TAY--like all participants of capitalist societies--are affected by multiple intersecting institutions and systems of power: schools, police, prisons, child welfare, pharmaceutical, hospitals, and mental health. These systems are interconnected and dominated by a hierarchy experts, administrators and government officials who are overwhelmingly white, male, upper class and heterosexual. **LGBTQI2S TAY who are at the intersections of multiple marginalized identities are therefore caught at the junction of these systems and subjected to their mechanisms of social control.**

**In order to better understand the impacts of mental health on LGBTQI2S TAY, we must understand the Mental Health System as it intersects with the following systems:**

### *1-Intersections of Mental Health & Juvenile Justice System*



*“The wristband is to me like a paper shackle. Once you wear the orange jumpsuit, you are truly a criminal, and once you wear the wristband, you are truly crazy.”*

**-Glenn**

As illustrated by Glen, there are clear connections between mental health institutions and the criminal/juvenile justice system, as they relate to the potential stigmatization and othering of individuals. Both institutions are powerful mechanisms that *can contribute* to the social control and further marginalization of already marginalized people.

**While the Criminal Justice System utilizes police, detention centers, courts, and prisons, the Mental Health System uses clinics, hospitals, "treatment" and medication in order to restrain and discipline what they determine to be "deviant" forms of behavior.**

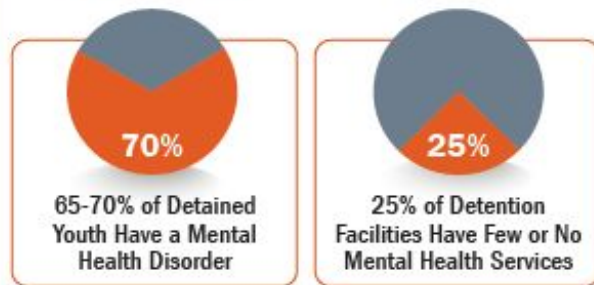
**Further, many individuals--youth in particular--struggling with their mental health end up in the criminal justice system due to lack of adequate mental health care.** According to the National Association of Counties:<sup>4</sup>

- 65-70% of youth in the juvenile justice system have a diagnosable mental health disorder.
- Over 60% of those youth with a mental health disorder also have a substance use disorder.
- Nearly one in five youth in detention have mental health disorders that require immediate and intensive treatment—more than three times the rate in the general youth population.

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<sup>4</sup><http://www.naco.org/programs/csd/Documents/Criminal%20Justice/Juvenile%20Justice%20Page/BehavioralHealthAndJuvenileJustice.pdf>

### Mental Health in the Juvenile Justice System Of the 2 Million Youth Arrested Each Year in the U.S.:



Source: Addressing the Mental Health Needs of Youth in Contact With the Juvenile Justice System in System of Care Communities

These statistics illustrate that **the response to mental illness and struggle has become less of a medical issue and more of a police matter.** Many youth with behavioral health needs end up in the juvenile justice system for non-violent or relatively minor offenses, often as an attempt to provide that youth with treatment. However, many of the issues faced by these youth are only exacerbated by detention, many times leading to pervasive trauma and self-harm.

Evidence also shows that **LGBTQI2S youth are particularly overrepresented in the juvenile justice system<sup>5</sup>:**

- Approximately 300,000 LGBTQI2S youth are arrested and/or detained each year, of which more than 60% are black or Latino.
- Though LGBTQI2S youth represent just 5%-7% of the nation's overall youth population, they compose 13% to 15% of those currently in the juvenile justice system.

**The biggest drivers of incarceration for LGBTQI2S TAY include<sup>6</sup>:**

- Condom possession (as evidence for arrest on prostitution charges);
- Pervasive police profiling of LGBTQI2S TAY--*specifically transgender girls*-- of color;
- Incurability charges (charges made in many cases by disapproving caregivers and guardians that criminalize them for simply being LGBTQI2S against their guardians' wishes);
- Truancy;
- Homelessness.

As LGBTQI2S TAY and TAY living with mental health struggles are disproportionately pipelined into the Juvenile Justice System, they encounter law enforcement officers, district attorneys, judges, and juvenile defenders that are ill-equipped to respond to their unique experiences and challenges. **Some of the harms faced once within the system include: harsher sentences, transgender girls routinely put into male detention centers, lack of appropriate healthcare, isolation, harassment and assault, and police misconduct.** As a consequence, the Juvenile Justice System does long-term harm to these young people's mental health and well-being by subjecting them to discriminatory and harmful treatment that deprives them of their basic civil rights.

<sup>5</sup><https://www.americanprogress.org/issues/lgbt/report/2012/06/29/11730/the-unfair-criminalization-of-gay-and-trans-gender-youth/>

<sup>6</sup>[https://web.law.columbia.edu/sites/default/files/microsites/gender-sexuality/files/roadmap\\_for\\_change\\_full\\_report.pdf](https://web.law.columbia.edu/sites/default/files/microsites/gender-sexuality/files/roadmap_for_change_full_report.pdf)

**As mental health providers serving LGBTQI2S TAY, we should be constantly asking ourselves:**

- *How might my agency and/or personal practice be replicating the ideologies and practices of the Juvenile Justice System?*
- *How can we take preventative measures to keep LGBTQI2S TAY from entering the Juvenile Justice System?*
- *How can we care for LGBTQI2S TAY who are involved and impacted by the Juvenile Justice System? How do we respond to the traumas associated with incarceration?*

## ***2-Intersections of Mental Health & the Pharmaceutical Industry***



***“They prescribed medication that kept me out of it: sick to my stomach, weak to my knees.”***

**-Shannell**

Over the last 40 years, psychiatric drugs have often become one of the main or only form of mental health treatment in the United States. Currently, millions of people worldwide take psychiatric drugs when they are diagnosed with bipolar disorder, schizophrenia, psychosis, depression, anxiety, attention deficit, obsessive-compulsive, post-traumatic stress, and a number of other mental

health experiences. These numbers are rising daily, demonstrating the extent to which the Pharmaceutical Industry has monopolized mental health practices.<sup>7</sup>

As illustrated in a couple of the Digital Stories, **LGBTQI2S TAY are often over-medicated.** Mental health providers will often prescribe psychiatric drugs to treat certain symptoms, instead of **understanding the role of trauma and oppression in LGBTQI2S TAY’s mental suffering.**

The Digital Stories also illustrate that these psychiatric drugs often have adverse effects on the physical and mental wellbeing of young people. Legal prescription drugs such as stimulants, painkillers, and anti-anxiety pills are just as addictive and risky as street drugs, despite having a doctor’s seal of approval. Antipsychotics and mood-stabilizers have even riskier adverse effects.<sup>8</sup> **Society criminalizes LGBTQI2S TAY for the using street drugs, while prescribing other drugs that may cause them more harm.**

While prescribing medication undoubtedly benefits some individuals, the main beneficiary of this

<sup>7</sup> <http://www.willhall.net/files/ComingOffPsychDrugsHarmReductGuide2Edonline.pdf>

<sup>8</sup> Ibid.



over-reliance on psychiatric drugs is the multi-billion dollar Pharmaceutical Industry, and the web of interlocking corporate entities that make up the *Mental Health Industrial Complex*.

*“The pharmaceutical industry has become a multi-billion dollar industry, and pharmaceutical companies have incentive and means to cover up facts about their products. (...) Companies actively suppress accurate assessments of drug risks, mislead patients about how controversial mental disorder theories are, promote a false understanding of how psychiatric drugs really work, keep research into alternative approaches unfunded and unpublicized, and obscure the role of trauma and oppression in mental suffering. For much of the mental health system, it’s one size fits all, regardless of the human cost.”<sup>9</sup>*

With this being said, it is important to be critical of the role of medications on the way in which we treat our LGBTQI2S TAY clients. A few questions to ask ourselves are:

- *Am I prescribing medication in order to treat symptoms of deeper issues of trauma, abuse and oppression?*
- *How can we factor in consent when dealing with medicating LGBTQI2S TAY? How can we inform LGBTQI2S TAY of both the benefits and the risks, unknown factors, and politics of psychiatric drugs?*
- *What are some of the alternative treatments to psychiatric drugs in caring for our LGBTQI2S TAY clients?*
- *How is the behavior, health and well being of my LGBTQI2S TAY client affected by their current use of psychiatric drugs? How might this be affecting the way in which I am treating them?*

### ***3-Intersections of Mental Health & the Foster Care System***



*“I was finally removed from my mom’s custody and I found out that she wasn’t my mother at all, she was a legal guardian. I was put into foster care and I realized that I was completely alone.”*

**-Shannell**

Many of the Digital Stories portray LGBTQI2S TAY who have struggled with family neglect and homelessness, and some mentioned having experienced foster care.

**LGBTQI2S TAY experience higher rates of homelessness and are disproportionately represented**

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<sup>9</sup> Ibid.

**in foster care, as many of them decide or are forced to leave home because of their sexual orientation or gender identity.** In fact<sup>10</sup>:

- There are between 1.5 to 2 times as many LGBTQI2S youth living in foster care as LGBTQI2S youth estimated to be living outside of foster care.
- LGBTQI2S foster youth are disproportionately placed with group homes and congregate care facilities as opposed to foster homes or family-based settings.

Unfortunately, **the foster care system, which is intended to protect youth and improve their prospects for healthier futures, much too often “lacks sensitivity towards the needs of [LGBTQI2S] youth,** whether due to institutional prejudice, lack of cultural competency among providers or foster parents, or blatant discrimination against [LGBTQI2S] youth by their peers or adult caretakers. As a result, many of these youth run away from their housing placements to avoid unfair treatment or to escape abuse or harassment based on their sexual orientation or gender identity.”<sup>11</sup> The consequence is that LGBTQI2S youth are left without safe and supportive homes or networks of support, and may ultimately be driven into homelessness.

**These experiences can have lasting effects on the mental health of young people, particularly those who already entered into foster care with experiences of trauma and emotional distress. There is evidence that youth currently or formerly in foster care have disproportionately high rates of mental health challenges<sup>12</sup>:**

- Between one-half and three-fourths of children and youth entering foster care exhibit problems that warrant mental health services.
- TAY who have “aged out” of foster care show high rates of psychiatric disability. Over half of foster care alumni had mental health diagnoses, compared to 22% of the comparison group.
- 30% of foster care alumni are diagnosed with post-traumatic stress disorder (PTSD), which is about twice the rate of U.S. combat veterans.

**Some suggested questions for improving our work with LGBTQI2S TAY currently or formerly in foster care are:**

- *What are the resources available for LGBTQI2S foster youth in my community? How can I build alliances with those resources in order to fully meet all of the emerging needs of LGBTQI2S foster youth?*
- *How can I adopt a family-centered approach that supports LGBTQI2S TAY and prevents conflicts that push them out of their homes?*

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<sup>10</sup> Wilson, B., Cooper, K. Kastanis, A., & Nezhad, S. (August 2014). Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles. Retrieved from: <http://williamsinstitute.law.ucla.edu/research/safe-schools-and-youth/lafys-aug-2014>

<sup>11</sup> <https://cdn.americanprogress.org/wp-content/uploads/2013/09/LGBTHomelessYouth.pdf>

<sup>12</sup> <https://usodep.blogs.govdelivery.com/2013/05/06/the-intersection-of-foster-care-and-mental-health/>

## C-Diagnosis & Labelling



Camille Lauren

*“A psychiatrist told me that bad impulse control, PTSD, OCD, my gender identity and my sexuality landed me in the hospital 3 times for suicide attempts. I knew differently.”*

-Joshua

The dominant discourses in the Mental Health System treat most forms of mental health struggles as *pathologies*, often ignoring personal histories of trauma or

systemic oppression that affect individuals' mental health. These discourses, which function through medical diagnoses and labelling, "blame the victim" when individuals deviate from the narrow range of accepted behavioral norms. **Such discourses reinforce the stigmatization of LGBTQI2S TAY, and once they are internalized, keep them locked into self-subjugating social narratives.**

**The use of medical diagnosis and labelling within the Mental Health System can have multiple effects on LGBTQI2S TAY:**

### **1-Mental health care only available when youth is in crisis**

Labels create hierarchies of urgency. They determine whose mental health is prioritized within the System, and who is “deficient” enough to receive limited options of care. Youth who are not labelled as having “severe mental illnesses” often are not able to access life-saving early intervention services such as community-based psychiatric care, therapists, peer support groups, and appropriate treatment. **As these youth who are unable to access mental health care fall through the cracks of the Mental Health System, they become more vulnerable to frequent visits to emergency rooms, hospitalizations, homelessness, involvement with juvenile and criminal justice systems, substance abuse and suicide attempts--which is when (often inadequate) remedial mental health services are offered to them. It becomes clear to the youth who had been formerly neglected by systems of care that their only option for accessing mental health services and care is through crisis, and will often engage in self harm in order to receive support.**

## 2-Need to self-pathologize to access adequate health care

Typically, in order for transgender and gender nonconforming people to access gender confirmation health services (such as hormone therapy or surgery), and have these services paid for by insurance, a person needs to be diagnosed with Gender Dysphoria. Gender Dysphoria is the formal diagnosis used by psychologists to describe people whose sex assigned at birth does not correspond to their gender identity. Gender Dysphoria is classified as a medical disorder by the DSM-5, which pathologizes gender variance, reinforces the binary model of gender, and can result in stigmatization of transgender individuals.

**Transgender and gender nonconforming TAY who want and need to access gender confirmation services under insurance therefore need to self-pathologize and frame their identity into the molds created by medical diagnosis categories in order to access appropriate care.**

## 3-Silencing strong emotions as a form of self-preservation

All too often, LGBTQI2S TAY who disclose information such as self-harm, substance use, suicide ideation, or simply strong emotions, are met with labels & diagnoses that can lead to their institutionalization (hospitalizations, substance abuse programs, non-consensual medical treatments).

**Institutionalization is often understood by LGBTQI2S TAY as a form of punishment, not care. This leads to many LGBTQI2S TAY not disclosing some of their experiences or emotions in order to avoid labels and diagnoses that may lead to harmful institutionalizations.**

It is therefore important to understand that silence and non-disclosure may be a tool of self-preservation that stems out of mistrust and fear of the mental health system.

**Some questions we can ask ourselves in regards to diagnoses and labelling are:**

- *How can we focus conversation with LGBTQI2S TAY around what services and care they need for their own healing and wellbeing, instead of what their diagnosis is?*
- *How can we advocate for LGBTQI2S TAY in receiving the treatment and care that they need?*
- *How can we provide space for LGBTQI2S TAY to share their authentic experiences and emotions without the need to diagnose or label them?*

## D-Creating Safer Spaces



Many of the institutions portrayed in the Digital Stories were not safe spaces for LGBTQI2S TAY. Based on those experiences, here are some suggestions from LGBTQI2S TAY on how agencies can create safer and more accessible spaces for LGBTQI2S TAY:

### **1-Visible Signs of Allyship**

Post visible cues, such as LGBTQI2S-affirming posters, brochures and ally stickers in offices and spaces where you will meet with youth, or on name badges, clipboards and other items you carry with you. This helps LGBTQI2S TAY identify a safe and inclusive environment, lowering barriers to services. There is a “Safe Space poster” included at the end of this Facilitation Guide as a starter.

### **2-Gender Neutral Spaces**

Create inclusive spaces for trans and gender-non-conforming TAY by designating gender-neutral bathrooms, spaces and services.

### **3-Inclusive Language**

Ensure that your agency’s forms/brochures are inclusive and affirming of LGBTQI2S people, and that intake documents don’t make assumptions about a young person’s sexual orientation, gender identity or expression.

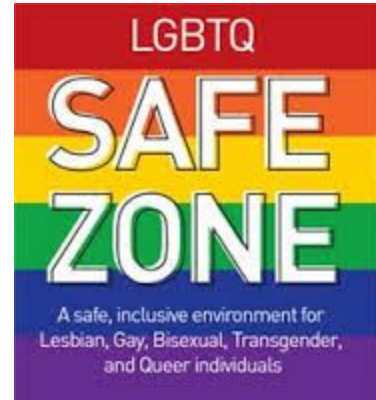
### **4-Non-discrimination & anti-harassment Policies.**

Review existing policies at your agency and request to update them to specifically support the unique needs of LGBTQI2S TAY.

## 5-“Safe Zones”

In order to ensure a safe space for LGBTQI2S TAY, your agency can designate a “safe zone,” or a space within your agency that can be a safe haven for LGBTQI2S TAY who may feel uncomfortable or disrespected by other community members.

Work to ensure that programs and services are available specifically to LGBTQI2S TAY, such as a drop-in center, support groups, LGBTQI2S-specific housing programs, etc.



## 6-Community Connections

Develop agency connections to LGBTQI2S organizations in the community. Partnerships with local LGBTQI2S agencies and organizations can help bridge the gaps in serving LGBTQI2S TAY and makes it easier to stay apprised of specific LGBTQI2S TAY issues and resources.

## 7-Agency-Wide Trainings

Offer and encourage consistent LGBTQI2S competency trainings for all agency employees and volunteers. Offer references to further training opportunities to ensure ongoing competence.

## 8-Recruitment and Hiring Practices

Talk to supervisors and/or your Human Resource department about establishing sound recruitment and hiring practices. You can safeguard LGBTQI2S TAY in being served by competent providers by ensuring that administrators inquire about a potential employee's ability to competently serve diverse populations, and/or ability to separate personal biases.

## 9-Accessibility

Reflect on whether your agency is truly accessible to LGBTQI2S TAY

- *Are you accessible by public transportation? If not, how can you support young people in reaching your facilities?*
- *What languages are present in your community? Are those languages represented at your agency? Do you have multilingual staff? How about multilingual brochures and information?*
- *Are your services financially accessible to young people? Are there ways in which you could create financial incentives for youth participation?*
- *Are your spaces physically accessible to people with physical disabilities and chemical sensitivities?*

## E-Creating Better Practices

CHANGE ATTITUDES.  
CHANGE BEHAVIORS.  
CHANGE DIRECTIONS.  
CHANGE LIVES.  
CHANGE POLICIES.  
CHANGE VOICES.  
BE AN ALLY.  
BE THE CHANGE.

Many of the adults portrayed in the Digital Stories were unsupportive or unsafe for LGBTQI2S TAY. Based on those experiences, here are some suggestions from LGBTQI2S TAY on how providers can create better practices for serving LGBTQI2S TAY:

### **1-Be aware of your beliefs and biases in your communication with youth**

Before you start working with an LGBTQI2S TAY, examine what your own beliefs and biases are, and how they might impact your work with your client. Our beliefs are often influenced by many of our life experiences and identities, including privileged identities that we may have always considered to be the “norm”. Be upfront about them to the LGBTQI2S TAY you are working with and constantly push yourself to challenge your own assumptions and projections. Always apologize if you say or do something that is hurtful or offensive to an LGBTQI2S TAY (even if it does not seem offensive to you).

### **2-Respect youth’s gender identities and expressions**

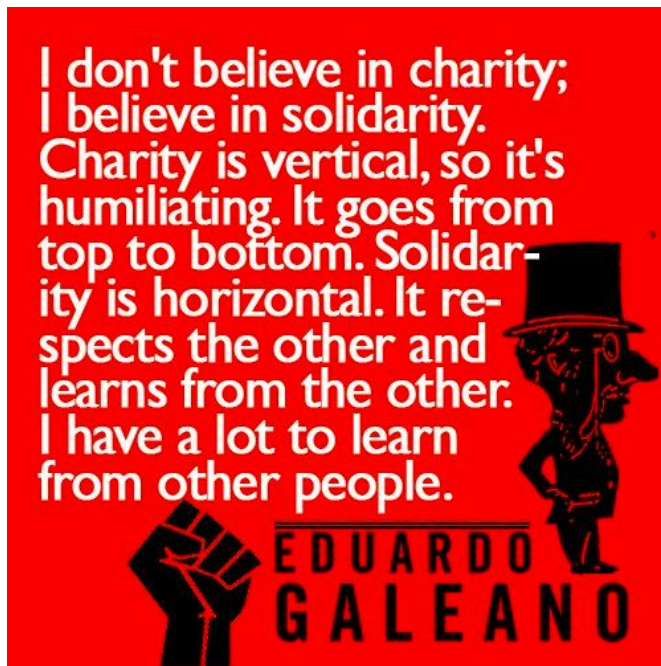
When first meeting a youth, use language that doesn’t carry an assumption about their sexual orientation, gender identity or expression. Always ask for their chosen name and preferred gender pronoun (PGP), and honor their chosen gender identity and gender expression, regardless of their assigned sex. Respect youth’s self-determination regarding their gender presentation. Educate yourself on the language that LGBTQI2S TAY use to address themselves and their communities. This language is constantly changing and evolving, so it is important to stay up to date, so that LGBTQI2S TAY do not have to be responsible for educating providers when they are the ones seeking support.

### **3-Respect the confidentiality of LGBTQI2S TAY**

Seek consent with an individual before revealing their sexual orientation or gender identity to others - you could be “outing” them to a person or community who does not know that they are LGBTQI2S. Know that some LGBTQI2S TAY may use different pronouns and names with different people, and may be out with some people and not others.

### **4-Educate yourself about LGBTQI2S issues**

Educate yourself further about the histories and issues important to LGBTQI2S communities, so that the client does not have to carry the burden of educating you.



### **5- Give LGBTQI2S TAY the agency in their own care**

Engage with LGBTQI2S TAY as participants and agents in their own care and experts of their own lives. Empower LGBTQI2S TAY to direct the flow of conversation and model a healthy communication style, rather than interrogating or having an overly formalized, authoritative voice. Ask them for their ideas, opinions and feedback: “What do you think you need?” “What do you know is best for you?” Educate LGBTQI2S TAY on the options that they have and the barriers that may exist, involving them in the decision making process. Don’t assume you know what is in their best interest.

### **6-Allow for conversation around self-harm**

A large majority of TAY with experiences of mental health institutionalization have been harmed by disclosing strong emotions, and suicidal ideations to their mental health providers. Give space for LGBTQI2S TAY to talk about self harm and suicidal ideation without fear of being penalized through non-consensual hospitalizations. Affirm and support youth in sharing these experiences, and understand that sometimes their silence/non-disclosure may be a tool for self-preservation.

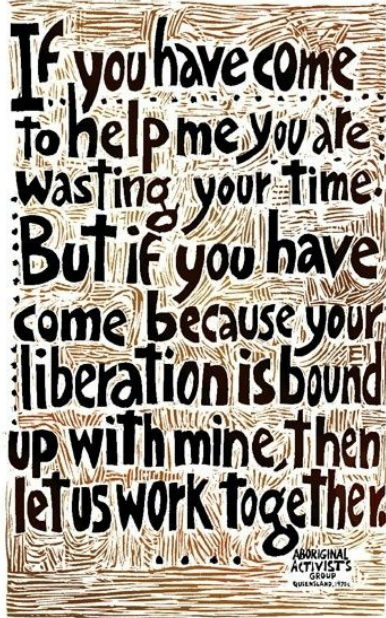
### **7-Use a Trauma-informed framework**

Understand that LGBTQI2S TAY’s trauma histories, identities, and institutionalized and systemic oppression, impacts their lives and their behaviors. Using a trauma-informed framework can help you better understand the roots of these behaviors and give context to them. Avoid looking at behaviors in isolation. Use your power as a provider to help create meaningful, systemic and positive change in the lives of LGBTQI2S TAY.



## 8-Use a Harm Reduction framework:

Recognize that there is no single solution for each person, no universal standard of “success” or “failure.” A Harm Reduction model accepts where individuals are at, and educates them to make informed choices that reduce risk and increase wellness. Use a Harm Reduction Model to provide information, options, resources and support to LGBTQI2S TAY so that they can move towards healthier living at their own pace and on their own terms.



## 9-Be yourself

Disrupt the notion of “provider objectivity” by being willing to share about yourself with LGBTQI2S TAY. Answer questions about yourself when appropriate and show emotion, empathy and feelings. Mental Health providers are often expected to be neutral “blank slates,” but LGBTQI2S TAY know that there is no neutrality, and would rather have providers who can be relatable while still holding healthy individual and professional boundaries.

## 10-Own your mistakes

Let LGBTQI2S TAY know when you don’t know something or don’t have an answer. Let go of any defensiveness you may feel if you are “called out” by an LGBTQI2S TAY, and listen actively to them in order to learn from your mistake.

## 11-Provide resources

Offer practical support for LGBTQI2S TAY in finding jobs, housing, educational resources, community and other critical resources. Educate yourself on resources available and affirming to LGBTQI2S TAY in your community. Have these resources readily available when you meet with them. Build relationships with local community agencies and service providers so that you have referrals that are current and affirming of LGBTQI2S TAY. Provide valuable life skills to LGBTQI2S TAY while you are working with them, so that they can gain independence.

## 12-Create opportunities for Art-based healing

Art is a useful coping mechanism that LGBTQI2S TAY impacted my mental health can benefit from. For many LGBTQI2S TAY who have or have had to hide pieces of their identities in the closet, art is an important means of self-expression and communication of ideas and identities that are difficult to express in conversations. In a group setting, having a creative practice can be a vehicle for community-building. Engage LGBTQI2S TAY in creative and self-expressive practices.

# Critical Conversation Action Planning Worksheet

<b>What is my goal in facilitating a Critical Conversation at my agency?</b>	<b>What already works at my agency?</b>
<b>What solid steps do I need to take to achieve my goal?</b> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>	<b>By when do I want to achieve my goal? What is my timeline?</b>
<b>What support do I need?</b>	<b>What Support do I already have?</b>

# Checklist & Skill Sheet for Critical Conversations Facilitators

*We recommend using the following checklist to help you plan your **Critical Conversation**.*

## Actions to Take before your Critical Conversation:

- View each story to ensure your familiarity with it.**

- Review the resources and tools provided in the Facilitation Guide**

Make sure you understand all of the content of the Facilitation Guide. Contact the trainers or look up some of the resources if necessary. You do not have to be an expert on LGBTQI2S TAY, but you should feel comfortable enough to facilitate discussions and answer questions.

- Identify your reasons for wanting to host the Critical Conversation.**

Ask yourself, “What do I hope changes at my organization as a result of this?”

- Complete the *Pre-Critical Conversations Assessment***

Access the online Assessment (<https://www.surveymonkey.com/r/CriticalConvPre>) to help you assess how familiar your organization is with LGBTQI2S TAY issues and concerns.

- Identify logistics** (*who, where, when?*)

Take some time to consider these questions: Who is coming to your Critical Conversation? What background do they already have? How many people are scheduled to attend? How much time will you have? How might this information affect the activities you plan to do? When is it scheduled? Depending on the time of the event, are you providing lunch/snacks/coffee? Where will it be? Are you familiar with the room and its equipment?

- Create your lesson plan.** (*Sample included in this Facilitation Guide*)

A lesson plan is an instruction guide containing the method and procedure for running your **Critical Conversation**. This is where you personalize the content of the Facilitation Guide—identify which discussion themes are most relevant to your agency, and which activities you feel the most confident in leading. Identify how you will structure the screening and discussions, and what methods you will use to guide discussion. Identify when you will have break-out groups, when you will have big group discussions and when you will have individual activities. Identify the time and the materials required for each section.

- Do a practice run.**

Gather the materials required for your **Critical Conversation** and find a secluded location to do a practice run. After completing the practice run, answer these questions: Where were my weak spots? What was difficult to explain? What materials were missing? How much time did each section take?

**Plan for the unexpected.**

What will you do if you have more or fewer attendees than planned? What will you do if a piece of equipment doesn't work? What will you do if the room isn't set up properly when you arrive? What will you do if the room is too small/too large for the group size? What will you do if you have extra time? What will you do if you start running out of time?

**Verify the details.**

Who is making room arrangements? Who is buying the supplies? Who is setting up the room on the day of the Critical Conversation (e.g., putting supplies on tables, hooking up projector and laptop, etc.)? Who do you contact if you encounter technical problems during the screening?

### **Actions to Take After your Critical Conversation**

- Complete the *Post-Critical Conversation Assessment* **within 1 week** of the screening <https://www.surveymonkey.com/r/CriticalConvPOST>

## **FACILITATION SKILL SHEET :**

Good facilitators exhibit skills in four key areas: *Group engagement, Presentation Skills, Listening Skills, and Group Management*. The following checklist identifies the critical skills a good facilitator practices in each of these areas. Consider this list to be your goal as you facilitate your Critical Conversation.

### **Group Engagement**

- Ask open-ended questions to encourage discussion.
- Mix up group activities so participants have an opportunity to work in pairs, small groups and large groups.
- Physically move the group around whenever possible to heighten energy levels and retain focus.
- Acknowledge and commend people's participation and efforts.
- Make eye contact with people when talking or when they're talking to you
- When the group is large or loud, repeat learners' questions so that all can hear.
- Invite other participants to comment or respond when a peer asks a question or makes an observation, instead of attempting to respond to everyone yourself.

### **Presentation Skills**

- Give clear directions.
- Use visuals wisely and well. Don't read the words off of a visual, and don't block visuals with your body.
- Make sure you feel at ease with the equipment you are using, including laptops, overhead projectors, and flipcharts.

- ❑ Respond to questions as they come up, by asking rest of the group for answers first, then elaborating if possible.
- ❑ Verify that you have given an adequate answer before moving on. If you don't have an answer, say so and let them know that you will find an answer and follow up with them ASAP.
- ❑ Use illustrations, anecdotes or examples to increase understanding.

### **Listening Skills**

- ❑ Listen carefully to questions in the group. When learners ask questions, make sure you understand the question before responding. Also check in to make sure you have answered the question adequately. If not, respond again with more detail.
- ❑ Visit groups during breakout activities and listen to dialogue so that you can make helpful observations and ask good questions during debriefs.
- ❑ Listen carefully to comments made by learners. Whenever possible, link people's comments to upcoming topics and identify ways in which a comment fits into past topics.

### **Group Management**

- ❑ Establish and/or review "Community Agreements" for the group to abide during your Critical Conversation.
- ❑ Acknowledge power dynamics in the room, and try to balance who takes up space in the group by setting time limits for each person to give input, and asking "What do other people think?" when one person has been dominating the discussion.
- ❑ Assigning roles and designating a less verbal person to serve as spokesperson.
- ❑ Stick to the agenda and re-direct the group to the agenda when they move off task or topic.
- ❑ Acknowledge conflict when it emerges, and identify a way to control it.
- ❑ Re-direct the group as needed by re-stating the objectives or clarifying the purpose of a given activity.
- ❑ If the group appears tired or unfocused, call for a break or do a breakout activity (even if it is not on the agenda.)
- ❑ Use a "Parking Lot" (a flipchart or white board with the words "Parking Lot" written on it) to store extraneous thoughts, comments, or questions from the group.

# Critical Conversations Lesson Plan Sample

Time/ Leader	Activity & Description	Materials
2 min	<p><b>Intro</b>                      [-Introduce Critical Conversation (what, why, how?)                      -Brief agenda for the day]                      [distribute <i>glossary</i>, to reference throughout session]</p>	-Glossary
5 min	<p><b>Group Check In Question</b>  <i>What do we already do here (at our agency) to support and create safety for LGBTQI2S TAY?</i>                      [take notes on flip chart poster]</p>	-Flip Chart Poster -Marker
40 min	<p><b>Watch Digital Stories &amp; Discussion</b>                      [participants receive <i>Digital Stories Reflection Worksheet</i> to capture immediate thoughts/reactions as they watch Digital Stories.                      After each Digital Story, ask <i>Discussion Questions</i> from <i>Viewing Guide</i>.]</p>	-Digital Stories videos -Projector & Speakers -Digital Stories Reflection Worksheet
10 min	<p><b>Small Group Break Out</b>                      [break up the room into 7 groups, and assign a number (1-7) for each group. In groups, participants will share their notes and discuss assigned small group questions from the <i>Digital Stories Reflection Worksheet</i>. Each group will make a poster]</p>	-7 Flip Chart Posters -Markers
15 min	<p><b>Big Group Sharing</b>                      [Each group has 2 minutes to present their answers to big group]</p>	
15 min	<p><b>Strategizing</b>  <i>Based on these answers, what strategies could we implement here to provide for effective, safe, friendly, accessible services to LGBTQI2S TAY? What are the Next Steps we need to take to begin making these changes?</i> [Take notes]</p>	-Strategies Poster -Next Steps Poster -Markers
5 min	<p><b>Closing: Letter To Dream Provider</b>                      [Distribute <i>Letter to Our Dream Provider</i>, and read it out loud to participants. Thank them for coming]</p>	-Letter to Dream Provider

# Critical Conversation Handouts

Once you have determined the structure of your Critical Conversation and created a Lesson Plan for it, identify which handouts you will need to print and distribute to participants during your Critical Conversation.

The following can be used as handouts for your Critical Conversation:

- [\*Digital Story Reflection Worksheet\*](#), for participants to capture their thoughts and reflections during and after Digital Story screening;
- [\*Thank You Letter to Our Dream Provider\*](#), created by Digital Story participants to be handed to providers as an inspiration at the end of a **Critical Conversation**;
- [\*LGBTQI2S Resource List\*](#), with informational resources for providers, and helpful resources for LGBTQI2S TAY, to be handed to providers at the end of a **Critical Conversation**;
- [\*Safe Space Poster\*](#) created by a Digital Story youth participant, for printing and hanging in participants' offices as an affirmation to LGBTQI2S TAY.

# Glossary

This glossary provides an overview of some of the terms used in the Digital Stories and in this Facilitation Guide, as well as some common terms used by many LGBTQI2S people. Please note that this is not an all-encompassing list, as people use different words to describe themselves and give different meanings to words, especially as these terms are always evolving. Keep in mind that there are some community-specific terms that may be acceptable for community members to use, but may be offensive for someone outside of the community to use.

**AFAB & AMAB:** acronyms for “Assigned Female at Birth” and “Assigned Male at Birth”, used to describe the sex one is assigned at birth based on visible genitalia, or the gender identity imposed on someone by their family and society at birth or in utero. These terms are an important reminder that our birth assignment is not always congruent with our current biological sex or gender identity.

*Also see assigned at birth, gender non-conforming, transgender, transsexual, intersex.*

**Agender\*\*:** People who self-identify as having no gender identity and/or no gender expression. Agender is a non-binary identity, meaning it falls outside of the male/female binary.

*Also see gender non-conforming, genderqueer, and transgender.*

**Ally\*\*:** Someone from a privileged identity group (based on gender, class, race, sexual identity or orientation, etc.) who makes the commitment and effort to recognize their privilege and work in solidarity with oppressed groups to challenge bias and end all forms of oppression (even those from which they may benefit in concrete ways).

**Androgynous:** A gender expression that is neutral, ambiguous between masculinity and femininity, or is a blend of both. A person who presents as androgynous may or may not identify as transgender, genderqueer or agender.

*Also see gender non-conforming, genderqueer, and transgender.*

**Asexual:** a person who is not interested in or does not desire sexual activity, either within or outside of a relationship. asexuality is not the same as celibacy, which is the willful decision to not act on sexual feelings.

**Assigned at Birth:** What someone is labeled as at birth based on chromosomes or genital appearance, which is perceived by the attending physician (male/female/intersex). This assignment is based on social constructs, and assumes a gender identity, that might not match a later gender identity.

**Binding:** The practice of wearing compression clothing (often referred to as a binder), wrapping, or taping in order to hide or compress the chest or “breast tissue”, usually to achieve a more masculine or androgynous appearance.



**Bisexual:** a person who is emotionally, romantically, physically and/or sexually attracted to men and women. Within bisexual communities, many find themselves attracted to multiple gender expressions and gender identities, and actively oppose a binary gender system.

**Butch:** a gender expression, presentation or aesthetic that is traditionally more masculine. Strongly associated with lesbian and drag culture.

**Chest Surgery\*:** otherwise known as Top Surgery, refers to the surgical procedures on the breasts/chests as a part of some people's medical transitions. This can include a breast augmentation surgery, typically for AMAB transgender individuals, or a mastectomy along with a male chest reconstruction for AFAB transgender individuals.

*Also see gender confirmation surgery, transition, transgender, transsexual*

**Cisgender\*\*:** Refers to people whose sex assignment at birth corresponds to their gender identity and expression. Someone who is not trans or gender non-conforming.

**Coming out\*:** the process of disclosing one's sexual orientation or gender identity to others. Coming out is a lifelong process.

**Delusion\*:** typically refers to a symptom of neurological or mental illnesses, in which the person presents "false" or "incorrect" inferences about external reality. This term can be highly problematic, as it projects doctors' and psychiatrists' "truths", beliefs and experiences of reality onto patients, pathologizing those who may have different truths, beliefs and/or experiences. The term is often used derogatorily to further stigmatize people struggling with mental health, as well as to pathologize trans people (under the false idea that trans people have delusions about their gender)

*Also see DSM*

**Dissociation\*:** Separation from a person's fundamental aspects of consciousness, such as personal identity or personal history. This is thought to be a coping mechanism stemming from trauma. The individual separates from a situation or experience that is too traumatic to integrate with the conscious self.

**DL\*:** an abbreviation slang for "Down Low", mostly referring to straight or straight-presenting men who are hiding their attraction to other men and transfeminine people.

**DSM:** the Diagnostic and Statistical Manual of Mental Disorders, which is the standard classification of mental disorders used by mental health professionals in the United States. The DSM-4 includes Gender Identity Disorder, which was renamed Gender Dysphoria in the DSM-5. There is controversy over whether these ideas should be included in the DSM or not.

**Dyke:** a historically derogatory term for queer women and transmasculine people. In some contexts, the term dyke has been reclaimed by some queer women as a positive identity when used among themselves.

**Faggot/fag\*:** a historically derogatory term for queer men, transfeminine people. In some contexts, the term has been reclaimed by some queer men as a positive identity when used among themselves.

**Femme:** a gender expression, identity, or aesthetic that is traditionally more feminine. Strongly associated with lesbian and drag culture.

**FTM/Female To Male:** a term used to identify a person who was assigned a female sex at birth and transitions towards maleness or masculinity.

**Gay\*:** a person whose emotional, romantic, and sexual attractions are primarily for individuals of the same sex, typically in reference to men. In some contexts, still used as a general term for gay men and lesbians

**Gay-bashing\*:** physical and/or verbal violence against a group or individuals perceived by the aggressor to be LGBTQI2S, motivated by homophobia.

**Gender\*:** a social construction that refers to a person's internal sense of self and their relationship to the spectrum of "male," "female," both or other identities. It is distinct from a person's assigned sex, anatomical sex, and sexual orientation.

**Gender Affirmation/Confirmation Surgery:** any surgical procedure undertaken to bring a person's body to better reflect their internal sense of gender. Other terms used are Sex reassignment surgery, "gender reassignment surgery", genital reconstruction surgery, sex affirmation surgery, sex realignment surgery, or, colloquially, a sex change. "Gender reassignment surgery" is a problematic term, because it assumes that an individual is being assigned a new or different gender, whereas a Gender confirmation surgery changes the outward appearance to reflect the existing gender identity of the individual.

Also see: transgender, transsexual, transition

**Gender Dysphoria:** the formal diagnosis used by psychologists to describe people whose sex assigned at birth does not correspond to their gender identity. Gender Dysphoria is classified as a medical disorder by the DSM-5, which pathologizes gender variance, reinforces the binary model of gender, and can result in stigmatization of transgender individuals. Typically, in order to access gender confirmation health services (such as hormone therapy or surgery), and have these services paid for by insurance, a person needs to be diagnosed with gender dysphoria.

**Gender expression:** the ways in which people externally communicate their gender identity through behavior, aesthetic choices, presentation, social/cultural expectations and gender roles that have traditionally been associated as male or female.

Gender fluidity: a wide, flexible range of gender expression, which might fluctuate as often as daily.

Gender fluid individuals do not feel confined by gender roles and binary gender expectations.

**Gender identity:** a person's internal sense of gender, or one's own identification on the gender spectrum between male, female, other and everything in-between.

**Gender non-conforming:** an umbrella term for perceived or intentional gender expressions that do not conform to traditional or societal binary gender roles and expectations. Gender non-conforming people may or may not identify as LGBTQI2S.

**Genderqueer:** a gender identity for people who do not identify or express themselves with the restrictive and binary terms that have traditionally described gender identity (for instance, male or female only). Genderqueer people may or may not identify as transgender. Also see gender non-conforming, agender, queer, and transgender.

**Gender role:** the Western social construct of roles, responsibilities, interests, expectations and behaviors assigned to women and men. Our culture recognizes two basic gender roles: Masculine (having the qualities attributed to males) and feminine (having the qualities attributed to females).

**Heterosexism:** the individual, institutional and societal/cultural belief system that assumes that all people are heterosexual and that heterosexuality is inherently the normal and superior sexual orientation.

**Heterosexual / Straight:** a person whose emotional, romantic, and sexual attractions are primarily for individuals of the opposite sex than their own.

**Homeless\*:** individuals living on the streets, in transitional housing or those who spend most nights in a supervised or private facility that provides temporary living quarters.

**Homophobia:** literally, “fear of homosexuals,” but also encompasses anger, intolerance, resentment, or discomfort with LGBTQI2S people, which can result in violence and death.

**Homosexual:** a person who is emotionally, physically, and/or sexually attracted to other people of the same sex. Many LGBTQI2S people prefer not to use this term because of its historically negative use by the medical establishment as a sexual deviation. Homosexuality was in the DSM until 1974.

**Hormone Replacement Therapy\*:** a medical procedure that may be undertaken to bring a person’s body to better reflect their gender identity through the intake of sex hormones that develop a person’s secondary sexual characteristics.

HRT is given as two types, based on whether the goal of treatment is feminization or masculinization: Testosterones\* are often prescribed to AFAB transgender individuals, promotes increased muscle, bone mass, and growth of body hair; different combinations of Estrogens, Progestogens, Antiandrogens, and GnRH analogues are often prescribed to AMAB individuals, promoting growth of breasts, redistribution of body fat, and thinning of skin.

There are many barriers to young people accessing HRT, even as their bodies begin to develop secondary sexual characteristics that do not align with their gender identity.

**Intersectionality\*\*:** the idea that various (social, cultural and biological) identities, such as gender, race, class, sexual orientation and ability, interact on multiple and often simultaneous levels. This means that

forms of oppression, such as racism, sexism, homophobia, transphobia, classism and abilism, do not act independently of one another. Instead, they interrelate, contributing to systematic injustice and social inequality.

**Intersex:** a general term used for a variety of biological conditions in which a person is born with a reproductive or sexual anatomy which does not conform exclusively to male or female norms in terms of physiological sex (this may include variations of genetics, genital or reproductive structures, or hormones). According to the Intersex Society of North America (ISNA), about one in every 2,000 children are born intersex. Intersex infants and children often undergo non-consensual surgeries to “correct” the appearance of their genitalia, which can cause confusion and medical issues later in life.

**In the closet:** keeping one’s sexual orientation or gender identity secret.

**LGBTQI2S\*\*:** acronym for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, & Two-Spirit. There are many variations of acronyms used to describe non-normative sexual orientations and gender identities (LGBT, LGBTQ, LGBTQQ, LGBTQQIA, LGBTQQI2SPAA, etc) The variations and constant annexation of new letters to the acronym attempt to recognize the diversity and spectrum of sexual orientation and gender identity. Of course, none of these acronyms are completely inclusive of everyone’s experiences and preferred identity labels. It is important to note that LGBTQI2S is not a single community, but a group of very different communities with intersecting, but different struggles.

**Legal Guardian\*:** a person who has the legal authority (and corresponding duty) to care for a minor. It is important to note that legal guardians may or may not hold the best interest of the minor, and it should not be assumed that this is a young person’s “loved one”.

**Lesbian:** a person who identifies as a woman and whose emotional, romantic, physical and sexual attractions are primarily for other women.

**Marimacha\*:** a derogatory Mexican slang for lesbian/dyke.

**Mental Health\*\* :** a person’s condition with regard to their psychological and emotional well-being. Everyone has a mental health. Just as with physical health, one’s mental health will go up and down in one’s lifetime.

**Mental Health Industry/System\*:** a loosely bounded aggregation of people, institutions and resources within the economic system that provides goods and services to diagnose, pathologize, medicate, maintain and treat patients’ mental health. This encompasses psychiatric hospitals, clinics, community care organizations, insurance companies, pharmaceutical companies and more. Because the mental health system exists under capitalism, it is driven by market economics and profit motive, which affect who accesses services and the types of services they receive.

**MTF/Male To Female:** a term used to identify a person who was assigned a male sex at birth and transitions towards femaleness or femininity.

**Oppression\*\*:** systematic dynamic based on the perceived and real differences and power disparities among social groups that involve ideological domination, institutional control, and the promulgation of the oppressor's ideology, logic system, and culture to the oppressed group. The result is the exploitation of one social group by another for the benefit of the oppressor group.

**Pansexual:** a person who is attracted to people of all gender identities or sexual identities, whose sexuality is often fluid and outside of the binary gender structure. This term is being widely used by a younger generation.

**Passing:** the ability of a person to be recognized as an identity other than their own, such as a different [race](#), class, gender, sexual orientation, age and/or disability status, generally with the purpose or unintentional consequence of gaining privileges and social acceptance. In the context of gender identity, passing refers to the ability of a trans individual to be seen and regarded as cisgender.

**POC:** an acronym that stands for Person Of Color

**Preferred Gender Pronoun (PGP):** the pronoun or set of pronouns that an individual would like others to use when talking to or about that individual. For example: she, her, he, him, they, them, ze, hir and it. Gendered pronouns such as "she" or "he" can create an issue for transgender and gender non-conforming people, because others may not use the pronouns they prefer when speaking to them or about them. Some people prefer that you use gender neutral pronouns when talking to or about them, such as "ze" and "hir" or "they" and "them".

**Psychosis\*:** refers to a mental health condition in which a person has "lost touch with reality" and may be experiencing delusions and/or hallucinations, as well as additional symptoms.

**Queer\*:** a historically derogatory term for LGBT people, especially for AMAB people. The term has been widely reclaimed as a political statement and term of self-identification for people who do not identify with the restrictive and binary terms that have traditionally described sexual orientation (for instance, gay, lesbian, or bisexual only) and who recognize both sexual orientation and gender identity as fluid. It is often used as an umbrella term that refers to the broad spectrum of non heterosexual sexual orientations.

**Questioning:** an active process in which a person explores their own sexual orientation, gender identity, and/or gender expression, and questions the cultural assumptions that they are heterosexual, cisgender and/or gender conforming. Many LGBTQI2S people go through this process before "coming out." Not all people who question their identities end up self-identifying as LGBTQI2S.

**Sexism:** The cultural, institutional, and individual set of beliefs and practices that privilege men, maleness and masculinity, while subordinating women & non-binary individuals and denigrating femaleness & femininity.

**Sexuality\*:** the capacity to have sexual experiences, interests, attraction and responses. A person's sexual orientation may influence their sexuality. Sexuality may be expressed through thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships.

**Sexual orientation\*\*:** a term describing a person's emotional, romantic, and sexual attraction, whether it is for members of the same or different sex. A person may identify their sexual orientation as heterosexual, lesbian, gay, bisexual, queer or something else. It is important to understand that sexual orientation and gender identity are two different things. Not all transgender youth identify as gay, lesbian, bisexual, or queer. And not all gay, lesbian, bisexual, and queer youth display gender non-conforming characteristics.

**Suicide Attempt\*:** A non-fatal self-directed harmful behavior with intent to die as a result of the behavior.

**Suicidal ideation\*\*:** Thinking about, considering, or planning for suicide. This can range from a detailed plan to a fleeting consideration and may or may not escalate to a suicide attempt.

**Tranny\*:** a derogatory term for transgender & transsexual individuals, especially AMAB people. It has a strong association to sex work. Some trans people have reclaimed this term as a positive identity when used among themselves.

**Transgender\*\*:** an umbrella term that can be used to describe people whose gender expression is non-conforming and/or whose gender identity is different from their assigned sex at birth. This term can include transsexual and genderqueer people, as well as others whose gender expression varies from traditional gender norms.

**Transition\*:** The time period when a transgender person starts living as the gender they identify as. This may include a change in style of dress, selection of new name, a request that people use the correct pronoun when describing them, as well as medical care like hormone therapy, counseling, and/or surgery.

**Transphobia:** a range of antagonistic attitude and feelings towards people who do not conform to established gender expressions or gender assignments, regardless of individuals' actual gender identity or sexual orientation.

**Transition Age Youth (TAY)\*\*:** individuals between the ages of 16 and 24, who face unique service challenges because they are too old for child services but are often not ready or eligible for adult services. Once they turn 18 they may no longer receive assistance from the systems of care that previously provided for many of their needs, and may struggle to secure employment, housing, and health care with limited resources and experience.

**Transsexual:** a term for someone who hormonally and/or surgically transitions away from their birth-assigned sex, in order to bring their body more in line with their gender identity.

**Trauma\***: a type of damage to the psyche that occurs as a result of a severely distressing event. This can include:

**-PTSD\* (Post-traumatic stress disorder)**: a mental health condition triggered by one or multiple traumatic events. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event(s).

**-Sexual trauma\***: one event or a series of events, that are sexual in nature, through which a person feels a sense of fear, helplessness, injury or threat of injury. The level of traumatic reaction to sexual trauma is very individual and almost impossible to anticipate.

**-Intergenerational trauma\*\***: trauma that is transferred from the first generation of trauma survivors to the second and further generations. Genocide, colonialism, slavery, domestic violence and sexual assault are some examples of sources of trauma that can be transferred to subsequent generations.

**Two Spirit\*\***: a modern umbrella term used to describe gender-variant individuals in some indigenous North American communities, usually referring to native individuals who have masculine and feminine spirits occupying their bodies. Indigenous communities have specific terms in their own languages for the gender-variant individuals and the social & spiritual roles that they fulfill. Two Spirit individuals may or may not identify with the word transgender.

**Ze\*\***: a gender-neutral subject pronoun used instead of “he” or “she” for some gender nonconforming individuals (pronounced /zee/). The equivalent gender-neutral object and possessive pronoun, used instead of “him” or “her”, is *hir* (pronounced /heer/). This is how they are used: “Devin is the shortest person in hir team, yet ze is the fastest runner.”

\* -refer to words in the Digital stories

\*\* -refer to terms that are used later on in the facilitation guide

# LGBTQI2S Resource List

## Information, Statistics & Reports About LGBTQI2S TAY

National Center for Lesbian Rights <http://www.nclrights.org/explore-the-issues/youth/youth-resources/>

- [Hidden Injustice: LGBT Youth in Juvenile Courts](#)
- [National Recommended Best Practices for Serving LGBT Homeless Youth](#)

Getting Down to Basics: Tools to Support LGBTQ Youth in Care

<http://www.lambdalegal.org/publications/getting-down-to-basics>

GLSEN School Climate Survey <http://glsen.org/nscs>

How to Improve Mental Health Care for LGBT Youth

<https://www.americanprogress.org/issues/lgbt/report/2010/12/09/8787/how-to-improve-mental-health-care-for-lgbt-youth/>

LGBTQ YOUTH OF COLOR: Discipline Disparities, School Push-Out, and the School-to-Prison Pipeline [http://www.gsanetwork.org/files/aboutus/LGBTQ\\_brief\\_FINAL-web.pdf](http://www.gsanetwork.org/files/aboutus/LGBTQ_brief_FINAL-web.pdf)

National Council on Crime and Delinquency - LGBTQ Youth Projects

<http://nccdglobal.org/what-we-do/major-projects/lgbt-youth-projects>

San Francisco Lesbian, Gay, Bisexual, Transgender, Queer & Intersex Violence Prevention Needs Assessment <http://www.sfcenter.org/sites/default/files/Violence%20Report%20%28Final%29.pdf>

Seeking Shelter: The Experiences and Unmet Needs of LGBT Homeless Youth

<https://cdn.americanprogress.org/wp-content/uploads/2013/09/LGBTHomelessYouth.pdf>

## Resources for LGBTQI2S TAY

El/La Para TransLatinas <http://ellaparatranslatinas.yolasite.com/>

Familia: Trans Queer Liberation Movement <http://famiatqlm.org/>

Family Acceptance Project <http://familyproject.sfsu.edu/>

Gay Lesbian Straight Education Network <http://www.glsen.org/>

Gay Straight Alliance Network <http://www.gsanetwork.org/>

Gender Spectrum [www.genderspectrum.org](http://www.genderspectrum.org)

Get YR Rights <http://getyrrights.org/>

Inter/Act Youth Group (for intersex youth) <http://interactyouth.org/>

National Center for Lesbian Rights <http://www.nclrights.org/>

Somos Familia <http://somosfamiabay.org/>

The Trevor Project <http://www.thetrevorproject.org/>

Transgender Law Center <http://transgenderlawcenter.org/>

Youth Resource <http://www.youthresource.org/>



# Digital Stories Reflection Worksheet

	Write 3 things youth are trying to communicate in their Digital Story:	What are the roles of the caretakers in each Story? How do negative caretakers influence the stories? Positive ones?	How do these stories relate to the work that you personally do at your agency?	What are some of the needs you can identify in each Digital Story?
<b>Jay</b>				
<b>Drusilla</b>				
<b>Glenn</b>				
<b>Rebekah</b>				

<b>Shannel</b>				
<b>Joshua</b>				
<b>Apple</b>				

### Reflection Questions for Break Out Session

*Discuss your assigned question in your small group:*

1. What are common themes in all of the Stories?
2. How do the TAY's intersecting identities come up in the Stories? How do their identities impact their experiences? How must we account for these as we support LGBTQI2S TAY?
3. What are some of the systems and institutions that impact LGBTQI2S TAY in these Stories?
4. What are the effects of medical diagnoses & labelling on the LGBTQI2S TAY in these Stories?
5. How can you make your agency feel safer and more accessible for LGBTQI2S TAY?
6. What practices can you shift and/or initiate to positively impact and support LGBTQI2S TAY?
7. What personal identities do you share with the LGBTQI2S TAY in the Stories? How do you bring these identities and your authentic self into your work?

# Letter to Our Dream Provider

Dear so and so

Thank you for being so direct with me and standing by me through the last few weeks. Thank you for giving me more answers than questions.

I really appreciated you going out of your way to talk to other staff when they ~~used~~ used the wrong name for me, ~~and for~~ ~~that~~. Thank you for sitting with me when I was unsure or felt unsafe. ~~and~~

Thank you for telling me stories ~~and~~ about your life and taking time to find out what we might have in common.

~~and~~ you ~~were~~ If I knew I could trust you when you

~~are~~ You are a real person at work and that earned my trust quickly.

Thank you for acknowledging when ~~as~~ you or the hospital fumbles up and ~~book my car~~ giving me options for my time spent w you. ~~that~~

It meant so much that you acknowledged ~~me~~ my pain and struggle while ~~presenting~~ ~~present~~ ~~w~~ ~~me~~ still affirming my worth, talent, possibilities.

You expected such great things every time you saw me and yet you expected ~~no~~ nothing from me.

~~Thank you for~~

Thank you for letting me raise  
my voice, and never contradicting  
my ~~abandonment~~ ~~with~~ feelings  
yet always ~~and~~ challenging my  
~~for~~ anxious thoughts.

I left my time with you ~~feeling~~  
expecting more from those around  
me and from myself.

you ~~made me~~ gave me options  
without shutting me down or  
asking me ~~for~~ for all the answers.  
Instead you ~~wanted~~ ~~let~~ me to ask, ~~and~~ ~~take~~  
~~me~~ to ~~take~~ ~~from~~ what I

you ~~made~~ told me <sup>the greatness</sup>  
you saw in me, not what  
you wanted to see.

\* ~~Ever thought our time together was~~

It was enough to see that  
someone cared enough to  
~~to~~ want to understand even if  
they might never ~~fully~~ ~~see~~ my life.

Thank you for not sweeping my anger  
at ~~parents~~ doctors, teachers, <sup>myself</sup> ~~under~~ a diagnosis  
but nodding ~~at~~ with open eyes faced  
toward me not a notebook

I ~~feel~~ ~~hear~~ ~~and~~ ~~see~~  
thank you for leaving  
me with goals, plans, skills  
connections. not just a  
~~go~~ hand-sake

lesbian • gay  
bisexual • trans  
two spirit • queer



this is a  
**POSITIVE SPACE**  
that welcomes and  
supports everyone



**MISSION:** Our mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.

**VISION:** We envision communities where all individuals and their families can successfully realize their potential and pursue their dreams, and where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.

**VALUES:** Access, Consumer & Family Empowerment, Best Practices, Health & Wellness, Culturally Responsive, Socially Inclusive.

## **Alameda County Behavioral Health Care Services**

2000 Embarcadero Cove, Suite 400

Oakland, CA 94606

Tel: 510.567.8100, Fax: 510.567.8180

**[www.acbhcs.org](http://www.acbhcs.org)**