Report | November 2024

QACP INTERNAL ASSESSMENT

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queer affirmative counselling practice

mariwala health initiative

QACP Internal Assessment Report

queer affirmative counselling practice

mariwala health initiative

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Mariwala Health Initiative

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This deck is a shortened version of the QACP Impact Assessment.

To read the full Impact Assessment Report, please visit mhi.org.In

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About: QACP

- ***Knowledge sharing*** with – clients, parents, students, and in personal life
- ***Core team members of QACP*** have between them 10 to 20 years of experience as academicians, trainers, and MHPs
- Their work is closely linked to ***the feminist and queer movements in India***
- They bring their ***lived experience*** into creating the MHI-QACP curriculum

Launched in January 2019, over 600 MHPs have since been trained in queer affirmative practice as of January 2023.

Five years of the flagship MHI programme has engaged with 613 trained practitioners in 16 batches, spanning over 40 Indian cities and 4 South Asian countries.

MHI

mariwala health initiative

Mariwala Health Initiative is a grant-making and advocacy organization for mental health, with a ***particular focus on making mental health accessible to marginalized persons and communities***

- **Views mental health as a spectrum**
- **Believes that people with lived experiences must be situated at the core of any capacity-building work or intervention**
- **Advocates for an intersectional perspective on mental health**
- **Undertakes capacity-building initiatives & funds projects that are user-centered—where the interventions are linked to the grassroots and are community-based**

Introduction

For too long, the mental health community has been ***complicit in upholding oppressive structures of gender binaries*** and heteronormativity by providing a “cure” for the non-normative.

Being affirming is:

- *Challenging these structures that pathologize and discriminate against queer persons*
- *Participating in promoting their wellbeing in a deliberate and affirming manner*

Aims and Key Terms

In essence, the **aim** of the assessment ***is to gain a deeper and more systematic understanding of*** what the ***impact of the training*** has been in the work and life of QACP-trained MHPs.

Key Terms:

- **QACP is an approach to therapy** that takes a proactively positive and validating view on the gender and sexuality identities of queer (LGBTQIA+) clients and relationship
- **Therapeutic Practice** refers to the interactions and exchanges in a relationship between practitioner(s) and client(s) that is caring, clear, positive, professional
- **Mental Health Practitioners** include both professionals or para-professionals with academic or formal training in providing mental health services, e.g. counselors, therapists, social workers, psychiatrists and psychologists

Objectives

- **To capture data, examples, and stories of implementing queer affirmative work** within therapeutic settings and with direct client work

- **To understand and systematically document the various types of queer affirmative work that participants have undertaken after attending the QACP course.** The work can include and is not limited to: **A) Content generation/knowledge creation related to their learnings** in the course and affirmative mental health practices; **B) Any advocacy or capacity-building efforts by participants**

- **To explore and document the impact on the personal lives of participants** i.e. on their worldview, their own relationships, etc.

Methodology

Given the varied levels of involvement in queer affirmative work across the cohort of trained practitioners, **two methods were used to gather data:**

- A broad, mixed-methods online survey
- An in-depth, semi-structured qualitative interview through video conferencing with a smaller sample identified from the survey

The scope of this study considered following areas/themes:

- Queer affirmative therapeutic work, including direct applications of QACP learnings in client work
- Advocacy work undertaken by participants
- Knowledge creation and knowledge sharing on queer affirmative concepts/topics by participants
- Any personal impacts that the course may have had on participants

Chapters

1 **Participant Demographics**..... 09-15

2 **Knowledge Creation and Knowledge Sharing by QACP**..... 16-19

3 **Implementing Affirmative Therapeutic Practice**..... 20-33

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1 Participant Demographics

The Study was open to any participants from any batch who completed the QACP course up until November 2021

57* participants participated in the online survey

27 participants expressed interest in participating in an hour-long interview

22 participants were confirmed to be interviewed

Participant Demographic**

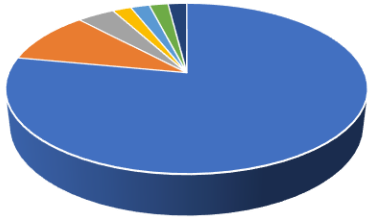
* representing 15.74% of the total no. of participants from any batch who completed the QACP course up until November 2021

** participant demographics include- gender, sexuality, age, geographical location, educational/training background, type of batch, type of practice, years of experience, and category of clients

Analysis

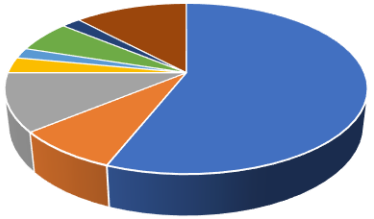
Participant Demographic

Gender



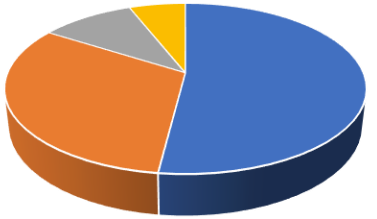
- Cis Woman
- Non-binary
- Genderfluid
- Genderqueer
- Androgynous Woman
- Cis Man
- Prefer not to say

Sexuality



- Heterosexual
- Queer
- Bisexual
- Lesbian
- Asexual
- Pansexual
- Panromantic
- PNS

Age

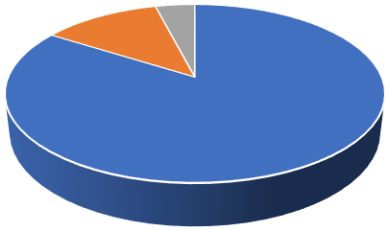


- Under 30
- Under 40
- Under 50
- Under 60

Analysis

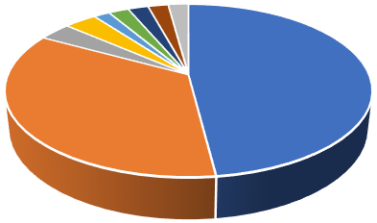
Participant Demographic

Geographical Location



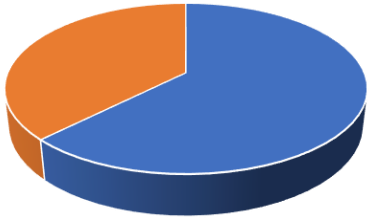
- Tier 1 Cities
- Tier 2 Cities
- Others

Educational Training/ Background



- Counselling
- Clinical Psychology
- Social Work
- PhD in Psychology
- Alternative Therapies
- Psychiatry
- Creative Arts + Expressional Therapies
- Child Rights Law
- Transactional Analysis

Type of Batch

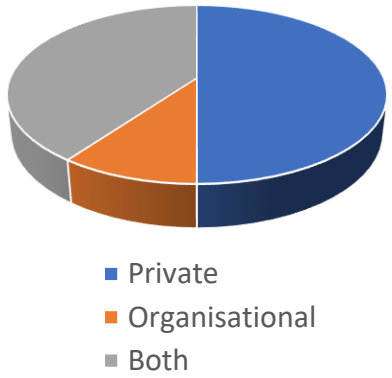


- In-person
- Online

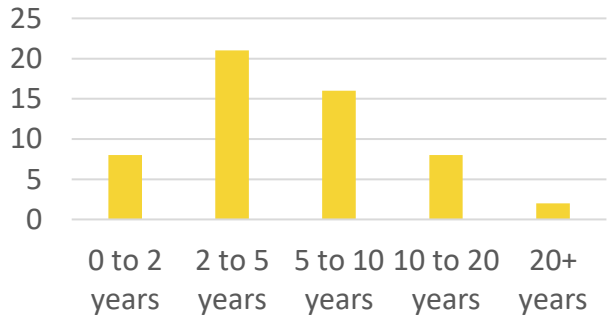
Analysis

Participant Demographic

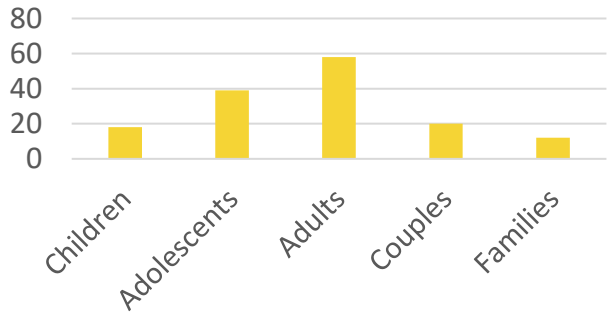
Type of Practice



Years of Practice



Category of Clients



Pathways

Pathways: 2 main pathways to being informed about QACP emerged from the in-depth interviews of the participants >

1. Online:

Through
- WhatsApp forwards
- Group chats
- Social media posts
- MHI website
- Their own web searches for such trainings

2. By word of mouth:

From
- colleagues and peers who had completed the course
- Their teachers and collaborators at universities
- Facilitators of other gender-and-sexuality-focused trainings in India
- Their own therapist who had completed the course
- Through members of the QACP faculty

Motivations

Motivations: Varied >

1. **Almost all questioned participants mentioned noticing gaps and harmful teachings in their psy-disciplines education** on subjects of gender, sexuality, and queer lives as well as gaps in their capacity and confidence to work with queer clients

2. Almost all of the abovementioned participants underscored that it was important for them **to ensure that their practice, as part of their personal/ professional values, was affirmative, inclusive, and not harmful**

3. For some, this motivation developed **as a reflection on the need to counter other MHPs and authorities they had witnessed being harmful and oppressive**, be it private practitioners, school counselors, school/college administrators, etc.

4. A **disabled participant was prompted to do the QACP course after a positive therapeutic experience** with a QACP-trained practitioner

When I filled out the form for the course, the question was, 'Why do you want to do this course?' And I wrote that all I want to do is be a safe practitioner. ***I need to be a safe space.*** I cannot be a therapist today not knowing what these dynamics mean for my client, even though it's not something I may have personally experienced."

—Participant #12, Interview #22

"***I wanted a non-directive way of looking at queer lives, in better light,*** because there was (1) very limited amount of what we could read and believe (2) because there's complete confidentiality around one's sexuality, so nobody wants to talk about it openly. So very early on in my psychology course, I realized that there is a lot of access that a psychologist can gain through to the subconscious of the person, but ***there is no way of looking at it from a sexuality perspective or very limited scope of looking at sexuality***, which is only with Freud at a given point of time. So I was very excited for the Queer Affirmative Counselling Practice course."

—Participant #32, Interview #17

Insights from the Participants

who completed the QACP course between January 2018 and August 2022

2 Knowledge Creation and Knowledge Sharing by QACP

84%*

participants in this study stated that **their knowledge-creation and knowledge-sharing activities regarding queer affirmative work *increased*** after their participation in the QACP course

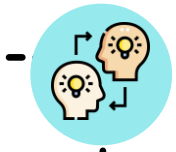
Such activities included:

- Participating in webinars & workshops on the subject matter
- Creating & sharing informational content online (social media, podcasts,etc.)
- Organizing & speaking in conferences
- Publishing articles, blogs, & academic papers on queering mental health practices

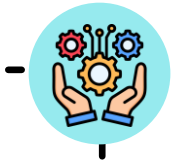
> "I've done a lot of talks for Master's [in] Psychology students, because I think ***my biggest takeaway from this course was, 'Why was my master's course not teaching me this?'*** So my automatic thought process was, ***'I'm going to do these talks, because people must know affirmative practice.'*** If you're going to call yourself a psychologist, you better learn this."
>
> —Ila Kulshrestha, Licensed Clinical Psychologist

+ Systemising + Network + Research

Content Creation: **37.5%** of the links to the content created by participants in the survey **mention MHI-QACP, or is hosted as resources** on MHI's website under the QACP tab



Knowledge Sharing: Include **sharing knowledge of queer identities** with parents of clients, running workshops on how to respond affirmatively when one comes out, holding sessions/workshops/discussions in school/college settings



Systemising Further Training: **Supervision spaces is often mentioned** as used for sharing knowledge with peers, for challenging dominant cisheteronormative views, promoting affirmative lenses

Community/Network Building: Creating WhatsApp groups for respective batches along with a master Google group of **QACP** graduates **for sharing information, using as source of Inward & outward referrals, providing mutual support**

Research & Publications: One participant **shared both their lived & professional experience with college researchers** on topic of non-binary identities & lives

“I also wrote to my alma mater institute saying you have failed us. Because ***I cannot believe that I have not been an affirmative practitioner.*** This bothers me. So I think that ***you need to make it mandated in your course, it shouldn’t be an option.”***

—Participant #12, Interview #22

Insights from *the Participants*

who completed the QACP course between January 2018 and August 2022

Discussion

From these findings, it is evident that:

1. A majority of QACP practitioners are **actively taking their learnings from QACP** for teaching others and to **share their learnings with a variety of audiences via multiple mediums**

2. This **knowledge sharing is occurring both professionally and personally for the participants.** The reach of such knowledge -sharing work also varies, though each is a **crucial path towards generating affirmation for the queer community**

3. It is further interesting and heartening to note that many participants in **their knowledge-sharing efforts have been creative** in **how they embed conversations on queer lives, queer mental health, and topics of marginalization in contexts** that may have different fixed topics of discussion —such as in webinars, supervision spaces, existing curriculum frameworks such as sex ed, etc.

3 Implementing Affirmative Therapeutic Practice

98% of participants reported that their engagement with affirmative therapeutic practice increased after taking the QACP course

93% of participants reported that their confidence in working affirmatively with queer clients increased

Many participants shared that after they completed the QACP course, their clients came out to them, ***crediting this change to now being able to ask clients the right questions*** as well as ***provide the right information and the right validation***

Insights from *the Participants*

who completed the QACP course *between January 2018 and August 2022*

"There were a lot of concepts that I thought I knew. But because ***QACP is such experiential learning, not just learning through theoretical or didactic methods***, I think it landed very differently from other [theories or teachings]. ***I cannot now walk on the streets and not calculate all my privileges.*** I've noticed that my space has a lot more gender and sexuality content in it.

—Hemangi Vyawahare,
Clinical Psychologist

So it was an important learning that ***as a therapist, why should I be so accepting of everything the way it is,*** even when it is obviously wrong and when it is obviously ***something that's maybe even traumatic for so many."***

—Participant #40, Interview #1

Observations

- **Sharing Resource:** 65% of surveyed participants reported engaging more with queer literature and resources after the course, and sharing those with their clients, including connecting queer clients with queer organizations, collectives, groups, and events in their locations and/or online
- **Making their therapeutic spaces affirmative:** 87% of surveyed participants announced on their social media handles that they are a queer affirmative practitioner, 42% put up/ displayed queer-trans flags, and 37% put up/displayed queer-trans books
- **Other steps:** Displaying their pronouns in any online or offline name tag, and changing their intake forms to have more inclusive options for clients to list their genders and preferred name
- **Changes in language:** QACP course changed the language participants use in sessions or supplied them with affirmative language; all the participants reported actively using terms and pronouns preferred by clients to refer to them; 98% reported checking on heteronormative usage, and intentionally using language that demonstrates that all sexualities and genders are normal

‘Queering’ Therapies

From interviews with participants, major themes regarding queer affirmative tools, techniques, and queering specific modes of therapies emerged:

- The therapeutic work involved **contextualizing distress** socio-politically with clients in session
- Intentionally, mindfully, and **responsibly externalizing the problems** when it comes to queer clients and the distress they experience due to systemic oppression
- **Countering neutrality** in their practice after completing the QACP course

“In terms of my explanations to my clients, I do know that I have been able to queer it [and] inform my understanding of diagnostics from my queer affirmative work. I was able to explain to [my client] that naturally there will be higher scores on paranoid [aspects], right? It’s not pathological for you to be paranoid if every second person is going to treat you like you are different. So I had to break it down and explain to him that the psychological test is built on a very cisheteronormative assumption. ***So if a cisgender person with no concerns related to gender identity were to feel the same extent of worry that you do: yes, [maybe] that’s paranoia.*** But ***in your case, that’s not paranoia, because that’s persecution that you have experienced.”***

—Participant #22, Interview #8

“So after QACP, you start observing, ‘Am I depriving care for people just by being ignorant?’ ***You can deprive people of spaces just by being ignorant.”***

—Deepapriya Vishwanathan, Psychotherapist

Insights from *the Participants*

who completed the QACP course ***between January 2018 and August 2022***

‘Queering’ Therapies: CBT

- Some participants shared their **experiences in interrogating concepts such as negative distortions, work with belief systems, CBT’s perspective on irrationality,** and others, ***with a queer affirmative lens***

- A participant shared their realisation (in a CBT session) that their **usual approach to client work was very structured** and planned based on their CBT training. As **unique life stressors related to gender and sexuality are not necessarily accounted for in such structures,** integral parts of therapeutic work with clients from the LGBTQIA+ community could be missed. they now make a ***conscious effort to ask relevant questions to their clients, which necessitates being more flexible in sessions***

‘Queering’ Therapies: Perspectives

- **Several CBT practitioners spoke in depth about queering the concept of irrationality in CBT:**

  They shared that ***placing the concerns that bring about so-called irrationality*** for their clients ***in a sociological context reveals that distress is*** in fact ***not irrational, because threats to wellbeing are many and very real for marginalized groups***

> ***“From a CBT perspective, these are irrational thoughts.*** But I really understood that a lot of their anxieties are not irrational, they are very real. So ***once I started addressing the reality of it and not taking it as an irrational thought, that changed a lot of meaning in the sessions.”***
>
> —Harshita Sarda, Psychotherapist (abridged and edited)

‘Queering’ Therapeutic Relationships

Changes in aspects of providing therapy and being in therapeutic relationships:

- According to one practitioner, ***the biggest tool that has been queered for them is the self.*** The changes the self goes through after the course and the ***conversations in the therapeutic space are now more affirmative.*** They now celebrate the joy of queer relationships and don’t look at them from the lens of pity or asserting how much strength it takes to live non-normative lives

- Many other participants reported similar ***shift in their practice by starting to celebrate strengths of queer relationships*** instead of a focus on working through or pre-empting/ preparing for things that could go wrong

> “It’s such a simple thing, but ***before QACP, I didn’t recognize that anything other than the heteronormative is not celebrated.”***
>
> —Hemangi Vyawahare, Clinical Psychologist

‘Queering’ Therapies: Observations

Changes in other aspects of providing therapy:

- A participant shared how their ***hope-building therapeutic work looks different after completing the QACP course.*** They shared that ***being informed as a practitioner*** about the communities, organizations, groups, and people out there that ***can and do affirm their queer clients allows that hope to be translated during the sessions.***

> “So in that way, because I have seen hope personally for myself, I’ve seen more stories of queer love, I’ve seen stories of Shruti and Pooja—that ***gives me an internal hope that something like this is possible for my client too, if they have access to the right kind of support and the right kind of people.*** That’s also a way the work has been impacted.”
>
> —Shaheen Khan, Psychotherapist

Applying QACP Learnings: Intersections

84%

of participants stated that ***they found applications of QACP learnings in their therapeutic work beyond queer-trans clients*** - through working with clients from other marginalised groups or with intersecting marginalisations

Usefulness of the approaches to power and privilege within the therapeutic space as taught by QACP in responding more appropriately to their clients' unique life stressors, and to ***contextualize their distresses in sociopolitical contexts****

Understanding that just as with queer-trans clients, those ***from other marginalized groups*** may often come in with ***specific diagnoses due to common overmedicalization of marginalized experiences***

Applying QACP learnings to their work with disabled clients- Some participants shared their efforts to ***ensure that the therapeutic space does not become ableist,*** e.g. by refraining from setting goals for neurodivergent clients in therapy

*e.g. patriarchal influences on the lives of ciswomen; and casteism and ableism in the lives of caste-marginalized people; and disabled people

QACP in Application: Cishet Clients

Working with cishet clients:

- The ***queer affirmative lens proved to be supportive*** in meaningful therapeutic work with cishet clients too, as ***cishet people also experience distress from the norms of the charmed circle***, which coerces them to conform to the very center

- ***Validating non-normative desires*** such as wishing to remain single/unmarried, getting divorced, wishing for a child-free life, choosing to not be sexually active, polyamory, and kink ***has been a learning carried forward from QACP for many participants***

> "The QACP programme, it didn't just help me in terms of working with the [LGBTQIA+] community, ***it stretched around for all aspects of diversity.*** For example, while I strongly benefited in terms of actually working with people from the community … ***I also felt benefits when I was working on mental health issues in general."***
>
> —Dr Anita Rego, Psychiatric Social Worker

QACP in Application:
Joint Sessions and Support Groups

33%

participants ***reported undertaking joint sessions, including for affirmative work with families of origin*** and other influential people in their clients' lives

Participants who undertook joint sessions, reported these have been ***used to build/strengthen support systems for the client,*** whether it is ***to support them in their challenging of patriarchal family systems*** or in coming out to family members

Analysis

From these findings, it is evident that:

1. Many practitioners, from across QACP batches, cities, years of therapeutic experience, various schools/types of therapy, and gender and sexuality identities ***have taken forward multiple core QACP learnings and implemented such concepts and perspectives in their practice since completing the course***

2. Recommendations from the QACP course that invited participants ***to make their therapeutic spaces outwardly affirmative (such as displaying pronouns, markers such as pride flags*** were widely reported as being carried forward by the cohort

3. Discussions with a more concentrated group further ***indicated widespread efforts to queer therapeutic tools and techniques*** as taught by multiple schools as well as ***shifts in their own perspectives***

Discussion

- Among participants who reported undertaking efforts to familiarize themselves with local queer-trans resources such as organizations and collectives to refer clients to, there was ***nearly equally proportionate positive responses between those working in larger cities and those in smaller cities***
- The given examples show that the course also offered them ***insights/lens to identify the issues*** that require ***not just intervention with the client as an individual but also at a mesosystem level***—with family, friends, and others who are involved in the experience of distress
- The ***imbibing of learning is clear in their various descriptions of consciously shifting away from diagnosis-first approaches*** and relying solely on their expert knowledge and perspectives to instead work with the expertise of clients' experiences and lives
- Participants further reported seeing ***the impacts of this anti-oppression therapeutic practice pedagogy in their work with clients with other or intersecting marginalized identities;*** many also shared how they feel more comfortable and confident as practitioners to work with exploration instead of with the goal of problem-solving in therapy

To note: It is not the objective of the QACP course to teach new techniques or new types of therapy—rather, it is ***to introduce a shift in practitioners' perspectives and approaches to their work*** - which this study indicates is being effectively met

4 What Advocacy Means to Mental Health Practitioners

60% of participants in the study reported that their that their engagements with advocacy efforts on the rights of queer-trans persons as an MHP increased after completing the QACP course

63% of participants reported engaging with petitions and campaigns against oppressive laws, policies, and practices targeting the queer community

The systems that participants reported the most advocacy with:

Media - 38% of participants
Educational systems - 30% of participants

Within Therapy Rooms

For a significant number of participants, advocacy begins in the therapy room:

- It means supporting the client and validating their experiences and feelings as rooted in the oppression they face, subsequently calling out the systems for being unfair
- It involves externalizing the issues faced by the client, which are born of their systemic oppression
- For some, it means being affirmative in the therapy space, along with sharing and connecting participants to resources and psychoeducating them on affirmative concepts
- One participant shared that they read more about pop culture to be able to give examples of pop icons who are out to clients

Creating Accessibility: Different Spaces

A. Mental Health Services for Queer and Marginalized Communities:

Some participants see advocacy as opening up ***mental health services specific to queer communities*** and which are ***responsive to their needs***

B. Engaging within Professional Spaces and the Mental Health Sector:

A vast majority of the participants ***view advocacy as engaging with the mental health sector and MHPs,*** including ***questioning*** their narratives. To them, it means building interventions that challenge ***dominant cis heteronormative narratives,*** and it includes ***engaging*** with colleges and other MHPs to ***encourage them to adopt a queer affirmative lens*** as well as increasing conversations on gender and sexuality

C. Engaging with Families/ Support Systems:

Several practitioners worked with ***families and other support systems,*** including siblings and friends, in the lives of queer clients- it involved ***conducting joint sessions with the families*** of their clients and ***psychoeducating*** them, ***addressing their concerns,*** as well as engaging and ***working with the discomfort that they might be facing***

Other Types of Engagements

Intersectoral Engagements:

- For one practitioner, this means ensuring that the referrals for other social supports that a client may need, like legal and medical practitioners, are also working affirmatively and ***supporting their clients in navigating such spaces***
- One participant shared their experience in working on court cases, working with the police, and ***advocating with the judiciary*** during instances of ***false cases being made out against queer couples***

Conversations within Personal Spaces

- A significant number of participants see ***advocacy as starting these conversations from home***—interacting with parents, siblings, and grandparents. It involves implementing a queer affirmative lens and language with friends and family as well as calling out homonegativity in conversations

Own Queer Identity

- To some extent, practitioners also see themselves ***being more self-affirming of their own queer or marginalized identities as an act of resistance and advocacy***

Social Media

- They put up their pronouns on their social media accounts and also ***promoted being a queer affirmative practitioner.*** Such efforts also involve following queer affirmative pages, sharing queer affirmative content on their pages

Analysis

It can be said that the course supported many participants in increasing their advocacy efforts, speaking up against oppressive structures, and realizing their responsibility in wielding their power as an authority on human experiences, in order to affirm and support marginalized clients.

Evidently, almost all of the participants agree that advocacy begins within the therapy room, by supporting their client.

In addition to being a queer affirmative therapist, many have learned, and continue working with the reality, that one has to constantly challenge the dominant cis heteronormative narratives and systems of oppression to effect change and build an affirmative world.

> ***"Advocacy has meant to walk the extra mile.*** Along with showing up in sessions and holding the affirmative space for the client, ***it's also about doing the afterwork,*** like sharing the resources, and then also ***reflecting on your own journey and how you're interacting in your personal space."***
>
> —Shaheen Khan, Psychotherapist

> "So for me, [advocacy] would mean very small things. Like when my students come up to me, or with my clients who are queer—within that space of me and them, whatever I could do, I have tried to do. (...) For example, ***writing the case notes in language that is not stigmatizing*** such that if they have to submit it anywhere, ***at the workplace or elsewhere, that it doesn't bring too much discrimination onto them***, but it also highlights that they are going through certain challenging situations.
>
> —Participant #22, Interview #8

Insights from *the Participants*

who completed the QACP course *between January 2018 and August 2022*

5 Personal Transformations

Apart from impacts of the course in their professional lives, participants reported a variety of impacts in their personal lives, ranging from guiding their career path, to now informing their parenting styles and their selected social circle, to empowering them to feel affirmed and validated in their queer and marginalized identities.

Identity Affirmation and Exploration:

- Nearly all participants mentioned that the course helped them feel affirmed in their own identities and more comfortable in exploring their various identities
- Some described this experience as finding belongingness with their own queer identity, feeling more prepared for the challenges of embracing their queer identity in a world that does not, being prompted to unpack their own internalized homonegativity, and connecting more with their own community as a valuable personal resource.

> ***"... with my sexuality, my gender and my identity as a disabled person, the course gave a lot of awareness about how the world around me is functioning,*** and how, somewhere, I am ***expected to accommodate all of it, but I don't have to.*** So, for the last three years, that has been my biggest learning. I've been looking at the world differently, I've been ***looking at challenges as challenges—*** challenges that come from society as ***society's dysfunction*** and ***not something that I have to make efforts to make sure that I fit in."***
>
> —Shanmathi S, Counseling Psychologist

Insights from *the Participants*

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Changes Experienced

Many participants commented on changes they have experienced or made in their social circles and conversations with loved ones. Initiating conversations on gender and sexuality with family and friends itself was a change many participants made, reporting feeling more equipped to have such conversations. Many shared expanding their efforts to have such conversations with loved ones with whom they may have hesitated before, such as with elderly relatives.

Changes in Relationality and Personal Relationships:

- Importantly, several participants shared how their own relationships and approaches to being in relation with others changed after undergoing the course. One participant shared that they are now able to see their friends' and loves one's' experiences in sociopolitical contexts, and therefore find greater empathy for their loved ones' traumas and positionality in life, which has deepened their friendships

- Another participant shared their reflection on beginning to parent differently after the course, to work more readily with the possibility of their child either being a different gender than was assigned or having gender expressions that are not typically aligned with assigned gender

Self-work

Several participants shared processes they went through- a lot of unlearning and discovering language for self-expression. For many, the course challenged their self-assessment of having been affirmative prior to the course

Career Callings and Confidence, and Community of Conscience:

- Several participants shared how the QACP course gave them a space to engage with their chosen field through a political lens, the lack of which many had felt as a gap or dissonance for them personally, especially in their psy disciplines training

Analysis

It is evident from these findings that QACP is more than just a professional upskilling course for practitioners. The feminist approaches of cementing the personal with the political—a lens through which the course has been developed—has resonated with many participants.

They also take with them from the course a renewed and affirmed sense of self, congruence with their chosen field and personal values, pathways to deeper and more open relationships in their lives, and solidarities with one another.

6 Challenges Faced by Practitioners

While participants have clearly experienced manifold benefits from the QACP course, both personally and professionally, they also shared challenges they have experienced in working and living affirmatively.

Professional Challenges:

- Several participants reported facing questioning about, minimization of, and neutrality and cold responses to their affirmative work in a variety of workplaces/ professional contexts from their colleagues, superiors, and other authorities. Some described questions from other teachers when they took and taught affirmative stances in schools, while others faced cold responses from authorities when initiating dialogues on gender and sexuality inclusivity with students, with the authorities citing potential parental displeasure with the activity
- Participants also shared some challenges in retaining work with clients after making their affirmative stances and work known

> "Nobody till date has come in and told me that, 'You're doing a weird job,' or 'This is not something that we want in our city'—***many have said this is important.*** But ***none of them have said, 'I'd be proud to have something like this and proud to come and talk to you*** with my child who belongs to the community.' So ***everybody wants to keep a public image and a private image separate.*** And I do see that as backlash in multiple ways."
>
> Participant #32, Interview #17

Challenges Faced by Practitioners

- Participants also found that supervisors and trainers either cautioned against being “too affirmative” at the risk of parents or other authorities blaming the practitioner, or they were outright against queer affirmative work, feminism in therapy, etc.
- Collaborating with cishet, non-affirmative peers is another area where participants reported challenges

Personal Challenges:

- Participants also experienced lukewarm responses, judgment, and disinterest from people who belong to the center of the charmed circle in their social lives when discussing affirmative work and/or when coming out. For some, this resulted in loss of and distancing from certain friends and acquaintances who denied their privileges and resisted their beliefs being challenged, or who plainly treated queer-trans issues and rights as a joke

“I know that [parents] have ***come to me because they see me as a very typical symbol of the cishet world*** … So they’ve brought their child to me ***with a very specific agenda, that you have to make this child ‘normal’.*** And thankfully, I was able to understand what the child was talking about. ***All I did [in session] was just validate them,*** understand various aspects of their life, help them figure out their way forward, the safe spaces and support people they can access... I’ve had a couple of ***parents with whom I have had very difficult conversations,*** and I’m not sure it ended in any tangible, productive space ... In the end, ***they had to listen to what I had to say,*** because they can’t argue with me, ***because I’m sitting in a position of power here.***

—Participant #31, Interview #13

Insights from *the Participants*

who completed the QACP course *between January 2018 and August 2022*

Analysis

It is evident from the experiences of participants in the study that doing affirmative work continues to be challenging; though these challenges certainly don’t deter the participants, as evidenced by the rest of the findings.

Discussion

These findings are made all the more poignant with the representativeness of the sample, making up nearly 16% of the overall population (i.e. the total number of those who attended the QACP course), and seeing responses from all batches, multiple professional contexts (with different educational/training backgrounds and types of practice), locations, years of experience, as well as responses from both LGBTQIA+ practitioners and cishet practitioners.

Takeaways:

- The circulation patterns of course information and motivations for attending the course prove there is some self-selection in the cohort of QACP-trained practitioners

Key Findings Compared with QACP Objectives and Vision

In terms of professional impacts, participants reported feeling more confident in working with marginalized communities and making an effort to learn, understand, and address systemic oppression in their therapeutic spaces.

- Some of the biggest gains that many reported is finding the language to talk about gender and sexuality with their clients
- Many also engage in healthy self-disclosure and also make a conscious effort to understand and acknowledge their own limitations due to lack of lived experiences
- Members of this cohort use their social media platforms to create, promote and share knowledge on queer affirmative approaches, along with topics of gender, sexuality, and mental health
- One of the best examples is the impact of the charmed circle. Many participants found this theory/tool from the course to be helpful in addressing structural oppression

Key Findings Compared with QACP Objectives and Vision (contd.)

The course sheds light on how the mental health field has historically pathologized, upheld inequality, and biases against LGBTQIA+ persons. Participants agreed that through the knowledge gained during the course, they have been able to identify and dismantle these structures and biases in their own practice. They also mentioned that their views on gender, sexuality and relationships of LGBTQIA+ clients have become more positive and non-judgmental - another key objective of the course.

- Overall, many participants shared feeling like a safer and better practitioner after completing the course, not just for their queer-trans clients, but also for all their clients
- This study reaffirms that when one builds for the margins, everyone benefits, as the course not only supports participants to question and work against queer-trans negativity in the psy disciplines, but also to further question what is considered empirical, how concepts of pathology have been created
- While recalling the personal impacts of the course, participants mentioned being able to acknowledge their own privilege and being able to hold themselves accountable for causing potential harm

Key Findings Compared with QACP Objectives and Vision (contd.)

- Nearly every participant described feeling empowered in their own identities after completing the course, including their identity as a therapist.

- When comparing the impact of the course on queer affirmative MHPs with lived experience and those without, it was found that even if some of the content or perspectives were known to some participants with lived experience prior to QACP, the act of attending this training, doing this course, occupying that space, and sharing ideas is still affirming and confidence-boosting.

Limitations of the Study and Further Directions

the present study is not a 360-degree–impact assessment, as the impact of the course on end-users has not been determined. Much of the questioning relied on the self-reporting of practitioner-participants, which makes for mostly subjective responses. Further, as the study is not constructed longitudinally and does not utilize a baseline-endline system for understanding impact, recall and retrospection was relied on for participants' responses, which add to the subjectivity of these findings.

- As the QACP course is conducted in English, so too was this study. It does therefore mean that the findings are specific to impacts that people of a certain educational background
- There is a possibility of some self-selecting bias in the sample of this study
- Finally, given the sensitive nature of counseling/therapeutic work, the full depth/nuance of applying learnings of the course may not have been included; participants may have omitted or self-edited certain responses to protect the privacy and confidentiality of their clients

Recommendations for the Future of QACP

In the study, we asked the participants for recommendations for the QACP course:

- Many expressed the need to build the community further and interact more with each other, preferably in an offline space, to network across different cohorts and share knowledge, research, guidance, and feedback

> “I’d be so ***grateful*** to you, if you could express my ***individual gratitude to all three: Pooja, Shruti, and Gauri***. I mean, I did it already. But please do it again, because it’s not even about the concepts that they talk about. ***It’s about how they’ve been able to apply it to their professional and personal lives.*** And then the ***knowledge that they’re bringing or the amount of self-disclosure*** that they’re bringing into the course and the amount of openness with which they conducted the whole thing. That was the most impactful thing for me.”
>
> —Prabhjyot Kaur, Trauma Focused Therapy

Our Team

A research team of MHI members who have had varied responsibilities in the MHI-QACP programme as well as other responsibilities within MHI have carried out this study, with Dr Shruti Chakravarty as the supervisor. The report proposal was informed by all the members of the QACP faculty: Pooja Nair, Gauri Shringarpure, Shruti Chakravarty. The members of the research team are:

Aashima Sodhi | she/her, cis woman

is an associate at MHI and is primarily involved with managing various trainings around gender, sexuality, and mental health.

Asmita Meshram | she/they, non-binary

is a social media consultant working with MHI. Their interest in working on this project developed through their lived experience as a queer person who aims to understand the intersection of queer experiences and mental health.

Saisha Manan | she/her, cis woman

is a grants manager at MHI, involved in supporting partner organizations working in community mental health across the country.

This deck is a shortened version of the QACP Impact Assessment.

To read the full Impact Assessment Report, please visit mhi.org.In

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