QACP INTERNAL IMPACT ASSESSMENT REPORT | NOVEMBER 2024

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Introduction

> **QACP is a revolution. "**
>
> - Prabhjyot Kaur, Trauma Focused Therapist

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. When we speak of being queer affirming, we mean challenging these structures that pathologize and discriminate against queer persons, and participating in promoting their wellbeing in a deliberate and affirming manner.

Knowledge Sharing with Clients, Parents, Students, and in Personal Life

Mariwala Health Initiative (MHI)'s Queer Affirmative Counselling Practice (QACP) is a 6-day course to orient and reorient mental health practitioners (MHPs)—psychologists, psychiatrists, social workers, and counselors—to an anti-oppressive therapeutic practice. It is run as a collaboration between the QACP faculty and Mariwala Health Initiative (MHI). The curriculum for the QACP course is based on the Gay Affirmative Counselling Practice (GACP) manual and further built upon by a team of queer and trans MHPs. The 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. Additionally, 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. Such a milestone provided an apt opportunity to publish a formal internal assessment of the programme. This formal assessment aims to document the myriad ways in which practitioners have carried forward the aim of the training: to enable MHPs to implement affirmative clinical practices and harness their positions of power to advocate for queer clients. 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.

This study was conducted in 2022, and insights are included from eligible participants who completed the course between January 2019 and August 2022.

Operational Definition of 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 relationships. It also works to address the impacts of homonegativity, trans-negativity, and other structural, unique life stressors that queer clients face. Queer affirmative practice outside of counseling spaces may also include the efforts that practitioners take to learn more about queer lives and experiences and the advocacy they undertake to promote the rights of queer clients, whether through knowledge creation, teaching their peers, or engaging in protest and civil action to support their clients.

Therapeutic practice: or clinical practice, refers to the interactions and exchanges in a therapeutic relationship between practitioner(s) and client(s)—a relationship which is caring, clear, positive, and professional and is built for the purposes of supporting the mental health and wellbeing of clients.

Mental health practitioner: includes but is not limited to professionals or para-professionals who have received academic or formal training in providing mental health services, such as counselors, therapists, social workers, psychiatrists and psychologists. Practitioners from any of these backgrounds who have an ongoing practice (whether individual, organizational, or peer-to-peer) are eligible for the MHI-QACP course.

About MHI

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. Viewing mental health as a spectrum, MHI believes that people with lived experiences must be situated at the core of any capacity-building work or intervention. MHI advocates for an intersectional perspective on mental health, undertakes capacity-building initiatives and funds projects that are user-centered—where the interventions are linked to the grassroots and are community-based.

MHI-run initiatives center gender, sexuality, and knowledge from the margins in mental health practice. By fostering an environment of accessible, affirmative, rights-based, and user-centric mental healthcare, MHI seeks to visibilize narratives in mental health that centre structural determinants and foreground the voices of historically marginalized communities.

Objectives: Why an Impact Assessment and What Kind of Impact Are We Looking At?

This impact assessment has been conducted to support the understanding of the MHI-QACP programme's implementation and for documenting the affirmative work undertaken by participants of the MHI-QACP course.

Preliminary efforts through sustained engagement with QACP-trained practitioners to capture the ways in which queer affirmative work has been carried out has revealed that external advocacy efforts have indeed been taken up by trained practitioners (workshops, general publications). However, there was not enough data and information on how the training has informed the participants' therapeutic practice, if the participants have engaged in knowledge production regarding affirmative therapeutic practice, and about any other form of queer affirmative work that may be less visible. Another aspect of interest is to further understand and document how the personal lives of trained MHPs have been impacted by the MHI-QACP course, which has been noted through end-of-course feedback forms and informal personal testimonies from course alumni, but has not yet been systematically documented as an impact of the training. With these identified gaps in information, the following objectives for the study were set out:

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:

- Content generation/knowledge creation related to their learnings in the course and affirmative mental health practices
- 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.

Team

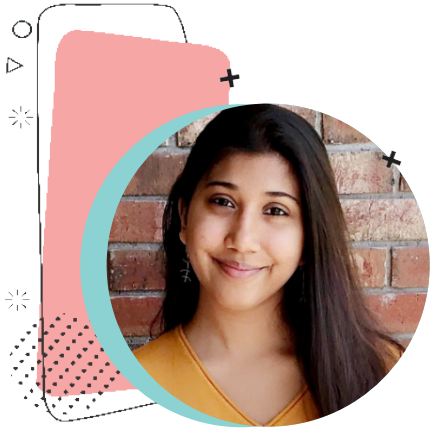
Envisioned as an internal assessment, it was decided that those familiar but not directly responsible for facilitating the content of the MHI-QACP course would carry out the study. This led to a research team of MHI members who have had varied responsibilities in the MHI-QACP programme as well as other responsibilities within MHI. They were supervised by MHI chief advisor and QACP faculty member Dr Shruti Chakravarty, while the research proposal was informed by all members of the QACP faculty—Gauri Shringarpure, Pooja Nair, and Shruti Chakravarty.

The following were the members of the research team:

Aashima Sodhi (she/her, cis woman)

Her interest in this project developed through her experience of managing MHI-QACP as well as attending the course and interacting with various MHPs who were part of the course. The impact assessment study was an opportunity for her to learn more from the participants about their experience of doing the course and what the course has meant to them. It was also an opportunity for her to interact with participants from previous batches. Aashima has completed her Master's in Psychology, and with the aim to be a practising psychologist one day, she had the chance to get inspiring insights from the participants and hopes to incorporate the same in her own work.

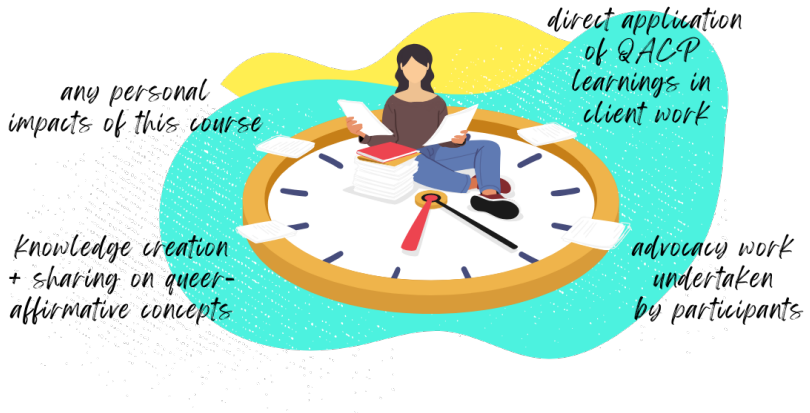
Asmita Meshram (she/they, non-binary) is a social media consultant working with MHI. Their interest in working on this project developed through their lived experience as a queer person who aims to understand the intersection of queer experiences and mental health. This was an opportunity for them to observe how MHPs, through the learnings from the MHI-QACP programme, have made their therapeutic spaces safe and accessible for LGBTQIA+ persons. Asmita is currently completing their Postgraduate Diploma in Family Therapy and Counseling from the Indira Gandhi National Open University (IGNOU).



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. Her background is in community mental health, and she wrote her Bachelor's thesis on evaluating community-based trauma initiatives against tenants of counseling to showcase that what is valued in traditional therapy is possible, and often better executed, in community-led contexts. Her interest in this project was born from experiencing the MHI-QACP course as an intern and managing logistics. She also has a personal interest in promoting and documenting anti-oppression mental health work as a counternarrative to the dominant and often harmful mental health and psy disciplines canon.

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 and an in-depth, semi-structured qualitative interview through video conferencing with a smaller sample identified from the survey.



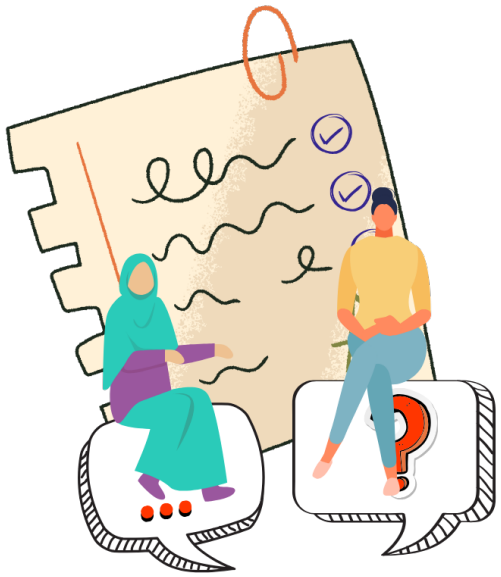
Survey

Length: The survey consisted of 10 demographic questions and 17 questions of multiple choice, yes/no answers, and short answers. The expected time to complete the survey was 20 minutes, and it was left open for 3 weeks from the date of circulation. A copy of the survey is included as an annexure to this report (Annexure A).

Eligibility: Out of the 362 trained practitioners across QACP batches eligible for the survey (at the time of conduction), 57 participated in it.

Content and Development: The content of the survey questionnaire included: a) details of the participants' queer affirmative work before the training and after completing the training i.e. number of queer clients/organizations worked with, any further training, any advocacy work, any knowledge creation work, any other type of professional work done, and b) brief reflections on how the training impacted them apart from their professional lives. The team based the survey questions on the learning objectives and curriculum of QACP with support from the QACP faculty. The questionnaire was tested with a queer affirmative MHP and two other members of the mental health sector who had attended the course, for its relevance, validity, and the time required to complete the survey.

Analysis: The survey data was primarily analyzed quantitatively, using descriptive statistics to understand the impact of the MHI-QACP course across key thematic areas, as experienced by the sampled participants. A smaller subset of qualitative data within the survey was also analyzed by coding, collation, and categorization along the lines of the above-mentioned themes.



Ethics

Accessibility: As the training was conducted in English, so was the survey, and no significant language bias was expected in the sample. The survey was created using Google Forms, which is an accessible platform to people who use screen -readers. The researchers committed to providing necessary accommodations for any participant upon request in order to enable equitable opportunities.

Anonymity: The option to answer the survey anonymously was offered to all participants; however, for those who were interested in participating further in the interview, their names and contact information were collected for correspondence purposes. Other information gathered about participants included: (1) batch of QACP training (2) location (3) type of practice (private, organizational, etc.) (4) years of experience (5) educational background and (6) category of clients i.e. children, adolescents, adults, couples or family. As this was an internal impact assessment, only the research supervisor had access to cross-referencing the information provided in the survey with registration and attendance data from the QACP training.

Privacy: The online survey was conducted on a secure site—on password-protected Google Forms. All anonymous participants were assigned random numerical identifiers. All downloaded information or files from the online survey format were kept on password-protected official laptops/computers. Only the research team had access to raw data and any identifying information.

Confidentiality and Consent: An informed consent page and participant information sheet (PIS) preceded the survey, which all participants were required to read through and indicate their understanding of and agreement to (Annexure A). Responses in the survey were accessible only by the research team. Data provided via the survey was disseminated further only in summarized and anonymized analysis format; no raw quantitative data was or will be disseminated. The research team has shared quotations from short answer responses in this report, but these have been anonymized and edited to remove any possible identifying information. No MHP has been asked to share identifying information about client cases. If any such information was received, it was removed from collected data and not used in the analysis.

Right to Quit: All participants had the right to quit the survey at any time and request removal of any/all of their survey responses from the research at any time. Contact information to request removal had been outlined in the informed consent page and PIS.

Potential Harm/Risk to Participants: Researchers anticipated no more harm or risk from participation in the survey than what MHPs encounter in their daily lives and work. In case of any undue distress experienced in the course of the survey and interview, participants had the option to reach out to the researchers. Referral information to mental health services was also listed in the informed consent page and PIS for the survey.

Compensation: No compensation was offered for participation in the survey.

Interviews

Length: The interviews were set for 45 minutes to 1 hour over video conference, and were conducted over three months after the survey was closed

Sample: Participants from the survey who had indicated i nterest to be interviewed comprised the sample for the interviews. The research team interviewed 22 participants. The selection was based on availability of all participants over the three-month interview phase of this study.

Content and Development: The interviews were designed to be semi-structured. There were 10 prepared, open-ended questions in the interview questionnaire which pertained to a) details of and reflections on the participants' queer affirmative work after the course i.e. number of queer clients/organizations worked with, experiences in sessions with queer clients, any further training, any advocacy work, any knowledge creation work, and any other type of professional work and b) reflections on how the training impacted them apart from their professional lives (Annexure B). For each interview participant, specific questions were also designed based on their survey responses for deeper understanding and exploration. Participants also had the option to ask the researchers questions regarding the QACP programme, the research process, anything else pertaining to queer affirmative mental health work, and more. The interview questionnaire was tested with a queer affirmative MHP and edits to the base questionnaire were made for relevance, validity, specificity, and time required to complete the interview iteratively.

Analysis: Transcripts were produced for each interview using an AI software, which underwent qualitative analysis, including collation, coding, and categorization of all participant responses according to key interest areas such as themes of inquiry, objectives of the QACP course, and more. Quotations were also extracted from those transcripts for illustrative use in this report.

Ethics

Accessibility: As the training was conducted in English, so was the survey, and no significant language bias was expected in the sample. The survey was created using Google Forms, which is an accessible platform to people who use screen -readers. The researchers committed to providing necessary accommodations for any participant upon request in order to enable equitable opportunities.

Anonymity: The option to answer the survey anonymously was offered to all participants; however, for those who were interested in participating further in the interview, their names and contact information were collected for correspondence purposes. Other information gathered about participants included: (1) batch of QACP training (2) location (3) type of practice (private, organizational, etc.) (4) years of experience (5) educational background and (6) category of clients i.e. children, adolescents, adults, couples or family. As this was an internal impact assessment, only the research supervisor had access to cross-referencing the information provided in the survey with registration and attendance data from the QACP training.

Privacy: The online survey was conducted on a secure site—on password-protected Google Forms. All anonymous participants were assigned random numerical identifiers. All downloaded information or files from the online survey format were kept on password-protected official laptops/computers. Only the research team had access to raw data and any identifying information.

Confidentiality and Consent: An informed consent page and participant information sheet (PIS) preceded the survey, which all participants were required to read through and indicate their understanding of and agreement to (Annexure A). Responses in the survey were accessible only by the research team. Data provided via the survey was disseminated further only in summarized and anonymized analysis format; no raw quantitative data was or will be disseminated. The research team has shared quotations from short answer responses in this report, but these have been anonymized and edited to remove any possible identifying information. No MHP has been asked to share identifying information about client cases. If any such information was received, it was removed from collected data and not used in the analysis.

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Potential Harm/Risk to Participants: Researchers anticipated no more harm or risk from participation in the survey than what MHPs encounter in their daily lives and work. In case of any undue distress experienced in the course of the survey and interview, participants had the option to reach out to the researchers. Referral information

to mental health services was also listed in the informed consent page and PIS for the survey.

Compensation: No compensation was offered for participation in the survey.

Scope

While there are multiple threads to explore regarding the impact of a course such as QACP, the scope of this study was refined and limited to understanding how the course has impacted or changed the practitioner-participants as reported by them. This decision was guided by the fact that the practitioners are first-degree stakeholders in the objective of the QACP course: to train MHPs towards more affirmative therapeutic practice. It was further informed by ethical concerns and capacity constraints regarding other potential avenues of understanding impact, such as understanding the impact of the course on the end-users: clients of those trained by QACP.

The present study aimed to look at four broad areas of inquiry, which have been discussed in detail in the following chapters, to understand the impact the QACP course had on MHPs.
The areas/themes that were explored in the study were:

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

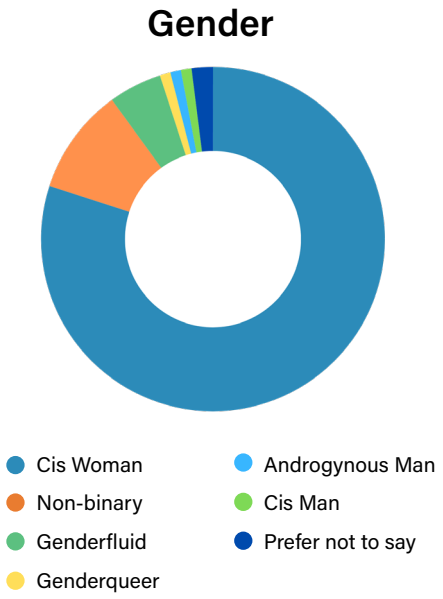
Any personal impacts that the course may have had on participants

Results and Analysis : Chapter 1

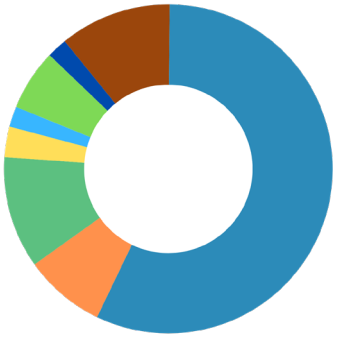
Participant demographics

Sample

The study was open to anyone who had participated and completed the QACP course in any batch up until November 2021. While 57 particip ants participated in the online survey, 27 out of them expressed interest in participating in an hour-long interview. From this pool, 22 participants were confirmed to be interviewed. An overview of the QACP cohort represented in the present study is as follows:

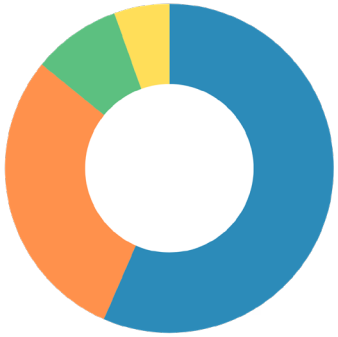


Sexuality



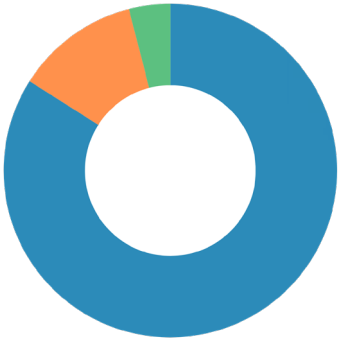
- Heterosexual
- Asexual
- Queer
- Pansexual
- Bisexual
- Panromantic
- Lesbian
- PNS

Age



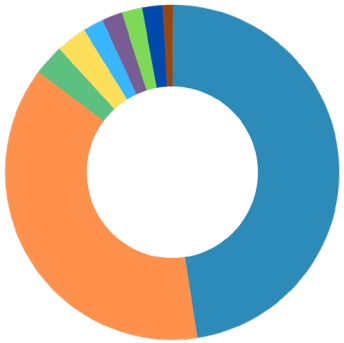
- Under 30
- Under 50
- Under 40
- Under 60

Geographical Location



- Tier 1 Cities
- Tier 2 Cities
- Others

Educational Training/Background



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

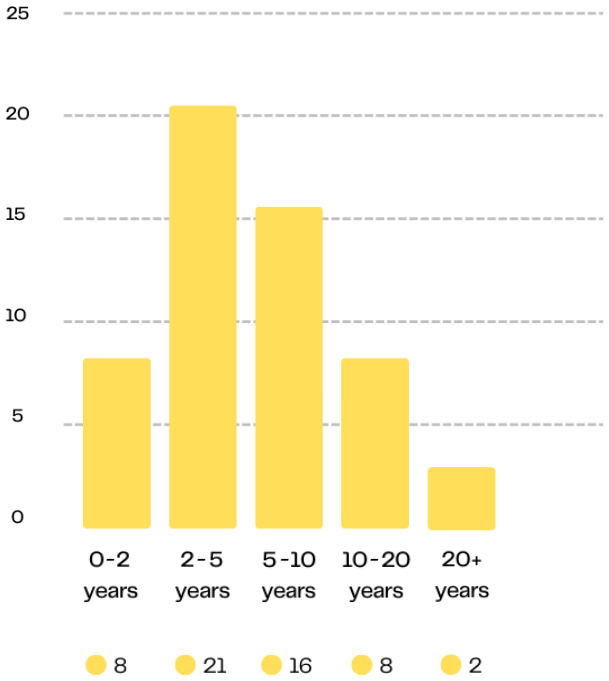
Type of Batch

- In-person
- Online

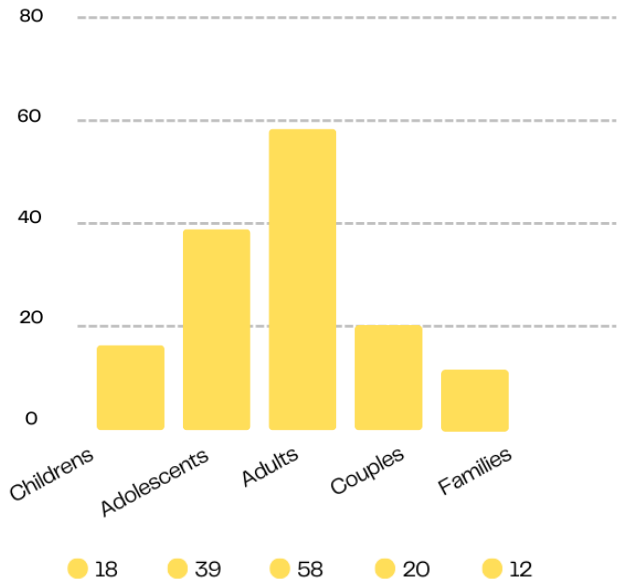
Type of Practice

- Private
- Organisational
- Both

Years of Practice



Category of Clients



This sample represents 15.74% of the total population (those who completed the QACP training up until November 2021) and has representation from every batch of QACP conducted up until November 2021. Further, this sample represents the diversity within the cohort (at the time) with regard to educational/training backgrounds, years of experience as a practitioner, geographical locations, gender and sexuality of participants, etc.—a diversity which more or less mirrors the proportions present in the population.

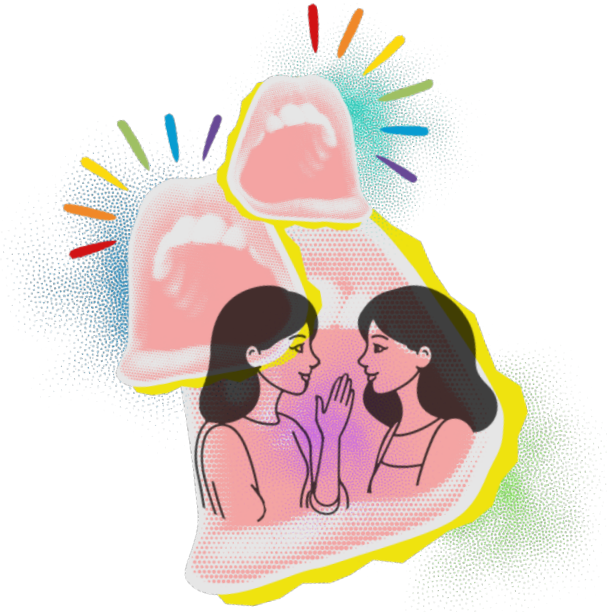
Pathways to and Motivations for Attending the QACP Course

> 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

> 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

Two main pathways to being informed about the QACP course emerged. Participants either found out about the course online—through WhatsApp forwards and group chats, social media posts, the MHI website, and their own web searches for such trainings—or 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, or through members of the QACP faculty.

A smaller segment of the interviewed participants shared in depth their motivations for attending the course as well as how they came to know of such a course.



Participants reported varied motivations for attending the course. Almost all participants who were asked 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. Both private practitioners and community-based practitioners as well as newly established practitioners and seasoned practitioners shared this sentiment. Further, almost all participants who expressed this motivation 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. Some mentioned how 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.

A disabled participant was prompted to do the QACP course after a positive therapeutic experience with a QACP-trained practitioner. A few participants shared that while they had undergone training on gender, sexuality and affirmative practices in other cultural contexts, they sought education on how to do affirmative work in the Indian context specifically, which led them to QACP.

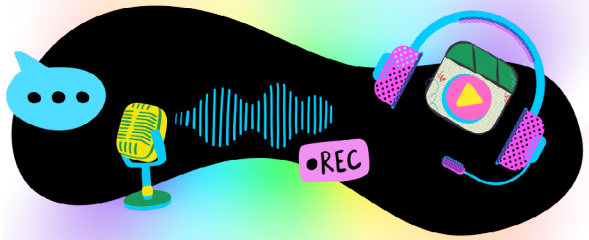
Many queer practitioners also shared that they came to know of the course at a time when they felt they were coming into their own queer identity as well as starting to work professionally with the queer community. Therefore, they wanted to learn how to better support clients and experience an affirmative teaching environment too.

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

Chapter 2

Knowledge Creation and Knowledge Sharing by QACP Participants

> 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



About 84% of participants in the study stated that their knowledge-creation and knowledge-sharing activities regarding queer affirmative work increased after their participation in the QACP course. The range of such activities, in descending order of frequency, included participating in webinars and workshops on the subject matter; creating and sharing informational content online through social media, podcasts and more; organizing and speaking in conferences; and publishing articles, blogs, and academic papers on queering mental health practices. Participants further shared that they developed queer affirmative curriculum at undergraduate and postgraduate levels; included queer affirmative practices and assessments of the same in their PhD research; and incorporated concepts of queer affirmative work in their teaching practice. Further, 65% of survey participants reported engaging in peer supervision on affirmative work after completing the course.

Content Creation by QACP Participants

In the links provided by participants in the survey to their webinars, workshops, articles, and other publicly available works, 37.5% of the content either mentioned MHI/QACP or is currently hosted as resources on MHI's website under the QACP tab. Moreover, 13% of the total participants reported sharing knowledge created by local queer

collectives and NGOs with their clients. Also, 18% of the total participants reported relying on social media to create and share LGBTQIA+ resources.

Content created by MHPs by way of social media, webinars, workshops, etc., focused majorly on educating about different gender and sexuality identities. Rather than just defining the various LGBTQIA+ identities, they also explained the difference between gender and sexuality. Another major theme was allyship: many spoke about how one can be an ally to the queer-trans community and show support in a meaningful way. Practitioners also took up the topic of biases in language, such as homonegative language, jokes and slurs, as they dismantled how such language propagates harmful/negative stereotypes about the LGBTQIA+ community. They also critiqued the gender binary and highlighted the unique life stressors the community lives with. Coming out was also a topic that was widely discussed in the content, covering various aspects from when to come out to how to support someone when they come out.

Knowledge Sharing with Clients, Parents, Students, and in Personal Life

Participants further reported experiences of sharing knowledge on queer identities with parents of clients, including even instances of running workshops for parents on how to affirmatively respond if children come out to them. In terms of knowledge sharing in school settings, participants mentioned instances of facilitating and developing discussions/sessions/workshops in schools and colleges on queer identities—the audience ranging from students as young as 11 years old to undergraduate and postgraduate students of psychology. Other participants shared that they advised on queer affirmative approaches in schools where there are school-based mental health programmes—this included working with teachers, students, and administration to make conversations on gender and sexuality more open and acceptable in day-to-day school life, not just within a week-long, restrictive sex-ed or sexuality curriculum.

In addition to creating direct knowledge and sharing professional knowledge, participants also described their experiences in sharing knowledge with their own parents, friends, and family members through reading resources and by offering themselves as a support with whom to discuss and learn about queer lives and issues. One participant even shared that their go-to gift for close friends were affirmative books on gender and sexuality.

Supervision and Systemizing Further Training

Participants recounted sharing queer affirmative practices with their colleagues and other practitioners who used the same or similar therapies as them. One space that participants frequently mentioned using to share knowledge with their peers was supervision spaces. Participants shared instances of challenging dominant, cisheteronormative views and approaches that underlined the advice and direction given in supervision and of promoting affirmative lenses in their peer supervision discourse. For example, participants shared about their efforts to actively reach out to individuals who had raised a question on gender and sexuality issues in a group supervision space but had not received affirmative advice, to privately share knowledge on queer affirmative practice with them. Others described efforts they took to encourage peers and colleagues belonging to the same

schools of therapies/therapeutic ideologies to begin their journey of becoming queer affirmative practitioners. They highlighted the urgency of this matter, especially in cases of therapies sought by clients or parents of clients as a "cure" for non-normative sexualities and genders. This way, they brought the reality to the forefront in their professional circles. A few participants shared how they started feeling more comfortable and confident in conducting peer supervision that was more focused on process—on matching therapeutic work with the unique needs of clients instead of "mastering" a given technique. Another mentioned how they changed supervisors to instead work with a queer affirmative supervisor after completing the course.

> "Now I'm finding more people who are like, 'Okay, this is what the client needs, and this is what you need,' as opposed to [saying during supervision], 'Try this technique of CBT [cognitive behavioural therapy].' So that's become easier. Because now you're understanding the person and what's affecting them, what's gone into the making of them, what has built the person, as opposed to, 'Oh, [you] are a bad therapist because this particular technique is not working.' Thankfully, because of this group, I've moved away from conventional supervision. I even supervise, which has always been like a conflict for me, up until the course. Afterwards, I felt I could do this. I can continue supervising like this. And it works."
>
> —Lenni George, Counseling Psychologist

Several participants mentioned embedding topics of gender, sexuality, and queer affirmative practice into systems of training and onboarding new employees at the organizational level. Such work took the form of peer supervision with newer counsellors and service providers as well as working specifically with the new members' positionality—i.e. exploring their own beliefs, unpacking social norms, and so on, as part of regular training in order to orient them towards affirmative practice. Others shared mandating an introductory session on gender and sexuality for all new recruits in the organization, in which the team could collectively challenge cisheteronormativity in their practice and approaches. In some cases, participants shared that such sessions were a regular part of weekly team meetings and supervision too. Finally, participants recalled their experiences of sharing queer affirmative practice and knowledge with practitioners from other fields, such as physical health doctors, and advising them on steps to take towards making their own practice more affirmative—on intake sheets, on how to affirmatively address people through names and pronouns, etc.

Now I'm finding more people who are like, 'Okay, this is what the client needs, and this is what you need,' as opposed to [saying during supervision], 'Try this technique of CBT.'

A Community/Network of QACP-trained Practitioners

Many practitioners also shared their experiences in building and maintaining a community or network of QACP-trained practitioners after completing the course. Participants described WhatsApp groups created for their respective batches and the use of those groups along with the master Google group of QACP graduates to share information. They used these groups as a source for both inward and outward referrals and to mutually support other practitioners.

Some participants also shared about attempts to use online groups with batchmates for peer supervision, whereas others described their experience with location-based peer supervision groups for queer affirmative practitioners and groups made up of practitioners working with specific types of therapies. Peer supervision specific to queer affirmative work for many practitioners has involved conversation on simplifying and operationalizing QACP learnings to make it a part of everyday vocabulary. They reported that being a part of these groups supported them in questioning the processes and languages used by each other and in building accountability to queer affirmative practice with one another. Other participants also mentioned solidarity groups they had formed with their QACP batchmates or graduates from the same location as spaces to share and discuss their affirmative work and challenges if any, without judgment, as well as to share insights and resources. Participants also mentioned a reading group and a more informal discussion space with friends who have completed the course. There were also participants, who had more recently completed the course, who expressed a lot of interest in becoming part of such groups but have not yet found the space/time to engage. Even those who are not part of any supervision groups mentioned often running into other QACP graduates in different training opportunities and other events or finding themselves in the same professional networks.

Research and Publications

One participant reported how they shared both their lived experience and professional experience with college researchers on the topic of non-binary identities and lives. Another participant shared that they were in the process of publishing case studies with a publication focused on queer issues. Some participants also shared works-in-progress, including developing guidance articles with a list of recommendations on how practitioners could use core tenants of particular types of therapies affirmatively.

Even those who are not part of any supervision groups mentioned often running into other QACP graduates in different training opportunities and other events

> 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. This shouldn't be optional for therapists, because we are a danger to the people that are coming to us if we aren't affirmative. And if we were not aware of this, [then] and we're not involved in it, right? This is not a choice. I don't think it should be a choice for mental health professionals."
>
> —Participant #12, Interview #22

Analysis

It is evident from these findings that a majority of QACP practitioners are actively taking their learnings from QACP to go on to teach others and to share their learnings with a variety of audiences via multiple mediums. Furthermore, this knowledge sharing is occurring both professionally and personally for participants. The reach of such knowledge-sharing work also varies, though each is a crucial path towards generating affirmation for the queer community: While one-on-one conversations with a friend may help one more person have more affirmative interactions in their daily lives, one-on-one conversations with another therapist may unlock the line of learning for a practitioner with multiple clients. A podcast aiming to reach the general population in a smaller town may establish a conversation that has otherwise been missing in that location, while queer affirmative academic publications or curriculum development cements affirmative counter-narratives to harmful material and literature in the canon of psy disciplines.

Notably, many practitioners discussed how they standardized knowledge sharing on queer affirmative practice among their colleagues and at their workplaces. While most participants run private practices, there are several who work in organizational set-ups or work in both set-ups. They shared experiences of standardizing training on queer affirmative approaches for new and incoming counselors at their workplaces as part of regular orientation. They also shared about adopting frequent and regular ongoing training sessions with their juniors as well as training all team members, including those who are not counselors (like security guards in the office building), on how to interact affirmatively with clients. All of these realities point to a solid commitment amongst the cohort to

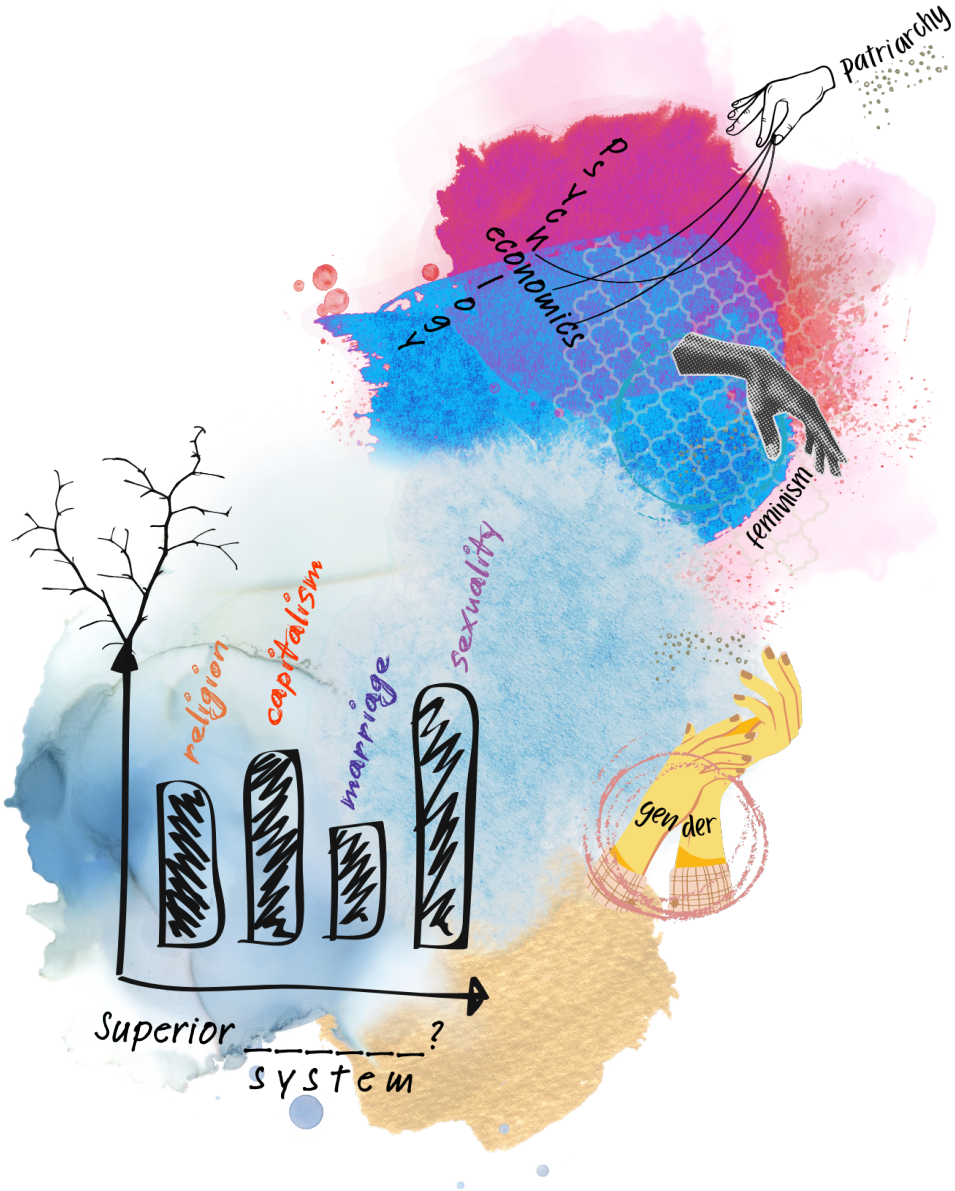
build not just their own affirmative practice but also that of others and of organizations, and in a systemic manner too. At least 65% of participants in this study indicated that they engaged with peer supervision. There is comparable engagement in peer supervision for both participants from batches trained in person before the pandemic and participants from batches trained online during the pandemic.

This finding goes to show that even though a majority of participants have been learning online, networks of peer supervision or peer support have still been built amongst the community of queer affirmative trained practitioners.

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. Such efforts serve as a testimony to the fact that practitioners from this course have imbibed the understanding that affirmative spaces and discourse have to be constructed at every step—***they will not simply arrive in readymade formats.***

> I had conducted a seminar once, it was a by-chance thing that happened in early 2020, which ended up being a national seminar. It started out because a professor in a college here knew me, and she invited me to talk about 'Alternative Perspectives', you know, apart from what is taught in mainstream psychology. She said, 'I just want you to expand the minds of our psychology students.' And initially, I was supposed to speak to the undergraduate students. So, I said, 'Okay, cool. I can speak. And, if you're talking about expanding minds, I would like to talk about something on these lines of queer affirmative practice.' I presented it to her and she was very excited, though she said if it's just the students, that's okay, but if there'll be faculty and staff that will come in, then it can become a problem. I just wanted to speak about the idea of 'not pathologizing', and I wanted to present topics such as marginalization [and] intersectionalities.
>
> But then the postgraduate students became involved, and then the staff and faculty also got involved, said they wanted to attend. Somehow it reached the economics department also, and the topic started to change. Eventually, the final topic was: Psychology of More. I started out with the psychology of more and how we have this whole consumerist, capitalist kind of mindset, and I talked about that as a system, as a man-made system that is convincing you to think a certain way. And I think, very slowly from there, I just happily took them into: what other systems do we have? I talked about patriarchy; I talked about Black
>
> *(contd. in following page)*

> Lives Matter. I said, 'Look, that's another system that says X is superior, and Y is inferior... What other system that we have that says this is superior, this is inferior?' And we spoke about religion, I brought in gender, I brought in sexuality, I brought in marriage, I brought in patriarchy, feminism. I started out with capitalism, a subject that both the economics department and the psychology department would have liked. But it ended up becoming this seminar about just all kinds of systems."
>
> —Participant #31, Interview #13 (abridged)



Chapter 3

Implementing Affirmative Therapeutic Practice

"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. There's another filter in how I look at everything—my pronouns have been in my [display] name tag for a while now. But my answer then, and my answer now, when someone asks about it, is very different. My work in the community has become richer, my service users and I have more in-depth conversations. I think every conversation of mine has an angle of charmed circle to it. And a sentence that was said very often in QACP was, 'When you work from the margins, everyone benefits,' even the center. I cannot unhear that sentence. A lot of my work now has become more attuned to that, and not just therapeutically, also in the sense of how I see the world."

—Hemangi Vyawahare, Clinical Psychologist

"... despite coming from a place of helping, maybe it is still not covering the depth of my client's experiences. So being able to open up a little towards that reality and towards bringing in the societal reality into your work, in conversation [helps]. We're so strongly trained to help the client look for the problem within that we kind of unfairly forget to look at the problem outside. You're just so caught up in thinking the world can anyway never change. 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

About 98% of participants reported that their engagement with affirmative therapeutic practice increased after taking the QACP course, while 93% of participants reported that their confidence in working affirmatively with queer clients increased. The 57 practitioner-participants represented in the sample for this study have collectively provided mental health services to 516 queer-identified clients since completing the QACP course (range of time passed between completing the course and participating in the present study is 3 months to 3 years). In fact, 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. Participants further shared that more queer-trans clients sought their services once they advertised their QACP training. Most of the participants mentioned receiving queer clients through referrals from other clients and through their peer practitioners, social media, MHI website, and the QACP faculty (in that order).

The other areas in which participants reported experiencing change after completing the course included: their resource-sharing practice; making their physical and virtual therapeutic spaces more affirmative; "queering" specific tools, therapies and techniques; "queering" their therapeutic relationships; specific changes they implemented in their language; their work in joint sessions and support groups; and their therapeutic work with clients from other marginalized backgrounds as well as cishet clients.

Resource Sharing

Some participants reported engaging more with queer literature and resources after the course. They also shared these resources with their clients, including connecting queer clients with queer organizations, collectives, groups, and events in their locations and/or online (65%). Within the group of participants who reported connecting clients to local resources, there was nearly equal proportionate representation from those working in larger cities (70%) and those working in smaller cities (66%).

Making Therapeutic Spaces and Set-Ups Affirmative

Ways that participants made their therapeutic spaces affirmative included announcing on their social media handles that they are a queer affirmative practitioner (87%), putting up/displaying queer-trans flags (42%), and putting up/displaying queer-trans books (37%).

Participants also mentioned other steps which included 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 in addition to legal names. They also opened up the option of who the clients can list as emergency contacts.

Participants described arriving at these decisions through moments of realization during practice, leading to efforts to interrogate normative practice and to bring systemic changes in their work. For example, a participant shared how simply thinking differently

about who the emergency contact needs to be when it comes to things like consent forms and interrogating why these forms necessitate a family member or family of origin to be listed led to a change in their forms for more inclusivity in this respect. This allowed them to honor queer relationality and chosen families as well as build an affirmative practice from the first point of engagement with clients. Other participants reported making suggestions at the organization level to make all forms inclusive, especially with regard to gender options. Another participant shared that they make their anti-conversion stance visible to all clients and caregivers/parents of underage clients right at the consent form stage.

In addition to making the physical therapeutic space visibly affirmative with posters and books, one participant reported that they trained all their organization's staff who come into contact with clients on affirmative interactions. This included educating them on how to affirmatively ask for a name, how to address people of different genders, etc. They shared that such education went up all the way up in the hierarchy of the multisectoral organization—for instance, including security guards in this training—and was not just for counseling providers.

Changes in Language

Many participants mentioned how the course changed the language they 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 reflecting regularly on language used in sessions, checking on heteronormative usage, and intentionally using language that demonstrates that all sexualities and genders are normal; and 92% reported asking clients about terms they are unsure about and actively researching terms used by the community. Most participants said that they also ensure the visibility of their pronouns as a practitioner. A few even realized that they had begun using gender neutral pronouns somewhat unconsciously in their sessions. Others described experiences of actively supporting clients to find the language and terminology to define themselves and their identities and intentionally working with language that demonstrates non-assumptions about a client's gender and sexuality, for instance, using the term "partner" instead of gendered terms like husband, girlfriend, etc.

In addition, multiple participants shared that they felt equipped with the language and arguments to back their affirmative stance in professional (and personal) settings.

> "I've been able to have a better understanding with clients, and I'm able to explain to them about what the cushiony center of the society is, about how trauma works, about how systemic oppression exists, about things that may have affected them even if they don't realize it. Earlier, it was like I knew [systemic oppression] is there, it's a part of [their experience] … But I don't think I was able to explain it as much. So, this experience really helped me—the fact that there were discussions in the course, so we'd be in breakout rooms, and we'd essentially discuss [such explanations]; so it was easier for me to then formulate how I can translate, how I can essentially communicate this particular thing to a client. That was something I didn't have prior to the course. I probably had that capacity specifically only with mental illness [concepts] according to DSM [Diagnostic and Statistical Manual of Mental Disorders] and ICD [International Classification of Diseases and Health Problems]. I was able to break that down, but when it came to more psychosocial stuff, it was difficult. But now, professionally, I'm able to layer it up for them to have a better understanding. I'm able to translate it in an easier manner."
>
> —Lenni George, Counseling Psychologist


POWER OF
DON'T ASSUME SOMEONE'S PRONOUNS
AFFIRMATIVE
PRONOUNS
GENDER NEUTRAL
SUPPORTIVE LANGUAGE
MISGENDERING
FORCED TERMINOLOGY

Specific Tales of "Queering" Therapies Using the Tools and Techniques from QACP

From interviews with participants, major themes regarding queer affirmative tools, techniques, and queering specific modes of therapies emerged. Many participants described the therapeutic work of 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; and countering neutrality in their practice after completing the QACP course.

Participants also shared stories of implementing the QACP learning of actively de-pathologizing experiences that are marginalized in the therapeutic room and normalizing responses to stressors born from systemic oppression, discrimination, and violence for queer clients. For example, a CBT practitioner shared how they have shifted focus in their therapeutic work with clients from what is normatively considered irrationality as well as what is considered a normative thought pattern by CBT and rational emotive behavioral therapy (REBT). Instead, they now work more actively on the realities of a particular client and frame normality around their lived experience. Having the QACP lens helped another participant to see their clients' distress through a social lens first as opposed to jumping into techniques of theories such as "challenging negative thoughts" in the CBT paradigm. Instead, they first acknowledge that due to privileges and disadvantages, the negative thoughts are not irrational and that there is an actual possibility of those negative consequences coming true because of the client's social locations. This becomes the starting point for their therapeutic work.

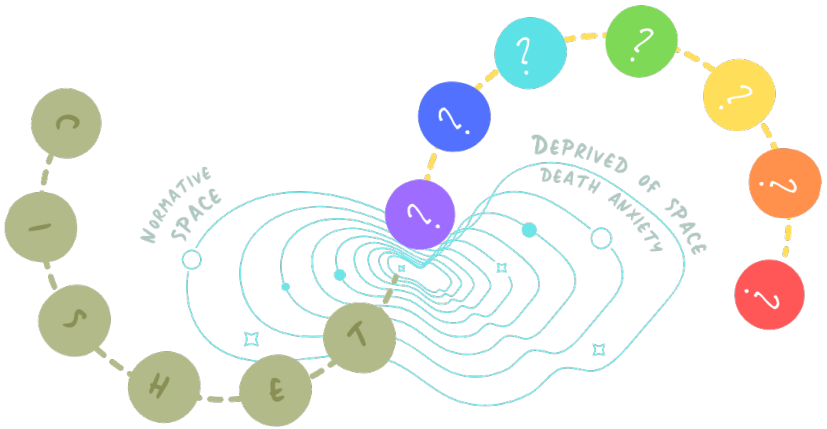
Some participants spoke to their efforts in intentionally putting aside diagnoses that the clients may have received beforehand—diagnoses which may have been an over-pathologization of the distress clients face on account of their marginalized identities and structural oppression. Instead, they start by talking to clients about their lives, their experiences, and sense of self, broaching the point of diagnoses only after this. Along similar lines, many participants shared that they now generally feel more confident with this process of exploration in therapy, rather than jumping to problematizing or problem solving as per the teachings of many psy disciplines.

> 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

One participant also shared that as a practice they now discuss, take ownership of, and apologize for all the harm done to queer-trans clients by the psy disciplines at the start of therapeutic relationships. Another shared that they make it a point to ask clients if there is something with their presentation or communication in a session that they do not like, in cases where the client belongs to the LGBTQIA+ community whilst the participant (the therapist) does not.

> 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

Many participants further shared how they have "queered" and made more affirmative their preferred schools/types of therapies, therapeutic exercises, and tools since completing the QACP course. These ranged from existential to humanistic therapies, from mindfulness practice to CBT, from REBT to hypnotherapy and regression therapies, and more.

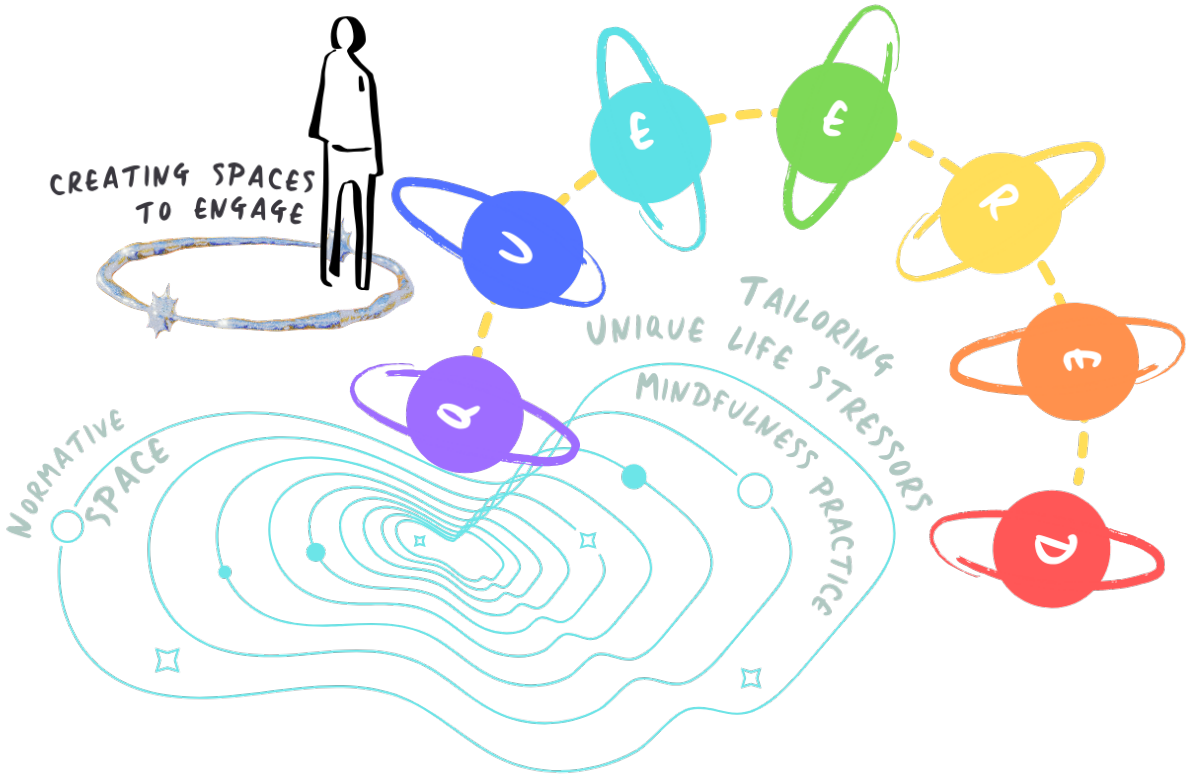


Queering Existential Therapies

One participant shared that "queering" existential and humanistic therapies involves interrogating the taught concept of "congruence between ideal self and real self" and the use of that framework in therapy. They shared that, through the learnings of the course and their attempts to apply a queer affirmative lens, they have come to understand how achieving such "congruence" as normatively understood would not necessarily work for trans and/or non-binary clients, given that they have been forced to live in incongruence with regard to their gender identity. Therefore, congruence as a concept needs to be placed in a socio-political context before it is used as a framework for therapeutic work.

Another concept from existential therapies which a participant reported having "queered" was that of death anxiety. They shared that for cishet folks, death anxiety may be about accomplishing something before death so that life is not perceived as meaningless, but for queer-trans folks, it could be related to having to hide or "kill" parts of themselves early on, so that it doesn't cause them harm. They experience a "death" of the self, as the potential for harm in the real world arises from queer people just being themselves rather than any action they take or do not take. The work that this participant does is highlight for themselves and their peers how the concept of death anxiety is cisheteronormatively understood, and then seek to operationalize the concept of death anxiety in therapeutic settings from a queered understanding.

efforts to "queer" mindfulness programmes ... also involve adapting mindfulness modules from other countries for the use of queer communities in India.



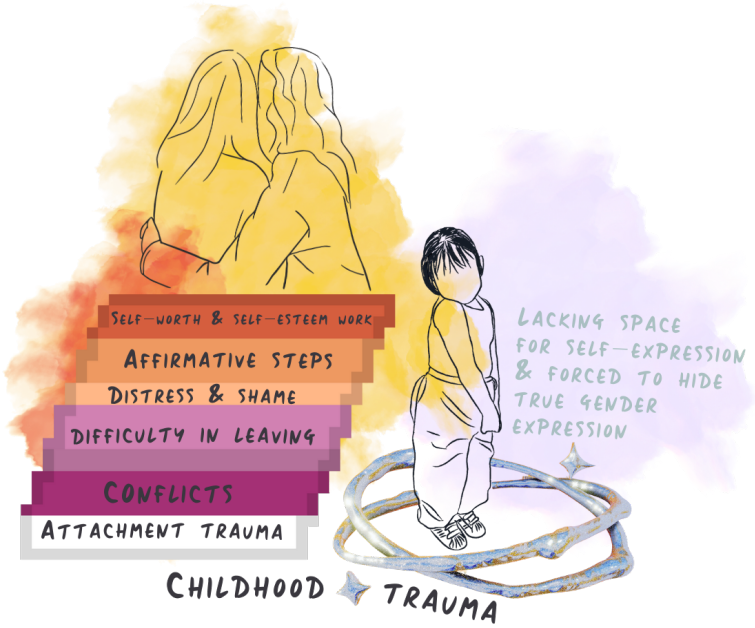
Queering Mindfulness

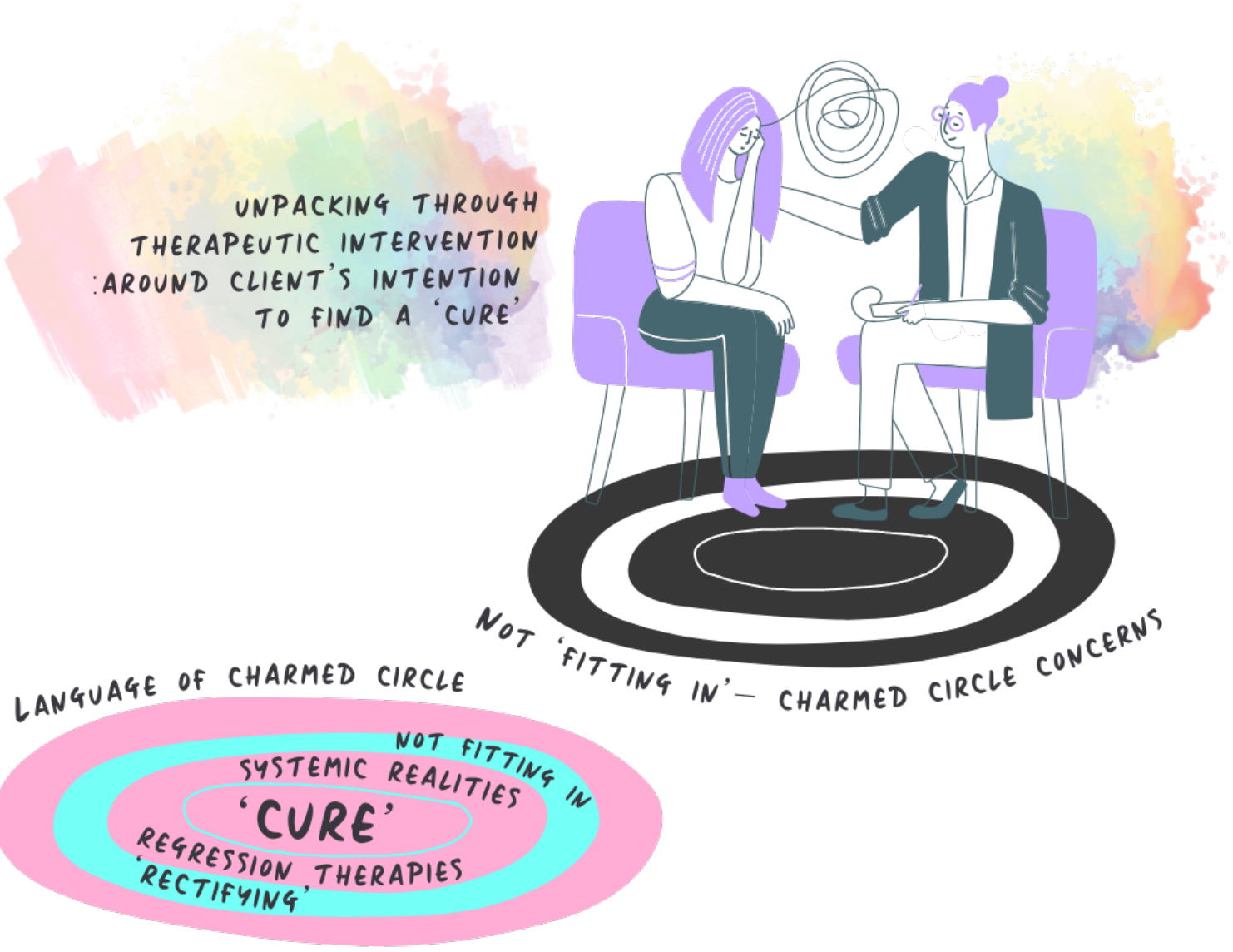
A participant shared their efforts to "queer" mindfulness programmes that they run by creating specific spaces for queer folks to engage in mindfulness practice. These are tailored more towards unique life stressors common to the queer-trans communities and also involve adapting mindfulness modules from other countries for the use of queer communities in India.

Queering Trauma Therapy

A participant working with attachment trauma shared their process of understanding how childhood attachment trauma shows up in adult relationships for queer clients. They also now understand that when there is a conflict, of specifically infidelity, within a queer adult relationship, the common cisheteronormative narrative of assuming the next step of leaving the relationship does not apply in as simplistic terms, which can cause the client a lot of distress, feelings of shame, and more for not leaving the relationship. The work they did then was explaining to the client that some of their feelings about the situation are born from a heteronormative script about relationships, helping them work through the shame of choosing to stay in the relationship, and also affirming their right to be heard and have their needs responded to in that relationship. Much of this, according to the participant, is chalked up to self-worth and self-esteem work that is often done in attachment trauma therapy work, but they now do this using a more informed and affirmative lens for various life situations of their clients.

Another participant shared their experience of working with the concept of legitimizing traumas faced by queer-trans folks that are otherwise not validated by a cisheteronormative society or by the typical theoretical understanding of trauma. They then name such experiences to their clients and work through those issues with them in the sessions. For example, legitimizing the trauma of having to hide one's gender expression by having to change clothes before returning home as their gender identity is not affirmed in that space. The participant also shared that they also address a different but interlinked dominant discourse in mental health: on what is deemed "art" and "acceptable expressions" in their expressive arts work for trauma processing. On this matter, they advocate that all self-expressions must be seen as normal and acceptable. Self-expression through clothing, make-up, hairstyles, jewelry, accessories and more is also an art, also valid, and expressing oneself through those means can also support healing, they shared. Expressive arts healing work is not, and need not be, limited to certain prescribed types of arts.




UNPACKING THROUGH THERAPEUTIC INTERVENTION :AROUND CLIENT'S INTENTION TO FIND A 'CURE'
NOT 'FITTING IN'— CHARMED CIRCLE CONCERNS
LANGUAGE OF CHARMED CIRCLE
NOT FITTING IN
SYSTEMIC REALITIES
'CURE'
REGRESSION THERAPIES
'RECTIFYING'

Queering Hypnotherapy and Regression Therapy

Some participants shared how the course gave them the language or arguments to work against regressive theories or modes of thinking regarding non-normative genders and sexuality espoused by schools of hypnotherapy and regression therapies. They shared how, for example, there are child development theories in regression therapies that claim everyone has a homosexuality "phase" that needs to be worked through, after which one "graduates" into heterosexuality, whereby queer adults are just people who didn't complete that developmental step; or theories that enforce the normative by claiming that non-normative experiences/expressions of identity, love, or relationship are a "contamination" from past lives that must be "rectified" (i.e. trans woman is actually a man with a "contamination" from a past life as a woman) in order to address the distress a client may be facing.

Participants shared feeling equipped to identify and critique such ideas with the help of their learnings from QACP and even to use other concepts directly from such therapies to counter the homonegative and transnegative theories. For example, a participant shared using the concept of the "material world's illusion", common in hypnotherapy and other spirituality-based therapies, and politicizing it—by naming the charmed circle as one such material world illusions and re-iterating the core idea of many spirituality-based theories that the soul is all-knowing as a counter for arguments that someone is "confused" in their identity.

Participants shared that having the language of the charmed circle and other systemic realities was helpful in working with clients who come to them for a "cure" (which is often the case in "alternative" therapies, according to participants). For example, they shared how important it is for both practitioner and client to understand the intention of questioning in regression therapy in cases where a client asks about why they have a particular identity, as the intention will significantly shape the experience of the regression therapy. Unpacking that intention with clients before doing any intervention, addressing charmed circle intentions or concerns first, and addressing concerns of "not fitting in" first, before any intervention is done, is how they report having been able to make their practice more affirmative and ensure they are actively working against any sort of conversion therapy ideologies or intentions.

Queering CBT & REBT

Other 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 how they realized in a CBT session that their usual approach to client work was very structured and planned based on their CBT training. This may mean that integral parts of therapeutic work with clients from the LGBTQIA+ community could be missed, given that unique life stressors related to gender and sexuality are not necessarily accounted for in such structures. They spoke about how they now make a conscious effort to ask relevant questions to their clients, which necessitates being more flexible in sessions.

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. Therefore, such "irrationality" needs to be worked with differently when it comes to clients from the community. In general, many CBT practitioners in this study spoke about consciously working to acknowledge that the clients' environments contribute to their distress, not just their thought patterns and feelings.

> 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)

Participants also shared how they interfaced CBT's belief-system work with a queer affirmative lens:

> In the CBT model, you begin from childhood experiences and formation of belief systems. I say that when you have clients coming from the margins or minority communities, you must use the societal framework and how social systems can become a part of these personal belief-systems. And, for example, if a client with privileges has a self-belief that "I'm powerless," I'm going to treat that differently as compared to the client who's coming from a marginalized community, where actually there has been oppression and systemic oppression is present. So you cannot read that thought of "I am powerless" and then work on that thought alone. Their experiences have been that [of being made powerless]."
>
> —Richi Parasrampuria, Clinical Psychologist (abridged and edited)

Similarly, other practitioners discussed interrogating the concepts of negative distortions from CBT theories, especially in work with clients from the margins. For example, a queer client may present with a "personalization and blame distortion", when in fact the client's reality of being targeted as an individual given their marginalized identity would be relevant. It would not be affirmative in such cases to work towards clients taking accountability for "their part", or working against the blame they may be feeling towards others who have harmed them, or trying to re-align the attribution of such distress as simply "factors beyond anyone's control". Getting to that affirmative position required the participants to take systemic oppression into consideration and question where it may be missing in the concepts and techniques applied daily in client work.

Another participant shared their experiences in applying queer affirmative approaches to the core tenets and exercises of REBT. They shared that REBT tends to focus first on solving the problem causing distress, and barring that, on choosing one's own emotions to respond to an external problem that remains unresolved. So the therapeutic work can translate as putting the onus of societal problems onto clients who are marginalized by systems of power and privilege. It is therefore important for them, as a therapist, to communicate to their clients that they do not expect the problem to be solved by the clients or by the therapist. They also bring in the acknowledgement that we live in an unequal world where no one person can change the societal structures which cause distress overnight or expect the feelings associated with societally bound distress to disappear. Instead, the participant shared how they choose to focus with their clients on strategies for more affirmative coping with certain immovable societal problems or "inherent unfairness" while honoring the validity of a person's identity and experiences. One such strategy employed by them is to re-frame the concept of frustration tolerance in REBT and using it to support clients to align with the realities of how one may put in a lot of effort to work against a problem, may find community along the way, may find great support from others, but the problem, i.e. cisheteronormativity, will continue to remain. Another example of applying queer affirmative perspectives on REBT concepts is implementing concepts of rigidity and flexibility in emotions more affirmatively in sessions. They shared how, on the topic of being accepted, they would validate their clients' need and wish to be accepted by loved ones, but also challenge any rigidity that may exist for a client about gaining that acceptance from others, about making that acceptance contingent to living their life the way they want to. This approach supports clients to feel more confident in and accepting of their own identity, separate from the restrictions of society.

Queering the Therapeutic Relationship, and Perspectives on Relationships

Besides the tools, techniques, and therapeutic theories that participants have "queered" and used in their practice since completing the QACP course, they also shared other aspects of providing therapy and being in therapeutic relationships that have changed for them. One practitioner mentioned how the biggest tool that has been queered for them is the self. As it is the self that goes through changes after the course and is now in the therapeutic space, the conversations in therapy 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 echoed this application, reporting a shift in their practice of celebrating strengths of queer relationships instead of a focus on working through or pre-empting/preparing for things that could go wrong.

Other reported applications of the QACP course learnings to counseling on topics of relationships included reflecting on how with heterosexual people, therapists may never ask clients to think before getting into or leaving relationships. A participant shared that they used to employ the same approach with their queer clients. But now, equipped and informed by QACP, they shared feeling more knowledgeable about the intricacies of queer relationships, how different they may be from heteronormative scripts of beginning and ending relationships, and therefore feeling more knowledgeable in how to support queer clients on such issues. This starts with perhaps, as another participant put it, simply looking at the concept of relationships differently and realizing that there is room for different dynamics than the ones we have been told to accept.

This starts with ... simply looking at the concept of relationships differently and realizing that there is room for different dynamics than the ones we have been told to accept.

> It's such a simple thing, but before QACP, I didn't recognize that anything other than the heteronormative is not celebrated. It's either looked at in the light of 'Oh, what a brave thing to do,' or 'Oh my god, that's gonna make it so difficult for you.' It is either from a sense of pity or asserting how much strength it takes to do it, but it's not celebrated, just for the joy of that love. If [a cishet person] comes in and says, 'Hey, I've got into a relationship,' then there is joy that's expressed [by people around]. We're not like, 'Oh my god, this is going to be so difficult for you. Oh my god, that's so strong of you.' We don't do that [to cishet couples]. When I looked at it, I thought, 'How can you miss this? What were we doing so far?' And now there's more joy, there's more acknowledgement with [clients], that they have a very, very strong relationship with their partner. And that strong relationship is celebrated in therapy and is explored in therapy."
>
> —Hemangi Vyawahare, Clinical Psychologist

Similarly, another 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. For example, the participant shared that when clients express having to accept bad relationships because of the feeling that no one else would accept them, they can, as a therapist, support clients to feel empowered in themselves, their identities, what they want out of life, and feel assured that they have choices.

If [a cishet person] comes in and says, 'Hey, I've got into a relationship,' then there is joy that's expressed [by people around]. We're not like, 'Oh my god, this is going to be so difficult for you. Oh my god, that's so strong of you.'

This is possible because the participant, as a therapist, is now knowledgeable about how and where affirmative spaces and structures have been built and continue to be built.

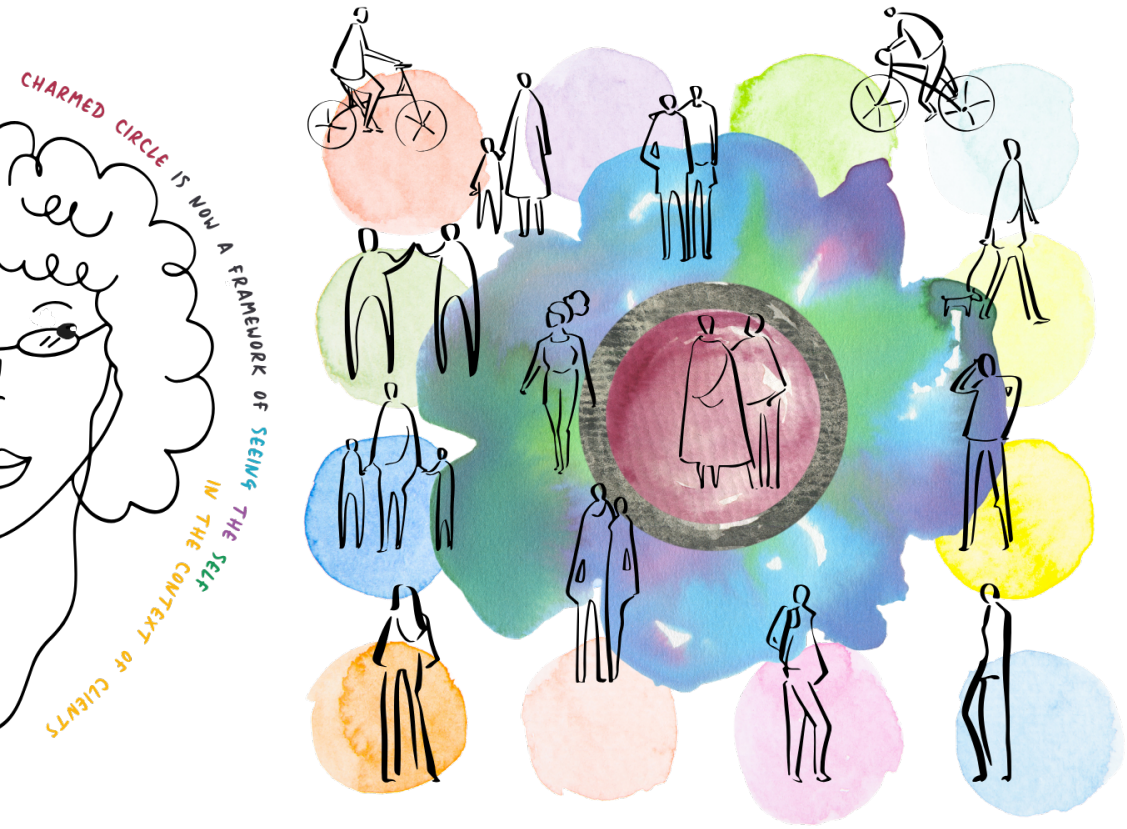
> So in that way, because I have seen hope personally for myself, I've seen more stories of queer love, I've seen stories of Shruti and Pooja—that gives me an internal hope that something like this is possible for my client too, if they have access to the right kind of support and the right kind of people.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

Other participants shared that the course reiterated for them the importance of bearing witness to the stories that clients bring in and that creating a safe therapeutic relationship is one of the most powerful things that can be done for queer and cishet clients. A participant shared that while they felt the course taught them structures in which to work affirmatively with clients and the importance of social supports, referrals, and so on, their biggest learning was the way the course taught participants to build connections with clients, to understand the lived realities and traumas of clients in a more direct manner in session, and to embody that empathy.

> Especially after QACP, I started intentionally just being more present in the therapeutic session instead of 'doing', you know? So one of the biggest takeaways for me from QACP has been that affirmative therapy is so much about, you know, grounding yourself to just the relationship that you're sharing with the client in that particular moment, instead of trying to fix anything or trying to 'do' a lot. It's about witnessing that story ... Training generally emphasizes so much on how you should always be 'doing' as therapists ... This idea that you're supposed to 'fix' something."
>
> —Prabhjyot Kaur, Trauma Focused Therapist

Many participants discussed carrying forward the QACP learning of the importance of self-disclosure in contexts where therapists and clients share marginalized identities as well as intentionally disclose privileged identities with a named recognition of the privileges, so they can make space for conversations on marginalized identities in the therapeutic room. Some queer practitioners shared how they had already been "queering" their practice from their lived experience, but after the course, they found value in the teachings of responsible externalization work that may need to be done with queer clients. Another learning which was echoed in many participants' reflections was of the intentional practice of honoring the lived experiences of clients above their psychological knowledge as a therapist, which they found creates space for collaborative therapeutic work.

... grounding yourself to just the relationship that you're sharing with the client in that particular moment, instead of trying to fix anything or trying to 'do' a lot.



> ... can now note the marginalization dimension in issues that clients may bring, which may not be directly related to queer identity at first, but it becomes evident when the therapist knows to look deeper and view it from a societal lens.

For one practitioner, **the "charmed circle" is now a framework for seeing the self in the context of clients,** leading to greater awareness of their own cisnormativity as well as other privileges and how that may cause harm to clients if left unchecked. Another participant shared how they can now note the marginalization dimension in issues that clients may bring, which may not be directly related to queer identity at first, but it becomes evident when the therapist knows to look deeper and view it from a societal lens.

Intersecting Applications of QACP Learnings

Further, 84% of participants stated that they found applications of QACP learnings in their therapeutic work beyond queer-trans clients as well. Specific examples of these applications extend to:

> Work with Clients from Other Marginalized Groups or with Intersecting Marginalizations

It was found that the approaches to power and privilege within the therapeutic space as taught by QACP has helped practitioners respond more appropriately to their clients' unique life stressors and to contextualize their distresses in sociopolitical contexts, for example, patriarchal influences on the lives of ciswomen; and casteism and ableism in the lives of caste-marginalized people; and disabled people.

Participants shared how they came to understand 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. Affirmative practice may require moving past the diagnoses to help clients see their distress as normal responses to systemic stressors and oppression.

Participants also found that the empathy-oriented/reflexive exercises in the QACP course enabled them to connect better with clients from many marginalized groups and embed their understanding of clients' distress in sociopolitical contexts. This included, for one participant, working more intentionally with the idea that there must be space in therapy for clients to work on exploring identities that may have had to be cast aside for survival purposes—identities that of course include marginalized genders and sexualities, but also marginalized religious and caste identities as well as disabled identities.

Many participants shared applications of QACP learnings to their work with disabled clients. Some participants shared their efforts to ensure that the therapeutic space does not become ableist, for example, by refraining from setting goals for neurodivergent clients in therapy. Such goals set by the expert position of a therapist are usually informed (rather, misinformed) by the normative constructions of "desired" or "correct" behavior or ways of engagement, which would result in oppressive rather than affirmative therapeutic work. Arriving at this practice involved participants actively asserting and remembering that there is nothing to "cure" in disabled clients and that most psy disciplines' training condition practitioners toward dismissiveness of marginalized clients and belittlement of their agency.

Arriving at this practice involved participants actively asserting and remembering that there is nothing to "cure" in disabled clients

> I think that [Amalina's session] really rattled me. And I've sort of had to rethink my entire identity as a therapist and what I want to achieve. And so I've been very, very careful in my sessions to explicitly say, 'Okay, we're not going to be ableist and say we want to achieve this [in therapy].'"
>
> —Participant #55, Interview #14

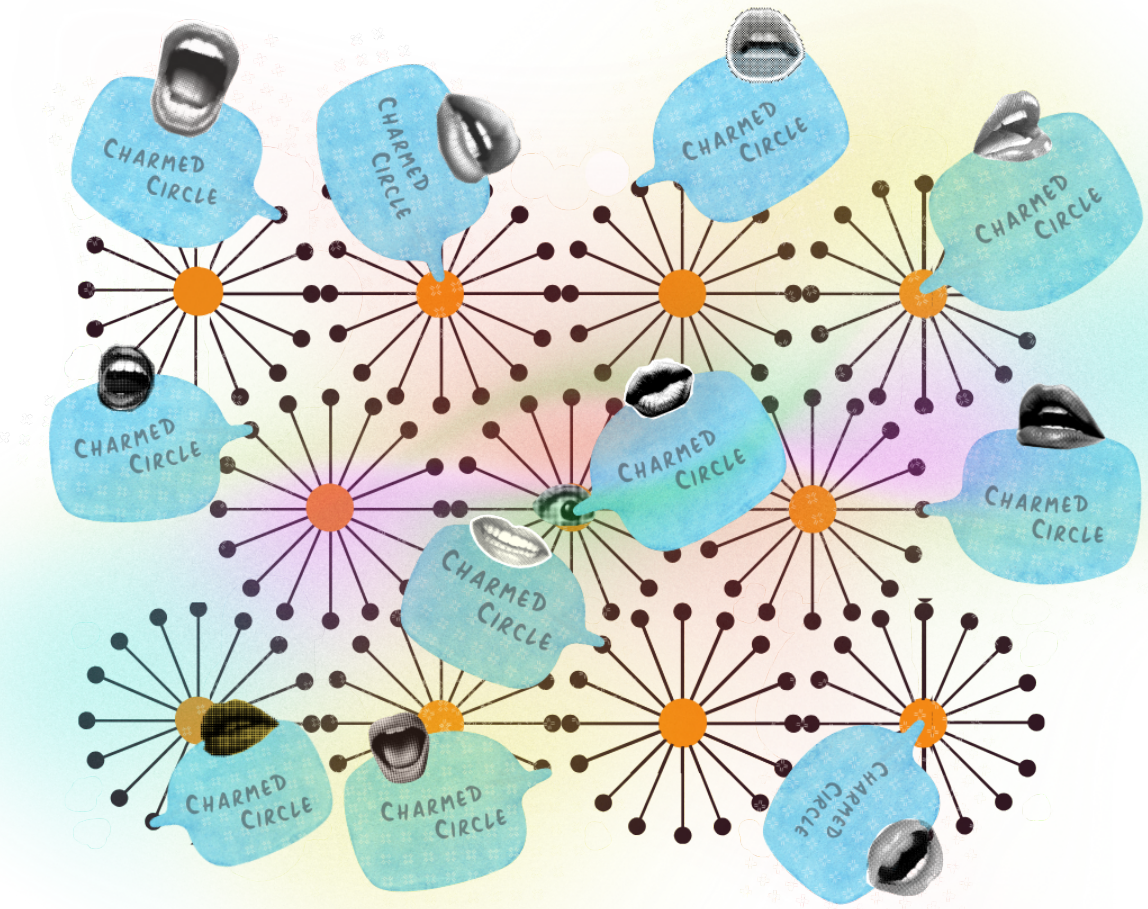
"I think that [Amalina's session] really rattled me. And I've sort of had to rethink my entire identity as a therapist and what I want to achieve...."

> 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. For example, if there is someone who has Asperger's syndrome or a borderline personality, you often become dismissive. Your course curriculum makes it so that you are dismissive towards them that, 'Nothing much can be done, forget it, why are you wasting your time and energy.' But, post the training, I really started saying that, 'Yes, you need to be on their side and affirm what they are. Or their thought processes, their perspectives, their own agency —bring out their own agency.' Such reflections are there in every client I see."
>
> —Dr Anita Rego, Psychiatric Social Worker

Another participant shared that they found that parents of disabled clients express similar concerns as parents of queer clients. For those clients who exist at that intersection, various factors make parents concerned about how their child will live and the kind of life their child will have. In such instances, the participant shared using principles of queer affirmative practice to address the parents' concerns. For example, disabled folks also face a lot of "cure" rhetoric and practices from caregivers/parents. Therefore, the participant shared their efforts to work with parents to unpack their desire for a "cure". They affirm the value of disabled lives from the position of an expert as well as reiterate that even if the world is difficult for their child, parental acceptance and support can make all the difference in making their life easier and better, instead of adding to the oppression chorus.

With other dimensions of multiply-marginalized lives, QACP learnings about understanding the full context of potential support systems for queer clients has also come handy. A participant shared that in an inter-caste lesbian relationship, the caste-marginalized family was supportive of their daughter's sexuality and relationship, but feared casteist violence upon return to their native place, from where the couple had escaped. Understanding these nuances of multiply-marginalized lives helped the participant work with the notion that those support systems are also persons themselves in a crisis situation and will require a different approach for building affirmative relationships than that for privileged potential support systems.

Another participant shared how the concept of accessible therapy for queer-trans clients also translated into efforts towards accessibility for all marginalized clients. They undertook efforts to ensure an audio tab on their website, employed professionals fluent in sign language for their work, created content with auto-subtitles, and assessed any physical infrastructure related to their therapeutic work for accessibility. Further, one more participant shared that having knowledge of concepts such as crip time has also helped them better understand and honor non-linearity in therapeutic work with all their clients.



NUMBER OF CHARMED CIRCLE MENTIONS IN THE STUDY = 11

Working with Cishet Clients

Participants felt that the queer affirmative lens supported them in meaningful therapeutic work with cishet clients too, because, as they expressed, cishet people also experience distress from the norms of the charmed circle, which coerces them to conform to the very center too. 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. Another learning has been locating stressors born from these desires as a problem of rigidly prescribed societal norms, as opposed to an issue with the client themselves. Further, they also shared that the learnings from QACP on understanding different ways of being in romantic relationships and doing kinship differently also has applicability in therapeutic work with cishet clients. This includes supporting them to establish what safety and connection looks like in their relationships, deconstructing gender roles within the relationship, and exploring sexual desire in a safer, more empowered manner, with less shame attached.

A participant shared how learnings from the QACP course, particularly from sessions about queer love and relationships, has been applicable in therapeutic work with cishet couples/clients in relationships. They shared how the socialization of gender roles creates a necessity for certain roles in the scripts of cishet relationships, so the power dynamics and dominance issues that come with it are often presented as "couple challenges" in therapy. Therefore, they now work with their clients using a sociopolitical lens to explore why those scripts are valued and followed.

> "There was this 'Doing Kinship Differently' session that was led by Shruti, very beautifully done—the case studies that were put forth, discussions on the role of gender along with caste and class and political orientation, and a lot of things. I work with a lot of couples, but I don't get them as couples per se, usually one of the partners approaches for a counseling session. That's where a lot of thoughts that run in the family come up, where sometimes [the] man is a victim or the woman is the victim or both could be victims of each other's upbringing. And in session, talking about the social impact of the way we've been brought up has come up multiple times as well as the way we deal with gender, the role of gender in one's relationship, the understanding of each other's partnership, the constantly changing relationship of dominance with each other, or not being able to identify whether there is a social necessity for somebody to play a role or whether it's an individual necessity for someone to play a role. So it just says that something that was done in the QACP course was not just for work with the queer community; it is very, very applicable for every person who's in love with another human being, you know. I think for the first time that the lens was so clear, to see love as it is."
>
> —Participant #32, Interview #17

Another participant shared how the QACP-taught idea of breaking false notions of neutrality and really seeking to affirm the most marginalized in any context within the therapeutic space applied in their work with cishet married couples too by working consciously to affirm the ciswoman in these relationships. The resources of QACP, shared the participant, helped them better support married cishet clients/cishet clients considering marriage, as they now find it less heavy to discuss concepts like the impact of patriarchy on gender roles and expectations, parenting, importance of sharing the load, and demystifying and expanding definitions of sex. They also feel better equipped to facilitate more curiosity about such topics rather than treat them as taboos.

Applicability of the QACP learnings to therapeutic work on patriarchal expectations of both ciswomen and cismen were discussed by multiple participants. They reported using the charmed circle concepts to point privileged clients to where they have had to move away from their inner truths in order to fit societal norms thrust upon them, which results in issues such as toxic masculinities. The charmed circle was named useful for therapeutic work with ciswomen clients, many of whom were married, to help them understand how and why their experiences and symptoms are actually systemic in nature. In particular, a participant shared how they feel better able to understand traumas of sexual violence faced by ciswomen.

> “Just as we discussed in the course, the issues of the charmed circle do not only apply to the margins, but also to the center. Especially working with [cis]women … That has been useful in helping them recognize why things are so much harder and how the system really permeates and sort of influences all of their experience of symptoms as well. I think, basically, the principles are the same: hierarchy and power. So it has been useful, I think, for cishet people … Some of them did not really previously think about gender and sexuality as something that is controlled and used to abuse. And that does come up in some sessions.”
>
> —Participant #55, Interview #14

A few participants shared how the QACP lens has supported their work with cishet clients’ ideas of shame in general, as an affirmative perspective allows for the validation of diversity of experiences, desires, and expressions in general, beyond issues of gender and sexuality alone to issues of careers and other spaces of self-exploration.

Joint Sessions and Support Groups

Around 33% of participants reported undertaking joint sessions, including for affirmative work with families of origin and other influential people in their clients' lives. Reported concerns which typically led to joint sessions include: lack of understanding of the queer identity by parents/caregivers, anxiety around having to come out repeatedly, experience of invisibility, concerns about being accepted, concerns around safety, and religious stigma.

The reasoning behind such sessions, reported participants who undertook joint sessions, has been 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. They don this role as an expert to de-pathologize queer identity and to psychoeducate parents/family of origin.

For example, a participant shared their experience in conducting the "raising a baby" activity in sessions with parents of clients who want to come out to them. These were done to help the parents draw out the differentiations that have been made in their relationship with their child based on assigned gender and the like, and to challenge the dominant thinking that often interferes with parental acceptance: that nothing can change about people's identities, or about how one parents or cares for another.

> I remember Pooja taking up the 'raising a baby' session, the case study where the genitals of the child are not known until the age of seven. That has been the cornerstone of every session that I have taken with the parents, where their children wanted to desperately come out to them. And I discuss with parents how the first time you hold your child, the only identity of the child is their assigned gender sometimes. And once that is taken away, what is left is love. Reconnecting [the parents] back to that love and excluding gender out of it has made all the difference. And discussing how we are very good at understanding the complexities of finances in our life—I mean, we are ready to jump into bitcoins and stocks and understand what's bullish and what's bearish—but, nobody wants to dwell into the complexity in gender and sexuality, they want to keep that simple, just want to have it binary. And that's not how life is, and to bring that to notice [in session] too, that, 'Hasn't anything changed in the past 20 years in your life financially or economically or religiously? Or in any other format, hasn't your parenting changed also? If all that has to undergo changes, why not this? And what is this resistance that we are showcasing and what does it represent about us as individuals?'
>
> So I think those kinds of conversations have only been possible because of some very powerful case studies and exercises that were done during the QACP workshop."
>
> —Participant 32, Interview #17

Other participants who have worked with parents of queer clients described taking them through their concerns about their child's queer identity and life, unpacking it with them, and assuring them that their children will be fine as long as the parents stand by them. Many also found it useful to relate parents to their own non-normative expressions or a time in their lives when they had non-normative experiences, in order to normalize their understanding of their queer child.

In general, participants who undertake work in joint sessions reported feeling more confident in leveraging their position as an expert to facilitate affirmative interactions and ways forward with families and loved ones of clients. Others who may not have yet experienced joint sessions nonetheless frequently discussed implementing the QACP learning of working with clients on identifying and building supportive relationships/a support system as part of their therapeutic work.

A few participants reported creating support groups for clients marginalized by gender and sexuality based on specific identities (i.e. asexuality), age groups (i.e. adolescents), locations (i.e. school and college settings), etc. Others shared their experiences in facilitating support groups for parents and caregivers of queer-trans clients, where parents can have their concerns and questions addressed by affirmative practitioners upholding their position as experts. A participant further shared how the concept of "unique life stressors" has been useful in psychoeducation and in building peer-to-peer support amongst children and adolescents in schools regarding not only topics of gender and sexuality but also overall mental health support as well (i.e. suicidality).

Analysis

It is evident from the findings of this study that 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. Recommendations from the QACP course that invited participants to make their therapeutic spaces outwardly affirmative (such as displaying pronouns, markers such as pride flags, queer-trans books, and posters, as well as using self-determined language and interrogating their own language usage for gaps in affirmation) were widely reported as being carried forward by the cohort. 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. This led to affirmative actions in their therapeutic work, including contextualizing distress socio-politically, externalization work, countering neutrality, actively de-pathologizing marginalized experiences, and normalizing responses to systemic stressors.

Fewer participants reported efforts towards making their therapeutic space affirmative when it came to the checklist in the study's questionnaire, which included prompts such as displaying queer-trans books and posters. But the participants added nuance to the study's understanding of ways to make a therapeutic space affirmative by sharing reflections and actions on matters such as inclusivity in intake sheet options, consent forms, and creating layers of affirmative interaction in the therapy context beyond the

therapeutic relationship to consider the need for all other persons interacting with clients to also work affirmatively. Furthermore, lower reporting on matters related to physical demonstrations of an affirmative therapeutic space is likely in part due to the realities of the pandemic. During this time, while many practitioners moved towards online services, newly established counselors/therapists during the pandemic had only ever worked in an online space. Indeed, participants highly reported on and discussed all markers related to outwardly affirmative online therapeutic spaces.

Interestingly, among those who reported undertaking efforts to familiarize themselves with local queer-trans resources such as organizations and collectives to refer clients to, there was nearly equal proportionate positive responses between those working in larger cities and those in smaller cities. This finding indicates that even though smaller cities presumably have fewer visible groups and organizations, the experience of the QACP course has prompted even those in settings with scarce affirmative resources to find ways to connect clients with support communities—a clear application of the course that emphasizes both the need for practitioners to learn from community resources and support clients in accessing the same.

We know that joint sessions are a crucial space for practitioners to advocate for and affirm their clients. They hold the power of being a professional, whose assessment of the client carries weight for parents/caregivers and other power-holding people in a queer person's life, and QACP participants have demonstrated making full use of this power in multiple ways. It is evident from their given examples 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.

Nestled in the goal of teaching queer affirmative approaches is also that of promoting overall anti-oppression therapeutic practices and bringing to the fore the historic complicity of the psy disciplines in pathologizing experiences of marginalization—a learning that appears to have been imbibed and put into practice by many participants. This is evident 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. For some participants, it was as simple as changing the order of their line of therapeutic inquiry with clients. For yet others it was about spending time working with clients to identify where they may have internalized external systemic stressors and where the psy disciplines have caused them harm with labels of abnormality for behaviors, thoughts, and feelings that can truly instead be seen as a result of the oppression they have faced and continue to face.

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 participants shared how their efforts to work more affirmatively with disabled clients, caste and class marginalized clients, etc., mirrored a lot of the approaches and strategies taught in the QACP course—such as identifying and working against "cure" rhetoric, validating and honoring lived experiences, working and advocating with support systems, and interrogating theoretical frameworks, therapeutic exercises, and their own inclinations as a therapist to ensure they do not cause further harm to clients. Many participants further reported using the intersecting applications of QACP learnings in working with cishet clients, where they employ systemic analysis, such as using the charmed circle framework, to discuss issues or distress that are born from oppression (in the case of ciswomen) or from pressures to conform to the normative. Many participants also stressed how learning about queer relationships and to affirm queer love has also informed their practice with cishet couples with an anti-oppression perspective.

Many participants 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. Coupled with the finding that vast majority of participants feel more confident and competent in supporting their clients after completing the course, including using all aforementioned applications of QACP learnings in their practice for clients of various backgrounds, these findings point to further proof that affirmative practice makes for better therapists in general—that, if you build for the margins, the center also benefits. Many participants shared that naysayers usually argue that one doesn't need special training to be affirmative and that one must treat everyone the same. From this study, it is evident that such a course makes one a better practitioner for all clients, though is able to do so only because it is built for the margins, on the knowledge contained within the margins, and values equity over neutrality in approach. Several participants echoed this understanding of why the QACP course has worked for them in building a more affirmative and better therapeutic practice.

Furthermore, 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. With participants reporting a wide variety of instances of queering

In short, the QACP course learnings are truly "seeds" which are planted, which participants across years of experience, styles of therapies, educational backgrounds, and more find useful to put into practice and find to be directly responsible for enhancing their therapeutic work.

therapies, tools, and techniques, this study indicates that such an objective is being effectively met. The depth with which participants have been able to queer their practice/exercises/ therapeutic relationship with clients goes to show that even though the course is only six days, it prompts long-lasting reflection, reflexive action, and re-working of therapeutic paradigms for participants. In short, the QACP course learnings are truly "seeds" which are planted, which participants across years of experience, styles of therapies, educational backgrounds, and more find useful to put into practice and find to be directly responsible for enhancing their therapeutic work.

Chapter 4

What Advocacy Means to Mental Health Practitioners

> 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. The authenticity you are bringing—it's not like you're just being affirmative in the session, and outside, you're not. It's not possible to separate those two. So advocacy has meant willingness to learn more and specifically having that confidence and taking more and more clients from the queer community."
>
> —Shaheen Khan, Psychotherapist

While 60% of participants in the study reported 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 were media (38% of participants) and educational systems (30% of participants).

Apart from the listed activities under the advocacy section in the survey, to which participants indicated their level of engagement, they also shared their views on and experiences with being an advocate for their clients within the therapy room, creating accessible mental health care, advocating with colleagues and workplaces, advocating for syllabus and curriculum changes, intersectoral engagement for affirmative practices and care, and more.

Within the Therapy Room

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. Some participants see advocacy as being affirmative in the therapy space, along with sharing and connecting participants to resources and psychoeducating them on affirmative concepts. One participant, for instance, shared that they read more about pop culture to be able to give examples of pop icons who are out to clients. Another participant reported seeing advocacy as giving their clients choices to make their decisions. Yet another participant emphasized the importance of having an active conversation and sharing pronouns in order to create an open space for self-exploration and to talk about sexuality and identity in their work with adolescents.

> 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, if my clients needed additional support, which could be talking to their psychiatrist about how they cannot be medicated for a symptom which is part of what they are feeling [about their oppression]. Or if it was about, 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. Also, advocacy might also look like, for me, something as small as respecting whatever someone wants to wear to therapy or whatever someone wants to say in therapy—even something like saying that, 'It's okay for you to move out of your house if your house feels unsafe,' which my clients have never heard before, because all their therapists have said things like 'Oh, but they are your parents and just manage while they are here, and then after, when they're too old to stop you, do whatever you want.' No. Why? [For] How many years are they going to [wear a] mask? I know how much I have to mask at the workplace in terms of my disability, because I have to function on a timeline that's not built for me. And like I feel like advocacy for me then becomes all those small actions that make my clients feel like them feeling the way they do is okay."
>
> —Participant #22, Interview #8

Intersecting Applications of QACP Learnings

Some participants see advocacy as opening up mental health services specific to queer communities and which are responsive to their needs. An organization that one of the participants is a part of has been doing a low-fee clinic once a month for people from lower socioeconomic status. Some participants charge low fees or offer sliding scales to their queer clients. One of the participants offers their under-18 queer clients therapy for free.

Engaging within Professional Spaces and the Mental Health Sector

> That's what we're all working for. None of us think we're going to see the change tomorrow. But we're hoping that in 50 years, things will be different. And that's what the movement is and that's why everybody needs to be a part of it."
>
> —Ashna Mitra, Counseling Psychologist

A vast majority of the participants view advocacy as engaging with the mental health sector and MHPs, including questioning their narratives. Moreover, to them, it means building interventions that challenge dominant cisheteronormative narratives. This also 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. Many of the QACP practitioners accept opportunities to speak at educational institutes such as their alma maters, especially psychology departments, to talk about gender, sexuality, and mental health as well as to connect the dots with systemic and structural underpinnings of these subjects. Such opportunities also include sensitizing teaching professionals, faculty, and students to be responsive towards the needs of the community and on how to be supportive community members in the education systems. An integral part of working with educational institutions for participants is encouraging them to update their present curriculum to include subjects around affirmative practice, gender, sexuality, and mental health.

to connect the dots with systemic and structural underpinnings of these subjects. Such opportunities also include sensitizing teaching professionals, faculty, and students

involves psychoeducating them, addressing their concerns, as well as engaging and working with the discomfort that they might be facing

Advocacy within professional spaces for participants involves calling out or correcting a colleague on their homonegative or insensitive language, encouraging them to acknowledge the harm their neutral practice could be doing, and discussing the importance of shifting from a friendly to an affirmative stance. One participant, for instance, mentioned speaking out against problematic positions of their organization and in college spaces, such as against gendered and cisnormative dress codes.

Engaging with Families/Support Systems

> This is what I've also put up out there and told people, saying that if you're not willing to challenge your covert homophobia, transphobia—because we all want to be woke, and we all want to share [social media] post—but when it comes to actually practicing this and really making changes within yourself, are you willing to do it?"
>
> —Participant #12, Interview #22

Several practitioners mentioned working with families and other support systems, including siblings and friends, in the lives of queer clients. Most of the participants reported conducting joint sessions with the families of their clients. This involves psychoeducating them, addressing their concerns, as well as engaging and working with the discomfort that they might be facing.

Intersectoral Engagement

> Being queer affirmative makes you affirmative, full stop."
>
> —Participant #40, Interview #1

A few of the practitioners stressed the importance of queer affirmative practitioners in other systems that clients may interact with and that are also complicit in upholding cisheteronormativity. 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. Another practitioner shared their experience in working in the juvenile justice system, holding conversations with their clients (the children) on sexuality and gender, and affirming their experience. They also simultaneously have conversations with the authorities to sensitize them on the topics of gender and sexuality, so that they too can interact with the children in their care from that lens. Similarly, another participant shared their experience in training government persons and government service providers on issues of gender-based violence (GBV), which most people primarily understand only as violence against ciswomen. The participant reported using such opportunities to demonstrate queer affirmative responses and to educate the government officials on the intersection between GBV and queer lives.

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. They shared the importance of not only psychoeducating the authorities and others involved in the case on gender and sexuality from an affirmative approach, but also leveraging their position as experts to ensure safety and affirmative outcomes for the clients. This work led not only to an affirmative ruling for the clients, but also prompted a longer and more in-depth engagement with the judiciary. This effort comprised not only MHPs and service providers, but also community persons and activists, leading to a landmark affirmative high-court judgment and subsequent orders for various departments such as the police, education authorities, and more to evaluate and work towards affirmative practice and engagement with the queer community. However, the queer affirmative practitioners and community activists had to persist with a lot of follow-ups to ensure action on such orders. These involved efforts like negotiating with the directed authorities to take the orders seriously, who would often try to bypass the orders based on technicalities of certain hierarchies.

Another participant shared how they used an opportunity to make recommendations for the Union Budget 2022 to put forth specific points pertaining to the need for queer affirmative training and curriculum in mental health studies and reservations for queer-trans students in mental health education.

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. The course helped participants build the confidence to live their life more authentically as a queer person. It also enabled them to talk about their identity and queer life more openly within both personal and professional spaces. Many noted engaging with self-disclosure in sessions as another important way they choose to advocate for normalization of queer-trans identities and lives.

Social Media

Many participants shared about their advocacy efforts on 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, and dialoguing with influencers, mental health pages, and others who engage in disseminating harmful perspectives on queer-trans communities as well as gender and sexuality at large.

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 cisheteronormative narratives and systems of oppression to effect change and build an affirmative world.

The results clearly indicate that the practitioners have been working within various spaces to advocate for the rights of their queer clients, namely the therapy room, with families of their queer clients, educational institutions, media, judicial systems, mental health sector, and in their personal spaces as well. The multifaceted nature of their engagement echoes the teachings of QACP: That many issues faced by queer-trans persons cannot be resolved with therapy alone. That there are several spaces where MHPs equipped with the approaches, tools, and strategies to build affirmative systems can add value. That, what is understood as the personal (i.e. therapeutic work) will also always be deeply political in its function. The cohort has been making advocacy efforts in many areas, successfully effecting change at systemic levels and participating in initiatives to hold those in power, from natal family members to government institutions, accountable for the wellbeing of the queer-trans community.

Based on the observations of many participants, it is apparent that there is a need for a change in the mental health curricula to include the subjects of gender and sexuality too, and an even greater need for the teaching faculty and professionals within these institutes to be more aware and sensitized towards these topics. The medical fraternity as well needs to be more aware in their work with patients from the community to avoid doing any harm. A lot of the participants have been engaging with various such institutes to educate, advocate, and increase awareness.

Another important aspect that the participants brought forward was their increased confidence in living an authentic life with their queer or marginalized identities. It is evident that the course helps elevate participants' sense of self-acceptance within both personal spaces as well as professional spaces, in part enabling work with self-disclosure, a crucial aspect of advocacy for some.

Chapter 5

Personal Transformations

> I believe that as a therapist, if I've not done my journey, then I can't take my client through that journey. So for me, [the course] was my own self-revelation. Another big impact it had on me was to actually be able to articulate why I didn't conform all these years; like, right from childhood, I never conformed, I was a 'rebel.' And, of course, that was seen as a bad thing. I always tried to fit in, but I couldn't fit in, and all those struggles were there. And I felt that I didn't have the language before QACP to explain why I wasn't able to fit in. And now I have the language."
>
> —Participant #02, Interview #11

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

> “... 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

Nearly all participants mentioned that the course helped them feel affirmed in their own identities and more comfortable in exploring their various identities. This includes feeling affirmed in their own queer identity, expressions, and experiences, as well as that of other marginalized or privileged identities held by the cohort.

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. Others described it as getting in touch with their queer identity and reality, something they had denied themselves; finding personal validation, affirmation, and self-actualization through this course; and feeling empowered and more confident in their queer identity. Many participants also mentioned finding space to come out to people in their lives after completing this course and wanting to be more visible in their queer identity.

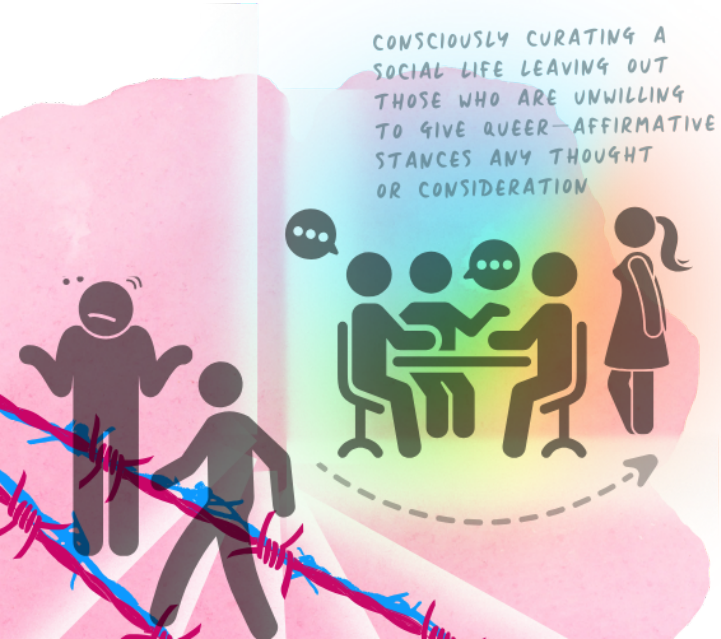
> I think more than my professional life, what QACP has done is that it has helped me in my personal life. Of course, it has helped me professionally, but QACP has just helped me get in touch with my own reality in a more real way. And for me to recognize that … I have lived, I have passed as cishet all my life, but I'm not sure I am cishet. For me to also just go back and recognize that I've killed these parts of me over the years … So I have the mask today, and I have learned very well how to appear cishet and appear as masculine as much as I can. And I pass off as male in most spaces. Nobody really questions me. But I think I came out to myself first, and then I came out to some of my close friends, most of whom also did the course. I'm not sure I would call myself trans. But I think I'm somewhere in between, somewhere there. I do know I have a very solid feminine personality that now is showing up thanks to the course. So for me, the QACP course took me back to my own childhood and my own identity. That was, for me, the gift."
>
> —Participant #31, Interview #13

Participants with cishet identities also echoed certain sentiments of empowerment in their identities, which some credited to the experiential mode of learning about identity in the course, as opposed to purely theoretical. Some participants mentioned how they, for one of the first times in their lives, acknowledged that they have a gender and sexuality identity and began to build comfort and confidence in it. One participant shared how important the course has been to their growing comfort in expressing and valuing their feminine side through clothes and other external expressions. However, some participants also shared feelings of privilege-related guilt after completing the course and that they continue to work on navigating the same.

Participants with other/intersecting marginalizations also shared impacts of the QACP learnings on their experiences. One participant shared how they now locate society's dysfunction as society's problem, not as anything wrong with them as a disabled person, not as anything they need to accommodate or be accepting of. They shared that the QACP course also helped them process religious beliefs about many marginalized communities that were taught to them in childhood. While they didn't believe any such teachings in childhood either, the course joined the dots for them about how all differences are treated, or taught to be treated, through religious systems. They were able to process this by drawing parallels between queer experiences of marginality and their own experience of being marginalized by disability. Another participant shared that the course helped them understand and reflect on their own identity as a cishet woman from a marginalized religion, especially in the current sociopolitical climate.

Changes in Social Circles and Conversations with Loved Ones

> I think that that comes from shifting from neutrality to affirmative. It's not like I haven't had queer people around me, but I wouldn't have tried to engage with them. I would have been like 'Okay, live and let live' kind of an approach, where if they want to come and share something with me, they would. But now I'm able to recognize that I'm more organically, naturally, respectfully able to engage."
>
> —Monisha Sharma, Counseling Psychologist



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, having the language to communicate affirmatively and effectively on gender and sexuality, and the confidence to do so, after the course. Many shared expanding their efforts to have such conversations with loved ones with whom they may have hesitated before, such as with elderly relatives, as well as intentionally and proactively creating space for these conversations with peers by calling people up and sharing reflections from the course.

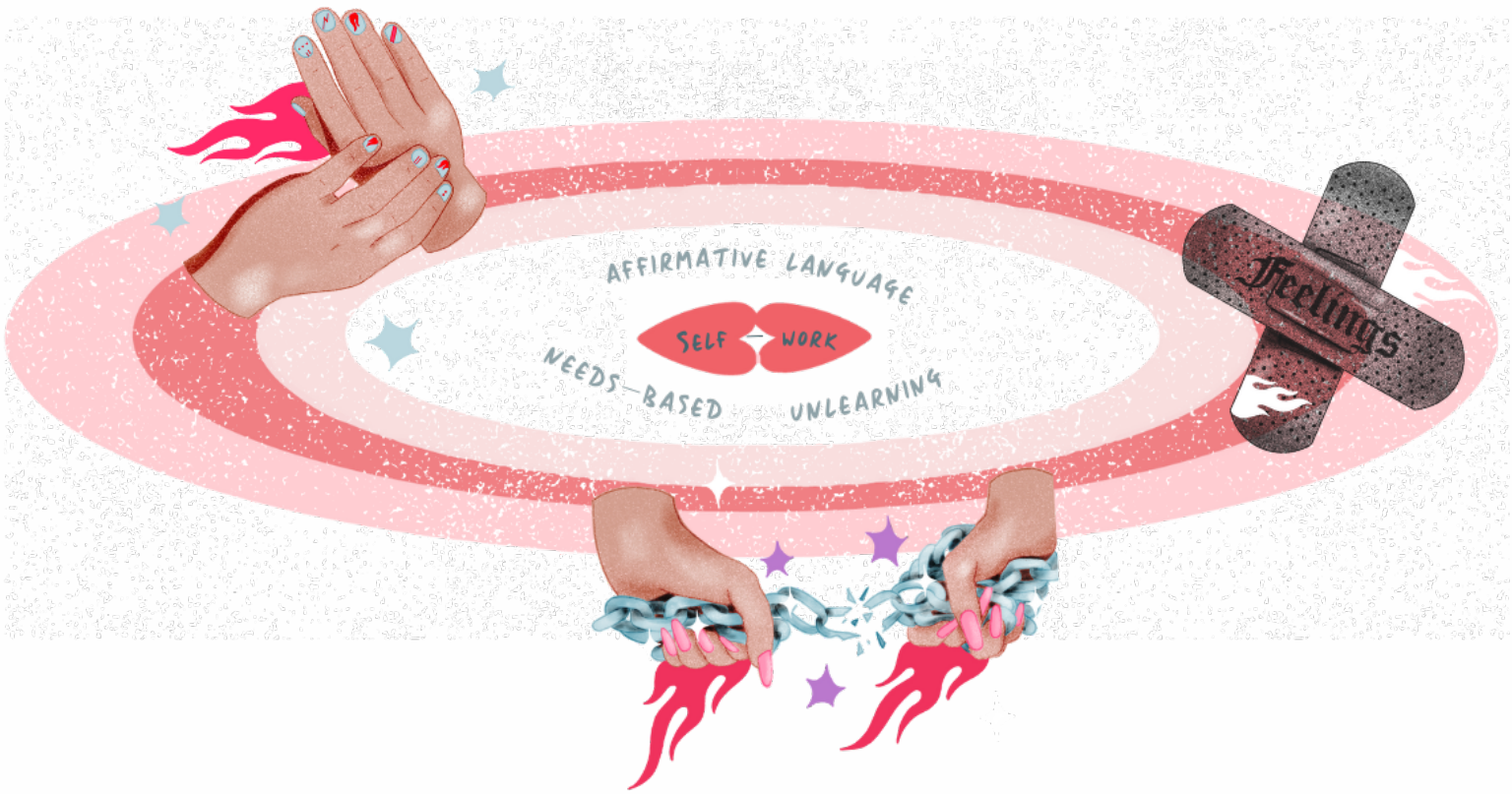
On the other hand, participants also shared how their experience of the QACP course changed their construction of and participation in social circles. Many shared how they now more intentionally speak up if people around them talk negatively about queer-trans people and are also more open about their affirmative stances around their acquaintances, peers, colleagues, and friends. Another described how they have been finding themselves filtering out people in their social life who are not affirmative and do not hold willingness to challenge their beliefs. Yet another participant described experiencing a more "curated" social life after the course, realizing how different their newfound perspectives were from their peers. Some others mentioned simply cutting ties from certain spaces for similar reasons or becoming more selective with their associations in their personal life based on others' affirmative stances or lack thereof.

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 described how shifting from neutrality approaches to more affirmative ones has allowed for greater visibility of queer lives and struggles in their personal life. For example, they shared about their friendship with a gay person, whose queerness was never a point of contention but never a point of discussion in their friendship either. After the QACP course, they now acknowledge and talk about that aspect of their friend's life at the same level as other aspects of their lives. Along similar lines, multiple participants shared that more people in their personal lives came out to them once they publicly took affirmative stances, and in turn, participants shared feeling that they could support those loved ones/friends/acquaintances better.

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. This manifested as the parent expanding clothing options for their child, feeling comfortable with that direction, and normalizing for themselves and their family that the child can, even at an early age, have queer lives and queer love visibilized, as a regular part of the child's socialization (for instance, via television or film).

> “Before doing the course, my in-laws had visited us, and my mother-in-law was quite keen on bringing [my child] clothes which boys would generally wear—dhoti-kurta. So she told me, 'We'll get her a nine-yard sari, and we'll get her dhoti-kurta.' And my initial reaction was not very welcoming of the idea. I was like, 'No, no, no, I'm not going to drape that dhoti, she's a girl, so let her be like a girl. I don't want to give her that identity crisis.' This was my response. And just a month later, in July, we started with [QACP]. And September 1st week was going to be Ganpati. I remember, after doing the first three days of the course in July and before we actually entered August, there was a drastic shift in how I would think and look at lots of different areas. So I actually called up [my mother-in-law] and told her, 'It's okay if you bring that dhoti.' She was very happy. And I was pretty comfortable with my child having both of them. And even when people ask me about my child, this is how I prefer addressing the child now: like, 'my child' and not really, like, a 'daughter' or 'son.' Let's see when my child grows up what they would want to identify as."
>
> —Dr Shambhavi Samir Alve, Counseling Psychologist



Participants also shared how they felt more open to shifting roles and existing differently in cishet relationships: a participant shared feeling more comfortable in expressing vulnerability in relationships and in devolving from gender-based relationship roles to more needs-based roles. For example, in instances where they may not have been comfortable having their partner "take over", they are now more open and comfortable with such possibilities.

Self-work

Several participants shared what their self-work looked like after completing the QACP course, including a lot of unlearning processes they went through and discovering language for self-expression. For many, the course challenged their self-assessment of having been affirmative prior to the course, while others put their efforts in navigating the discomfort or dissonance of using newer, gender neutral words/language. Others found it useful to call their old colleagues and queer clients to apologize for the potential and current harm done by the psy disciplines.

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. After completing the course, many shared the personal relief of feeling like a safer practitioner, having been equipped with the know-how of working affirmatively with queer-trans communities. One participant even shared how they were not sure about having a career in psychology until they experienced the QACP course, realized the work that must be done for marginalized communities, and opened their own practice as an outwardly safe space for queer folks in a tier-2 city.

Finally, participants repeatedly mentioned how being a part of the QACP course gave them a sense of community amongst like-minded practitioners and made them feel that they are not alone in their affirmative work. This sense of community has been made stronger for some participants, because it is built on a choice, an active choice, to work towards affirmative practice regardless of one's own gender and sexuality identities.

> "As part of MD training, we do have a certain number of people to see for therapy as well—so the first person I saw was a person who was bisexual. And including my supervisor, nobody is actually trained to be queer affirmative. Based on what we discussed in the group as well and what I thought was best at that point in time for the client was just to treat them like anybody else. And they dropped out after four sessions. So I always wondered what I could have done better."
>
> —Neha, Psychiatrist, Pune

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.

It is further evident that the QACP course not only builds a cadre of affirmative professionals, but also affirmative friends, parents, and personal support systems by changing the individual participant and their beliefs, not just the professional. In a profession such as counseling, congruence with the professional self and personal self is often named as a necessity for quality work, and the accounts of these participants illustrate that QACP helps practitioners build that congruence, not just their competence and capacities.

> “… as a therapist, I cannot have two separate identities. I cannot be somebody else outside and socialize and be somebody else in a therapy room. I have to carry who I am as a therapist and as an individual. I’ve to establish myself in a therapy room and also outside. So I can’t just be confidential within the premises and then not be the same outside. I think it’s something that all therapists will resonate with. To be who they are and to talk about what they believe.”
>
> —Participant #32, Interview #17

Finally, it is heartening to note that many participants found community and belongingness through this course—with each other, with the ideals that guide affirmative practice, and with the commitment exhibited by the collective. It is a daunting task to work and live affirmatively in an oppressive world, and it is clear from this study that many practitioners, after the QACP course, now draw strength from the possibility of a more just and kinder world for themselves and others.

Chapter 6

Challenges Faced by Practitioners

> 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

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. In other cases, participants shared how authorities minimized permitted activities by limiting the list of invitees. Those who have found affirmative workplaces such as clinics and queer resource groups/organizations also echoed the findings that it has been particularly difficult to engage with schools and colleges on affirmative work—some even mentioned losing employment in schools for their affirmative stances. However, a few participants also viewed loss of such employment as an opening in their hours to bring affirmative work to other equally important settings, such as observation homes. While others reported no backlash in their primary spaces of work, instead finding a lot of engaged curiosity from peers and seeing recognition for their skills in affirmative practice by way of more referrals.

Participants also shared some challenges in retaining work with clients after making their affirmative stances and work known. For example, a few participants discussed how parents of queer adolescent clients become unhappy when the practitioner doesn't "fix" their child's gender and sexuality, instead affirming it. In such cases, many parents pulled their children out of the participant's therapy practice.

> "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. I figured that there is nothing wrong with the adolescent. They are dealing with very difficult circumstances because the parents are being absolutely troublesome, but the adolescent themself was fine. So 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 … and tell them there is nothing wrong [with them]. In today's generation, generally I find most kids in the 18–20 age group, they are so much more aware, they are so much more resourceful. They know. So it's not even like I have to really educate them a lot. They just need support, they just need an adult who's going to believe in them. And so sometimes, that's the role that I played. With a lot of them, I've had to go back to the parents, because at some point, the parents realized that I am not delivering what they had wanted me to deliver. So they say to me, 'You're not being effective. On the contrary, you are being counter-effective.' So those were difficult conversations for me. 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. But I knew that they were disappointed, they were really very upset."
>
> —Participant #31, Interview #13

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. Indeed, many other participants echoed that it has been difficult for them to find queer affirmative supervisors. Some have even experienced being degraded in and removed from supervision groups because of their feminist and queer affirmative ideologies, which they obviously brought into such spaces. Some experienced being devalued as a practitioner by supervisors because of their affirmative work and were told that they should not have become an MHP. Others mentioned that having an affirmative stance could yield a negative response from some cishet clients, who would then maybe not continue therapy with them.

Collaborating with cishet, non-affirmative peers is another area where participants reported challenges. While some described witnessing hesitancy in the field of mental health to learn affirmative practice and unlearn harmful practices, another reported difficulties in conducting casework collaboration due to ideological differences on the best way forward for clients, leading to backlash from collaborators. Some described these situations as tricky, with no space for open, non-judgemental dialogue. Others shared that an us-versus-them sentiment has developed in non-affirmative peers towards affirmative practitioners.

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.

> “So if you are not able to hold space to understand or even listen, then it’s okay that I don’t have a place for you as a friend or an acquaintance. I am okay keeping you at a distance, whereas pre-QACP, I was like, ‘People can have different opinions’ and all that. I was in that bracket of believing: ‘We both can agree to disagree and we are okay.’ And now I don’t agree to disagree. No, I just disagree.”
>
> —Lenni George, Counseling Psychologist

Others described having to keep the contents of the course from their parents and family, because either the family members assumed they were queer when they announced their participation in the course, or they were asked a lot about their own gender and sexuality for attending the course. They faced assumptions/invasive questions about why they were doing the course. A few participants also experienced some name-calling for their stance on social media, such as militant, and were even removed from people’s social media accounts for their affirmative stances.

Analysis

As we know, affirmative work in any field is not simple and certainly not without obstacles. Part of the reason the QACP course was developed was because the reality of psy disciplines today are entrenched in cisheteronormativity, steeped in notions of pathologizing away the rights of queer-trans people, and directed at upholding the status quo. 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 that show the mountain of work they have undertaken in various forms toward more affirmative practices in mental health support since completing the QACP course.

Discussion

This year-long endeavor has yielded a truly rich understanding of how the QACP course continues to hold relevance, importance, and applicability in both the professional and personal lives of participants. 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.

Based on circulation patterns of course information and motivations for attending the course recorded in this study, it is further evident that there is at least some self-selection in the cohort of QACP-trained practitioners. Certainly, QACP participants are characterized by the pre-existing motivation to engage with what they need to unlearn in order to ensure affirmative and anti-oppressive practice in their therapeutic work. They also already have some awareness that there are gaps in most psy disciplines and mental health training when it comes to supporting marginalized communities—disciplines by which they too have been failed.

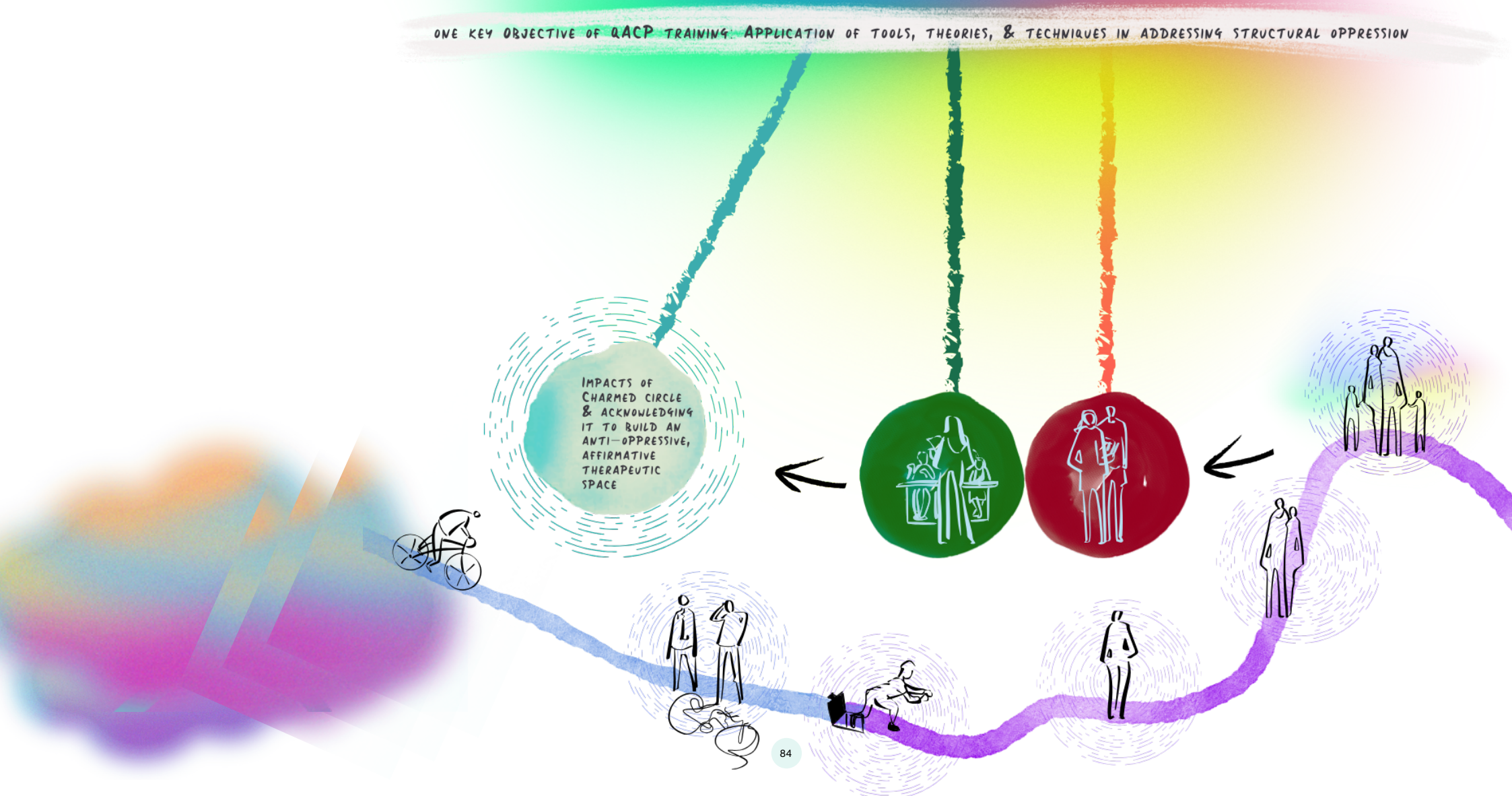
Key Findings Compared with QACP Objectives and Vision

With this study, we aimed to understand two main areas of impact that QACP has on MHPs—personal and professional. We sought to document details of how they carried forward learnings from the course.

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. They also challenge dominant narratives in the therapy room and encourage clients to develop their own narratives. Some of the biggest gains that many reported is finding the language to talk about gender and sexuality with their clients and switching from a neutral approach to an affirmative approach. 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. Participants also widely discussed identifying potential gaps in their therapeutic approaches and queering them with knowledge acquired during the QACP course.

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. They also actively seek peer support to integrate queer affirmative approaches in their work while building a sense of community with other queer affirmative MHPs. The course also encourages and instills in them the confidence and competence to work with persons from different marginalized communities. Participants acknowledged external systems of oppression that may affect their clients, and they reported working to externalize these structures in their sessions. This has also made them socially conscious and motivated them to engage with advocacy initiatives outside of therapeutic practice.

The QACP programme aims to reorient MHPs to an anti-oppressive therapeutic practice by perspective building and providing tools. 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. They have applied it to their therapeutic practice to shift their own perspective as well as build an anti-oppressive space and a framework with which to work affirmatively with clients. The course also 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-judgemental, which is another key objective of the course.


ONE KEY OBJECTIVE OF QACP TRAINING: APPLICATION OF TOOLS, THEORIES, & TECHNIQUES IN ADDRESSING STRUCTURAL OPPRESSION
IMPACTS OF CHARMED CIRCLE & ACKNOWLEDGING IT TO BUILD AN ANTI-OPPRESSIVE, AFFIRMATIVE THERAPEUTIC SPACE

In working both individually and with organizations, the participants reported working to re-frame the dominant, heteronormative scripts while engaging in psychoeducation of clients and their stakeholders/families. In the therapy room, they create an environment where they refrain from infantilizing clients, and instead of creating an "expert-knows-all" space, participants collaborate with the clients to empower them to build their self-narrative. These practitioners also acknowledged that by employing a queer lens to their work, they have become more empathetic and have richer, fulfilling connections with their clients.

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. Certainly, the issues with psy disciplines and the mental health sector with regard to oppressive approaches, accessibility, and quality care are not limited to the experiences of queer-trans persons. 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, why value is given to academia above all, and what underlies the foundational "science" that they have been taught. Many take away the skills and arguments to critique these dominant and often harmful tenants of our field as well as recognize that such skills for the betterment of their practice arise by engaging with the knowledge created by and contained in the margins.

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. They also call out harmful and insensitive comments about the queer-trans community within their own social circles, which has led them to filter out certain spaces and individuals from their lives. Some have also been able to accept and embrace their own queer identity during or after the QACP course, and others shared how their relationships have improved or changed after completing the course: some find themselves parenting differently, some find their friendships deepening, and some find improvements in their own relationships, having been equipped with the queer lens after completing the QACP course.

Nearly every participant described feeling empowered in their own identities after completing the course, including their identity as a therapist. Many described that through the acts of self-disclosure and active affirmative work with clients, they have found themselves working on and against taught restrictive ideologies of how a therapist should look or act or dress, or who is recognized as a "proper" therapist. Such unlearning has also led to participants feeling free and able to run their practice in accordance with who they are and with greater alignment to their personal and professional values. They build true connections with other participants and feel authentic in their professional spaces, without thinking they are in the wrong or are "bad therapists" for it. Such is the impact of the QACP course.

> I think before, to a certain extent, there was still a sense of doubt: being queer and occupying [the therapy] space. Now, I'm just like, "Nahhh." I feel much more comfortable in my skin as a therapist; doubt really vanished after doing the QACP course. And I saw that my clients are also responding much better with [my] lack of doubt and more authenticity that I could bring to the space. Because there is this idea of how you should be the therapist. And to be able to question that and "queer" that for myself and bring that to clients has been an amazing experience. I'm just like, "This is who I am, I'm a casual therapist, who will look like this and talk like this ...'"
>
> —Ipsa James, Psychotherapist

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. Of course, QACP is not the only, the first, or the last initiative powered by queer labor to build affirmative perspectives. However, such findings indicate that the space being created in this one course, with this one set of objectives, through this one organization, still contributes something unique and worthwhile to participants. Another priceless personal impact that many participants discussed in this study is the strong sense of community that QACP has provided them in multiple ways—whether it be finding their own queer identity through the course or the solidarity and support in this "ideological" community. Such an impact is all the more poignant in a profession like mental health, where we know the potential risks and loneliness of the work—arising from challenging the dominant discourse as well as from the impact of the pandemic, which we now know to have affected MHPs across the board. In the face of all such realities, it is perhaps no wonder that every participant who mentioned finding community through the course, spoke with such deep feeling about it.

Limitations of the Study and Further Directions

There are several limitations and parameters of the present study which underscore any presented findings and may be addressed in future efforts to determine impact of the course and document queer affirmative work carried forward by participants. Firstly, 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.

The present study is indeed an internal impact assessment, meaning that members of the entity responsible for the QACP programme were also involved in the construction and conduction of this study. However, while this study was a joint QACP-MHI endeavor, the core research team did not comprise anyone directly responsible for the content and teaching of the QACP course. Nevertheless, certain biases that the core team may hold towards the programme may have unconsciously influenced the types of questions asked, interpretations of participants' responses, and more.

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 have experienced and does not include any indications for what impact a course like this may mean for those educated in languages other than English.

There is a possibility of some self-selecting bias in the sample of this study, as its voluntary nature may mean that only those who found applications of QACP learnings in their work and the course impactful in their lives would have taken the time to participate in or complete the survey. While the study included lines of inquiry on challenges faced by participants, recommendations for the way forward, and multiple options in the study to describe lack of any impact (like open-ended questions and options to respond neutrally/in the negative to any marker of impact) to mitigate such a bias, there may still be practitioners who did not find the course as impactful or applicable, and their experiences would not have been recorded in 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. While this study ensured that no participant was asked questions that could lead to identification of clients and sought to remove any such accidentally received responses from the data, such a concern may have still weighed on the participants in the course of the study.

It is the hope of the research team that the work of the present study is carried forward, and that such limitations may be addressed in future studies on the same subject as well as future efforts to document the queer affirmative work done by QACP participants.

Recommendations for the Future of QACP

In the study, we asked the participants for recommendations for the QACP course and for reflections on their requirements for further support in implementing queer affirmative practice.

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. Recommendation for a different course for MHPs with a focus on the experiences of different/ intersecting marginalizations was made. Expanding this course to other sectors like NGOs, healthcare professionals, etc., and to marginalized locations like the northeast and Kashmir was another recommendation. There was also a recommendation for making this study longitudinal to assess the impacts of the course across newer batches as well as a recommendation to start collecting some of this data from participants directly at the end of the course. Despite peer-supervision initiatives started by different cohorts, many participants still stated the need for queer affirmative supervision and guidance, including on topics of how to select safe intersectoral referrals for clients, navigating unethical actions by other MHPs in the absence of regulatory bodies for mental health work, and more. Having refresher courses for participants from previous batches was also suggested, along with giving the option for participants from older batches to attend sessions in newer batches where new guest speakers are added. Additions to the course material on emerging issues within the queer-trans community, such as substance abuse, were also recommended. Other recommendations for expanding course curriculum included more sessions or information on practical applications of QACP learnings (such as the present study), more guidance on working with contentious parties in sessions, support with determining whether it is best for an MHP with lived experience to take on a client as opposed to cishet MHPs, and more help with understanding how to better support trans clients, including but not limited to somatic work.

We present this study, its findings, and recommendations to the QACP faculty, MHI, and to the entire QACP cohort for their consideration, and we hope this report also serves as a celebration of the affirmative work done by participants thus far and confirms the strengths and successes of the QACP programme.

> “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

Annexure A:

Copy of the Survey Questionnaire, Informed Consent Sheet and Participant Information Sheet for Survey Participants

QACP impact assessment: Applying QACP Learnings

What is the study about?

The Queer Affirmative Counselling Practice (QACP) course was launched in January 2019, aimed at building capacity of mental health practitioners and allied professionals (counsellors, psychologists, psychiatrists, social workers, medical professionals). Since then, 350+ mental health practitioners from 10 batches across 40+ cities in India have been trained in queer affirmative practice. The trained practitioners span across 40 Indian cities and 3 South Asian countries.

At such a milestone, a joint MHI-QACP team invites your participation in an internal assessment of the program. This assessment aims to document the myriad of ways that the course has enabled mental health professionals to hold affirmative therapeutic practices and harness their positions of power to advocate for queer clients.

Mariwala Health Initiative (MHI) is a grant-making and advocacy organisation for mental health, with a particular focus on making mental health accessible to marginalized persons and communities.

More details about the study and criteria for your participation are included below:

- This study will be conducted internally by the MHI-QACP team.
- You should have completed the Queer Affirmative Counselling Practice course by MHI.
- This will be an India-based study.
- The study will be carried out in English.
- Your participation in the study is voluntary. You have the right to withdraw from this study at any time, and to have the collected data removed at any time during or after your participation in this study.

The data collection will be done through this online survey, which will take around 20 minutes of your time. In the survey, you will be asked to provide information on your queer affirmative work after completing the course i.e. number of queer clients/organizations worked with, any advocacy work, any knowledge creation work, any other type of queer affirmative work done. You will also be requested to provide brief reflections on how the training impacted you apart from your professional life. The data collected will be stored on password-protected official accounts and laptops.

For those who complete the survey and are interested in participating in a longer interview, a 45 minute-1 hour interview will be arranged. The interview will be conducted in English, through a video-conferencing app. The interviews will be recorded, and the recordings as well as the research notes will be saved on password-protected official accounts and computers/laptops.

Ethical Considerations:

We will maintain the confidentiality of all research data and participants at all times.

- Anonymity: All the participants have the option to answer the survey anonymously; however, if you wish to participate in a further interview, your name and contact information will be requested for correspondence purposes.

- Right to quit: All the participants have the opportunity to withdraw from the study at any time, and request removal of any/all of responses from the research at any time by contacting the MHI research team (Saisha (saisha@mariwalahealthinitiative.org) or Aashima (aashima@mariwalahealthinitiative.org).

- Use of data: Data provided via the survey will be disseminated further only in summarized and anonymized analysis format – no raw quantitative data will be disseminated. The data may be used in the final report in an anonymized format. The research team may share quotations from short answer responses in a report format, where the quotations would be anonymized and edited to remove any possible identifying information. No mental health practitioner will be asked to share specific information about their clients, or specific information about client cases. If any such information is received through the survey, it will be removed from collected data and not used in the analysis.

- Privacy: Google Forms is a secure, password-protected platform. All participants will be assigned random numerical identifiers. Any downloaded information or files from the online survey format will be on password-protected official laptops/computers. Only the research team will have access to raw data and any identifying information.

Benefits and Risks:

We hope that this survey provides trained practitioners an opportunity to reflect on their queer-affirmative work and progress. The research team will share broad findings of this survey with the QACP course cohort at the end of the study. The MHI-QACP team will also use the findings for an internal report that will serve a documentation purpose, and be used to advise on future engagements with the existing and future cohorts of the QACP course.

Researchers anticipate no more harm or risk than mental health practitioners encounter in their daily lives and work to be experienced due to participation in the survey. In case there is any undue distress experienced in the course of participation, please reach out to iCall. iCall is a telephone helpline offering free, professional and queer-affirming counselling services. You can reach out to them at 022-25521111, and www.icallhelpline.org.

Who to contact in case of any concerns or questions?

Saisha Manan,
Grants Manager, MHI
(saisha@mariwalahealthinitiative.org)

Dr Shruti Chakravarty,
Chief Advisor, MHI
(shruti@mariwalahealthinitiative.org)

Aashima Sodhi
Associate, MHI
(training@mariwalahealthinitiative.org)

* Required

Consent Form

1. *

Check all that apply.

- [ ] I confirm that I have read and understood the information about the project as provided in the Participant Information Sheet
- [ ] I confirm that I have had the opportunity to ask questions and the researcher has answered any questions about the study to my satisfaction
- [ ] I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without having to give any reason
- [ ] I understand that I can withdraw my data from the study at any time
- [ ] I understand that any information received from the study will remain confidential
- [ ] I am aware that the interviews will be recorded, should I opt to participate in them
- [ ] I agree to take part in the survey

2. I consent to... *

Check all that apply.

- [ ] data provided in surveys being used in publications and social media, as explained in the Participant Information Sheet.
- [ ] be audio recorded as part of the interviews
- [ ] be video recorded as part of the interviews

Demographics

Please provide some brief information about yourself.

3. Name (optional)

4. Gender (this list is not exhaustive - please tick if any of the following are applicable to you, or please fill out the blank. You may also opt for 'prefer not to say') *

Check all that apply.

- [ ] Non-binary
- [ ] Genderfluid
- [ ] Agender
- [ ] Genderqueer
- [ ] Trans woman
- [ ] Trans man
- [ ] Cis woman
- [ ] Cis man
- [ ] Prefer not to say
- [ ] Other: _____

5. Sexual orientation (This list is not exhaustive - please tick if any of the following are applicable to you, or please fill out the blank. You may also opt for 'prefer not to say') *

Check all that apply.

- [ ] Lesbian
- [ ] Gay
- [ ] Bisexual
- [ ] Pansexual
- [ ] Queer
- [ ] Heterosexual
- [ ] Prefer not to say
- [ ] Other: _____

6. Age *

Mark only one oval.

- ◯ 18-30
- ◯ 30-40
- ◯ 40-50
- ◯ 50-60
- ◯ 60+
- ◯ Prefer not to say

7. Geographical Location (i.e. Hyderabad, Delhi) *

_____

8. Which QACP batch were you in? *

Mark only one oval.

- ◯ Bombay, February 2019
- ◯ Bangalore, April 2019
- ◯ Delhi, June 2019
- ◯ Residential Bombay, November 2019
- ◯ Bombay, January 2020
- ◯ Online, November 2020
- ◯ Online, April-May 2021
- ◯ Online, June-July 2021
- ◯ Online, July-August 2021
- ◯ Online, September-October 2021

9. Educational background *

Mark only one oval.

- ◯ Counselling
- ◯ Clinical psychology
- ◯ Social work
- ◯ Psychiatry
- ◯ Other medical
- ◯ Other: _____

10. Category of clients *

Check all that apply.

- ☐ Children
- ☐ Adolescents
- ☐ Adults
- ☐ Couples
- ☐ Families
- ☐ Other: _____

11. Type of practice *

Mark only one oval.

- ◯ Private
- ◯ Organisational
- ◯ Both

12. Years of experience (as a practitioner) *

Mark only one oval.

- 0-2
- 2-5
- 5-10
- 10-20
- 20+

Knowledge Creation

Please select all options that apply to you.

13. 1a. After my engagement with the QACP course, I have undertaken the following knowledge creation/knowledge sharing activities on the subject of affirming non-normative genders and sexualities: *

Check all that apply.

- [ ] Created informational content on my social media channels (Instagram, Twitter, Facebook, LinkedIn)
- [ ] Conducted/participated in live sessions on social media
- [ ] Published academic papers/articles on queering various therapies
- [ ] Published academic writing on casework with queer clients
- [ ] Published academic papers/articles on other affirmative practices
- [ ] Organised conferences, educational panels, webinars and/or workshops
- [ ] Participated as a speaker in conferences
- [ ] Participated in educational panels
- [ ] Participated in webinars/workshops
- [ ] Not applicable
- [ ] Prefer not to say
- [ ] Other: _____

14. 1b. After completing the QACP course, my engagement in knowledge creation/knowledge sharing activities as given above: *

Mark only one oval.

- ◯ Increased
- ◯ Stayed the same
- ◯ Decreased
- ◯ Not applicable

15. 1c. Please use this space to provide links to your publicly available created content, published articles/papers, conferences organized, etc.

_____

_____

_____

_____

_____

16. 2. Since my engagement with the QACP course, I have participated in peer supervision sessions with other queer affirmative mental health practitioners. *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Prefer not to say
- ◯ Not applicable

Therapeutic Work

Please select all options that apply to you.

17. 1. I have taken the following actions to become affirmative of my clients' gender & sexuality in therapeutic spaces: *

Check all that apply.

- [ ] Using terms and pronouns that clients use to describe themselves
- [ ] Actively researching terms that the community uses
- [ ] Asking clients for clarification if I am unsure of the terms they are using
- [ ] Intentionally using language that demonstrates that all sexualities and genders are normal
- [ ] Reflecting regularly on how I use language (including metaphors, giving examples, etc.) in sessions and checking any heteronormative usage
- [ ] Prefer not to say
- [ ] Other: _____

18. 2. The efforts I have taken to make my office space/therapy space LGBTQIA+ friendly include: *

Check all that apply.

- [ ] Putting up/displaying rainbow flags
- [ ] Putting up/displaying queer-trans posters
- [ ] Displaying queer-trans books
- [ ] Announcing on my social media that I am a queer affirmative practitioner (i.e. in my bio, in my professional posts)
- [ ] Prefer not to say
- [ ] Other: _____

19. 3a. I have shared relevant resources with my queer clients by: *

Check all that apply.

- [ ] Connecting clients to the local community groups in the city
- [ ] Informing clients about local events in the area, online or offline
- [ ] Reccomending reading materials, media, and other content
- [ ] Prefer not to say
- [ ] Other: _____

20. 3b. If you have shared relevant resources with clients, please mention the names of community groups or local events below.

_____

_____

_____

_____

_____

21. 4. After completing the QACP course, my engagement in affirmative therapeutic work as given above: *

Mark only one oval.

- ◯ Increased
- ◯ Stayed the same
- ◯ Decreased
- ◯ Not applicable

Therapeutic Work

22. 5a. After completing the QACP course, I have started therapeutic support groups for the LGBTQIA+ community. *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

23. 5b. If you have started therapeutic support groups please mention details about the support groups i.e. any topics of focus, any focus on a section of the queer community, number of group sessions, number of clients attending, etc. Alternatively, please indicate below if you would like to share details in an interview instead. (Optional)

24. 6a. After the QACP course, I have taken joint sessions with LGBTQIA+ clients along with their family members, members of the community, or friends. *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Prefer not to say
- ◯ Not applicable

25. 6b. If you have taken joint sessions, please share some of the concerns that required joint sessions, and the total number of joint sessions you have taken since completing the QACP course. Alternatively, please indicate below if you would be interested in sharing more in an interview. (Optional)

26. 7. After the QACP course, my confidence in working positively with queer-trans clients has: *

Mark only one oval.

- ◯ Increased
- ◯ Stayed the same
- ◯ Decreased
- ◯ Prefer not to say

27. 8. Please mention the number of LGBTQIA+ clients you have worked with after completing the QACP course. *

_____

28. 9. My queer clients get my referral from: *

Check all that apply.

- ☐ MHI website
- ☐ QACP faculty
- ☐ College
- ☐ Peer referral
- ☐ Client referral
- ☐ Publicity of QACP engagement
- ☐ Social Media
- ☐ Other: _____

29. 10a. I have found that the learnings of the QACP course can be applied to work with heterosexual-cisgender clients. *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Prefer not to say
- ◯ I don't know

30. 10b. If yes, can you give an example? Or, please indicate if you would be interested to share more with us in an interview. (Optional)

_____

Advocacy

Please fill in the blanks with all options that apply to you, for each question.

31. 1. I have engaged in advocacy efforts as a mental health practitioner by: *

Check all that apply.

- [ ] Participating in marches/protests advocating for rights of the queer community
- [ ] Participating in marches/protests advocating for the rights of other marginalized groups
- [ ] Participating in campaigns against oppressive laws, policies, and practices targeting the queer community (i.e anti-conversion therapy campaigns, Pride month campaigns, etc.)
- [ ] Organising campaigns against oppressive laws, policies, and practices targeting the queer community
- [ ] Participating in petitions against oppressive laws, policies, and practices targeting the queer community (i.e. petition against conversion therapies)
- [ ] Organising petitions against oppressive laws, policies, and practices targeting the queer community
- [ ] Prefer not to say
- [ ] Not applicable
- [ ] Other: _____

32. 2. Since my engagement with the QACP course, I have been involved as a mental health practitioner promoting queer-affirmative work within systems (i.e. judicial, juvenile justice, mental health institutions, etc.) in the following ways: *

Check all that apply.

- [ ] Court-referred therapy
- [ ] Advocacy with judiciary
- [ ] Work in the juvenile justice system
- [ ] Work in mental health institutions (such as in-patient facilities, hospitals)
- [ ] Advocacy with educational systems (i.e. against homonegative textbooks)
- [ ] Advocacy with media (i.e. sensitizing professionals on use of affirmative language, etc)
- [ ] Prefer not to say
- [ ] Not applicable
- [ ] Other: _____

33. 3. After completing the QACP course, my engagement in advocacy work as given above: *

Mark only one oval.

- ◯ Increased
- ◯ Stayed the same
- ◯ Decreased
- ◯ Prefer not to say

34. 4. Please add anything else you would like to about any advocacy engagements you have undertaken that are not included above.

_____

_____

_____

_____

_____

Personal transformation

35. Please feel free to use this space to help us understand any personal transformation (i.e. apart from your professional lives) that you may have experienced due to your participation in the QACP course.

Interest in participating in a follow-up interview

Would you be interested in participating in a follow-up interview (approx. 45 - 60 mins) with the researchers regarding the impact that QACP has had on you? Would you be keen to share more details about how you have intentionally used queer-affirmative approaches with your clients? If so, please indicate your name and contact information below.

PLEASE NOTE: By indicating your name and contact info in the box below, you agree to forfeit anonymity in this survey. This information would be used to contact you to set up the interview, and we would draw on some of your survey responses as discussion points for the interview. As mentioned in the Informed Consent and Participant Info Sheet (https://tinyurl.com/3th5kz9t), the data gathered here will not be used for purposes other than the impact assessment, and no identifying information will be shared in any dissemination format outside of the research team (Shruti Chakravarty, Saisha Manan, Aashima Sodhi from team MHI-QACP). Confidentiality will continue to be strictly maintained.

** In case you would like to participate in interviews but are not comfortable with sharing your name and contact information in this survey form, please send an email to Aashima (aashima@mariwalahealthinitiative.org) with the subject - 'QACP impact assessment interview'.**

36. Name:

37. Contact information (email and/or phone number):

_____

Thank you for your time!

Annexure B:

Copy of the Interview Questionnaire

QACP Assessment : Interview Questionnaire

1. What compelled you to apply for QACP? How did you hear about it?

2. What has your journey been like after completing the QACP course?

3. What are the changes you saw in your professional life after the QACP course, if any?

4. What are the changes you saw in your personal life after the QACP course, if any?

5. Any negative backlash for taking an affirmative stance? (credibility called into question, arguments with people in their lives (personal or professional), etc).

6. How have you intentionally applied learnings from the QACP course in your therapeutic work?
    a. Could you give us examples of direct applications of QACP learnings in your sessions?
    b. Any examples of how you may have queered your prefered school of therapy, or queered any therapeutic exercises you typically use? (without identifying clients)

7. What does advocacy mean to you after completing the course
    a. As a mental health professional?
        i. How do you see yourself as an advocate in the therapy room? What are the ways in which you have advocated for your clients within the therapy space or therapy context?
    b. As a person?

8. Since completing the course, what have your engagements with further learning, capacity building, or knowledge sharing on queer affirmative practices been like?

9. Have you found any intersecting applications of QACP learnings with people from other social locations/identities? (i.e. cishet clients, other marginalized groups) If so, could you share more?

10. Have you made any attempts/aware of any attempts to form networks of QACP-trained practitioners in your area or in your batch? Have you collaborated with any others? Solidarity groups and/or peer supervision?

11. Are there any other areas of assessing the impact of this course that you can think of/ would like us to explore?

12. Any questions for us?

Annexure C:

Copy of the Informed Consent Sheet and Participant Information Sheet for Interview Participants

Consent Form

QACP Impact Assessment—Applying QACP Learnings (Interviews)

Please read through the following and check the statements that apply to you, and sign your name and date below.

- ☐ I confirm that I have read and understood the information about the project as provided in the Participant Information Sheet.
- ☐ I confirm that I have had the opportunity to ask questions and the researcher has answered any questions about the study to my satisfaction.
- ☐ I understand that my participation is voluntary and that I am free to withdraw from all and any part(s) of the study at any time, without having to give any reason.
- ☐ I understand that any information received from the study will remain confidential.
- ☐ I am aware that the researchers would like the interviews to be recorded.
- ☐ I consent to be audio recorded as part of the study.
- ☐ I consent to be video recorded as part of the study.
- ☐ I consent to the use of the data in publications and social media (anonymously) as explained in the Participant Information Sheet.
- ☐ I agree to take part in the study.

_____

Name

_____

Please print your name in all-caps in lieu of a signature

_____

Date

Participant Information Sheet (Interview)

Title of the study: QACP impact assessment: Applying QACP Learnings

What is the study about?

The Queer Affirmative Counselling Practice (QACP) course was launched in January 2019, aimed at building capacity of mental health practitioners and allied professionals (counsellors, psychologists, psychiatrists, social workers, medical professionals). Since then, 350+ mental health practitioners from 10 batches across 40+ cities in India have since been trained in queer affirmative practice. The trained practitioners span across 40 Indian cities and 3 South Asian countries.

At such a milestone, a joint MHI-QACP team invites your participation in a formal internal assessment of the program. This formal assessment aims to document the myriad of ways that the training has enabled mental health professionals to hold affirmative clinical practices and harness their positions of power to advocate for queer clients.

Mariwala Health Initiative (MHI) is a grant-making and advocacy organisation for mental health, with a particular focus on making mental health accessible to marginalized persons and communities.

More details about the interview and criteria for your participation are included below:

- This study is being conducted internally by the MHI-QACP team.
- You should have completed the Queer Affirmative Counselling Practice course by MHI
- You should have completed the survey portion of this study (a Google form titled "QACP impact assessment: Applying QACP learnings") and indicated in it your interest in participating in the interview portion of this study.
- This is an India-based study.
- The interviews will be carried out in English.
- The interview will be conducted through a video conferencing app.
- With your permission, the interview will be recorded.
- Your participation in the study is voluntary. You have the right to withdraw from this study at any time, and to have the data collected removed at any time during or after your participation in this study.

The research team will share broad findings of the survey and interviews with the QACP cohort at the end of the study. MHI-QACP will also use the findings from the survey and interviews for an internal report that will serve a documentation purpose, and be used to advise on future engagements with the existing and future cohorts of the QACP course.

Ethical Considerations:

- We will maintain the confidentiality of all research data and participants at all times.
- Right to quit: All the participants have the opportunity to withdraw from the study at any time, and request removal of any/all of responses from the research at any time by contacting the MHI research team - Saisha (saisha@mariwalahealthinitiative.org) or Aashima (aashima@mariwalahealthinitiative.org).
- Interview notes and recordings: The interview will be recorded and a transcript will be produced. The interview recordings as well as any research notes and transcripts will be saved on password-protected official accounts, and official computers/laptops. You will be sent the transcript and given the opportunity to correct any factual errors. The transcript of the interview will be analysed by the MHI research team. Access to the interview transcript will be limited to the MHI research team.
- Privacy: No mental health practitioner will be asked to share specific information about their clients, or specific information about client cases. If any such information is received, it will be removed from collected data and not used in the analysis. Any summary interview content, or direct quotations from the interview, that are made available through publications or other public-facing outlets will be anonymized so that any client or practitioner information cannot be identified.

Benefits and Risks:

- You will have access to the final publication.
- We hope this study provides an opportunity for trained practitioners to intentionally reflect on their journey of applying QACP learnings.
- Risks: Researchers anticipate no more harm or risk than mental health practitioners encounter in their daily lives and work to be experienced due to participation in the survey.
    - In case there is any undue distress experienced in the course of participation, please reach out to iCall. iCall is a telephone helpline offering free, professional, and queer-affirming counselling services. You can reach out to them at 022-25521111, and www.icallhelpline.org.

Who to contact in case of any concerns or questions?

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