

4.1 CENTRAL TORONTO YOUTH SERVICES

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Introduction

Since 1983, Central Toronto Youth Services (CTYS), an accredited children's mental health agency located in downtown Toronto, Ontario, has offered specialized, innovative services to support LGBTQ2S youth through its Pride & Prejudice Program (P&P).¹ P&P provides individual and family therapy, counselling, and group work to address the mental health needs of LGBTQ2S youth aged 12–24. Many of these are youth experiencing homelessness or precarious housing. P&P conceptualizes its individual, group and family-based services as homelessness prevention, and collaborates regularly with the CTYS Youth Hostel Outreach Program (YHOP), which provides support to youth struggling with mental health issues in Toronto's shelter system.

CTYS operates from a client-centred, anti-oppression framework, providing services that are evidence-based. P&P works to foster resilience, self-acceptance and healthy coping skills for youth dealing with the cumulative toll of systemic homophobia and transphobia, as well as everyday microaggressions. All work is based upon a sex-positive² and harm-reduction approach. Clinical services are attachment-based and trauma-informed, and can also be accompanied by case management and advocacy work. P&P regularly makes referrals to other LGBTQ2S services in the community as needed. P&P also actively engages in collaborations and partnerships with stakeholders, and provides leadership on relevant issues by producing publications, and participating in training, conferences, and committees. Through group programming, P&P creates opportunities for LGBTQ2S youth to break isolation, build community and develop leadership skills.

¹ During the 2016/17 operating year, the P&P program had 4.5 full time workers. In this chapter, the word 'worker' is used to include any professional serving the needs of LGBTQ2S youth experiencing homelessness (e.g., social workers, school counsellors, etc.). The words 'therapist' and 'therapy' are used to highlight the depth-oriented psychotherapy (understanding that 'psychotherapy' in Ontario is a controlled act) that is regularly integrated into P&P clinical services and programs.

² We use the term 'sex positive' to highlight the CTYS support of all sexual identities, expressions, behaviours and choices, founded upon informed consent and personal health and well-being. Using a critical, anti-oppression lens, CTYS encourages youth to be active agents in exploring and discovering their own authentic sexuality with self-awareness and integrity.

An Anti-Oppression Framework

CTYS recognizes that the youth and families it serves, as well as its own staff, are impacted by various oppressions as part of their daily lives. It is well documented that social determinants of health include such key factors as Aboriginal status, gender, race and disability (Mikkonen & Raphael, 2010). Oppression based on power differentials arising from these and other factors (e.g., ethnicity, class, gender identity, sexual orientation, mental health status, legal status, religion, age) are pervasive and systemic in Canadian society. They form systems of interlocking oppressions that are mutually enforcing and cannot be addressed in isolation. CTYS integrates an anti-oppression (AOP) framework into all its programs and services; this approach is especially relevant when treating LGBTQ2S youth experiencing homelessness. In a therapeutic context, an AOP lens considers and engages with intersections of homophobia, transphobia, transmisogyny, sexism, racism, ableism, classism, ageism and other forms of oppression. This allows a nuanced and more thorough understanding of youths' experiences and the complex factors affecting their mental and physical well-being. Such oppressions almost always negatively affect how youth view themselves and others in their lives. By exploring the impact of these oppressions on attitudes and beliefs, the CTYS worker may begin to unpack and reduce the shame that many LGBTQ2S youth have internalized. The worker also recognizes the ways in which youth have resisted and challenged oppression on an individual, family and community level. CTYS services build on existing client strengths and competencies that have helped youth navigate their world in an adaptive way. Youth are listened to and validated for what they have done, and may continue to do, to survive and cope. In this context, experiences young people have are addressed within a harm reduction framework, without negative judgement. For example, young people may discuss their involvement in sex work or talk about substance use.

An AOP practice also brings attention to the differences in power between the worker and youth arising from their social locations. The worker openly discusses how such disparities may affect the therapeutic alliance and how any challenges may be addressed. For example, a transgender youth would be invited to discuss how it feels to work with a cisgender therapist. At the same time, the worker looks for opportunities to use their own lived experiences to join and enhance their work with the youth, and to find common ground for shared empathy and rapport.³ Workers take the initiative to raise issues of power

³ All workers on the CTYS P&P team are LGBTQ2S-identified, as are most of the YHOP workers.

as a way to signal their willingness to engage in these conversations and to acknowledge the important role of power in the therapeutic relationship. When a client may not feel safe or ready to engage or is not interested in engaging in such conversations, the therapist proceeds with patience, openness and curiosity, at a pace the client is able to manage. If traditional talk-based therapy is challenging for the young person, therapists may draw from non-traditional approaches, such as sensorimotor psychotherapy or expressive arts therapy. Taking time to engage in this manner and working to build trust and safety within an AOP framework are critical to the clinical work. Not only do they contribute to a stronger, more integrated alliance with the youth, they also contribute to the youth's capacity to build a more positive relationship with themselves and others.

Finally, an AOP framework informs the worker's engagement in individual and systemic advocacy. CTYS workers may act as case managers, facilitating access to health care, emergency or transitional housing, legal aid, and other services. Workers may introduce youth to queer and trans-positive community spaces and service providers. If transphobic or homophobic spaces must be navigated, workers act as advocates on behalf of youth. For example, if an LGBTQ2S-identified youth is being harassed in a shelter, a worker may consult with the shelter staff about best practices in ensuring safety for the youth. CTYS staff also regularly advocate for broader systemic changes, through consultations, committee work and community-based education. P&P workers regularly provide psychoeducation, LGBTQ2S-sensitivity training and coaching to parents, correctional officers, teachers and other service providers.

In summary, an anti-oppression framework underlies all the clinical and advocacy work CTYS does in serving LGBTQ2S youth experiencing homelessness. CTYS workers adopt a client-centred approach prioritizing respect for the unique subjective lived experiences of each youth. An intersectional lens provides insight into how the daily accumulation of microaggressions and systemic oppressions may perpetuate and exacerbate personal trauma and mental and physical health issues. An AOP practice holds the therapist accountable for the inevitable power disparities within the clinical work itself. Lastly, an AOP lens strengthens advocacy work through a deeper, more comprehensive understanding of the social determinants of health affecting youth.

A Framework of Resilience

All CTYS programs and services are resilience-based, wherein personal resilience is understood to be a dynamic and multidimensional process that includes any supports, abilities or skills that can help a young person cope in positive ways with stress and adversity, and bounce back to a state of balance or equilibrium. For LGBTQ2S youth experiencing homelessness, building personal resilience is critical for survival, since the adversities of homelessness are compounded for them by homophobia and transphobia. These adversities are rooted both within broad systems of power (e.g., health care services and the justice system) and in daily microaggressions (e.g., when sharing a room in a shelter or attending a job interview).⁴ Research points to five areas that correlate with resilience in LGBTQ2S youth: agency, pride, coping skills, community and resources (Arnold, Anthony, & Frank, 2011; Asakura, 2016; Rotondi, Bauer, Scanlon, Kaay, R. Travers, & A. Travers, 2012; Singh, Hays, & Watson, 2011).

Agency

A developmental task for all youth is to feel they have an impact on their life and the world in which they live. LGBTQ2S youth experiencing homelessness often feel powerless over their circumstances, with little opportunity or agency to move forward. CTYS workers have noted how homelessness itself may present as a barrier to resources for some trans youth. For example, having no permanent address prevents trans youth from being able to legally transition through changes to their name or gender marker; youth seeking medical transitioning are often required to establish greater stability in their lives before they may be considered for hormone therapy or surgery. These dilemmas are frustrating at the very least, and for those who have already experienced a lifetime of disempowerment, they may be overwhelming, placing affected youth at even greater risk of depression, self-harm and suicide. CTYS works to strengthen a youth's sense of agency in a number of ways:

- CTYS recognizes that not all LGBTQ2S youth are out or automatically identifiable. From the point of first contact, workers are mindful of cisnormativity and heteronormativity in their interactions with youth. For example, a worker would not assume a youth's gender identity, but would ask directly what pronouns the youth goes by, and a worker would not ask a male-identified youth if he had a girlfriend, but instead might ask if he was in a relationship or had a partner. This allows space for youth to express their own authentic selves in an open and unhindered manner.

⁴At least one study shows a statistically significant difference in risk and protective outcomes between homeless sexual minority youth and homeless heterosexual youth across a range of variables, including: family, peer behaviours, stigma, discrimination, mental health, substance use and sexual risk behaviours (Gattis, 2013).

- LGBTQ2S youth are encouraged to name and define their own identities. At CTYS, a youth's preferred name and gender pronouns are always respected and acknowledged in any reports and documentation. In all P&P groupwork, participants are invited to share their chosen name and pronouns with group members at the beginning of each meeting.
- On CTYS premises, there is clear signage indicating the agency is a queer & trans-positive space. LGBTQ2S magazines and other publications are available in the reception area. All CTYS workers, including reception staff, have undergone LGBTQ2S sensitivity training to ensure a welcoming and supportive environment. An all-gender washroom is easily accessible near the reception area.
- The CTYS client-centred approach places the needs of the youth at the centre of all assessments, planning and service delivery. Every young person is treated as an equal partner in setting the pace and content of counselling and establishing service goals. Workers do their best to offer flexible service hours to accommodate the youth and family's schedules. All clinical reports are drafted and reviewed first with the youth, and are not officially filed until the youth is fully satisfied with their contents.
- CTYS is committed to integrating a youth engagement theory and practice in all its services and programs. To this end, a Youth Engagement Committee (including management, staff and youth) is dedicated to researching, developing and implementing youth engagement at CTYS in accordance with standards and recommendations set by The Ontario Centre for Excellence for Child and Youth Mental Health.
- Individual counselling and group work empower LGBTQ2S youth through psychoeducation on healthy living, life skills, activism and social justice. Youth in turn can begin to feel better equipped to effect positive changes in their own bodies and lives, as well as in the spaces and communities around them. Topics and themes contributing to a youth's sense of agency might include nonviolent communication skills, consent and boundaries in healthy relationships, goal-setting, budgeting skills, navigating bureaucratic systems (e.g., medical, mental health, legal and other systems), intersectionality and systems of oppression, and others.
- CTYS workers support youth to practice self-advocacy skills. Workers may help a youth write letters, make phone calls, practice effective communication, speak up in group discussions or sit on public panels or committees. Youth may be encouraged to participate in social justice communities and to join activist groups. In P&P's *Transcend* group, youth are given opportunities to self-advocate through making buttons, zines, videos, blogs, performance art and other products.

Pride

As a social determinant of health, early childhood development is critical in shaping how young people value themselves and their place in the world. LGBTQ2S youth have often faced years of teasing, bullying, ridicule and stigmatization; shame-based discrimination may lead to hate-based violence, marginalization and even ostracism. In Canadian society, despite progress in recent years, homophobia, transphobia and transmisogyny continue to find currency in mass media and social media. To varying degrees, LGBTQ2S youth internalize this negative and violent messaging, which places them at risk for low self-esteem, poor body image, anxiety and depression (Igartua, Gill, & Montoro, 2003; Meyer, 2003; Mustanski, Garofalo, & Emerson, 2010; Nadal et al., 2011). Consequently, fostering pride in one's identity is a core goal of all P&P services and programs. CTYS workers strive to do so in several ways:

- Psychoeducation in counselling and group work teaches youth how systemic homophobia, transphobia and transmisogyny influence sociocultural and political values and, in turn, influence personal beliefs, values and attitudes. Fostering such critical insight and analysis can offer relief to many youth who might otherwise take systems of oppression for granted as 'normal' and 'right,' and as youth gain critical thinking skills and knowledge, internalized shame is reduced.
- Individual counselling and group work help identify and unpack internalized homophobia, transphobia and transmisogyny, providing insight into how core beliefs influence negative self-talk, thinking and feeling. Psychotherapy explores more deeply the dynamics of shame rooted in a youth's developmental history, and seeks to recover a positive sense of identity based on self-compassion and self-valuation. Clinical approaches such as strengths-based counselling, cognitive behavioural therapy (CBT) and narrative therapy are especially helpful.
- P&P groups *Boyoboy* and *Transcend* incorporate educational components to teach about LGBTQ2S community leaders and role models. These may include historical figures, leaders and activists, celebrities in popular culture, and individuals across world cultures. When youth learn about others like themselves who have overcome adversity, they are inspired to reflect on their own potential, personal goals and opportunities to succeed.
- P&P's *Transcend* group is an annual art-based project for trans youth who gather weekly for 6 months to discuss and explore issues of gender identity and activism. The project culminates each year in a public showcase featuring participants' artwork. This celebratory event is attended by staff, family, friends and allies who bear witness to the youths' personal exploration of gender identity and expression.

- CTYS hosts an annual Pride event corresponding with Pride Week in Toronto, Ontario. Youth on the planning committee decide on a theme and activities, and spearhead all preparations. While this is an event organized by youth for youth, all members of the CTYS community—staff, clients, family and allies—are invited to attend and celebrate LGBTQ2S pride together.

Coping Skills

Managing the stressors of homelessness is difficult enough, without adding the daily oppressions and microaggressions faced by LGBTQ2S youth. It is well documented that LGBTQ2S youth are at increased risk for a constellation of complex coping behaviours such as smoking, problematic alcohol and substance use, disordered eating and other risky behaviours (Bontempo & Anthony, 2002; Cochran, Stewart, Ginzler, & Cauce, 2002; Marshal et al., 2008; McDermott, Roen, & Scourfield, 2008; Ryan, Huebner, Diaz, & Sanchez, 2009). All P&P and YHOP youth have experienced some degree of trauma in their developmental history. Where they continue to navigate unsafe spaces, LGBTQ2S youth are at chronic risk for re-traumatization. Before youth can begin to work on recovery from trauma, they need to develop tools and resources to adequately cope with the difficult emotions and current stressors in their lives. Stabilizing a client who is overwhelmed by mental health issues is the first priority of any worker. CTYS provides many opportunities to learn about self-regulation. For example:

- In individual counselling and therapy, a worker may use a variety of clinical approaches to strengthen personal coping skills, such as mindfulness-based CBT, acceptance and commitment therapy, strengths-based counselling, and trauma and narrative therapies. Time and care is taken to individualize self-care and safety plans for each youth, incorporating diversified and practical practices.
- CTYS group work offers many opportunities to talk and learn about coping skills and self-care. Topics and themes of P&P and YHOP groups may include sexual health, responsible drinking and drug use, mental health 101, mindfulness and meditation practices, and more. P&P's *ChillOut* (an anxiety-management group) and *Yo!Yoga* (a trauma-sensitive yoga group offered in collaboration with P&P and YHOP workers) are groups dedicated to fostering stronger coping skills for LGBTQ2S youth.
- From time to time, a worker and a youth may consider the risks and benefits of pharmacotherapy as part of an integrated self-care plan. In these instances, medical providers are consulted, such as a youth's family doctor and/or psychiatrist. CTYS also contracts with a psychiatrist, a psychologist and a family doctor who are available weekly for consultations with staff. It always remains the youth's informed decision whether to take medication.

Community

Social inclusion and a social safety network are two key determinants of health (Mikkonen & Raphael, 2010). All too frequently, LGBTQ2S youth experiencing homelessness are marginalized or rejected by their families, and often by their ethnocultural and religious communities as well. Friends and peers may not offer unconditional acceptance to LGBTQ2S youth. For a young person, this kind of rejection and isolation can be overwhelming and traumatizing. For healthy development, youth need to see their own identities reflected in and affirmed by peers, adult mentors, role models and community leaders. Through supportive connections CTYS provides with others, youth realize they are not alone, but are one of many, whose personal stories of oppression and achievement can be shared in solidarity. With its location in downtown Toronto, CTYS is able to provide many opportunities for youth to connect with supportive communities. For example:

- All CTYS groups offer spaces where youth can feel safe, understood, affirmed and supported by peers and adult mentors with whom they identify. Through supported group work, youth have the opportunity to meet others like themselves, building friendships that often endure and thrive beyond the group. In addition to the CTYS annual Pride Celebration, groups designed for LGBTQ2S youth include:
 - *Boyoboy*: a biweekly drop-in workshop series for LGBTQ2S youth exploring male identity, health, arts and culture;
 - *ChillOut*: an 8-week group designed for youth wishing to learn strategies and tools for managing anxiety;
 - *Transcend*: a 24-week group for youth exploring gender and identity through art and activism;
 - *Yo!Yoga*: an 8-week trauma-sensitive yoga group for youth with trauma histories.
- P&P works to prevent LGBTQ2S youth homelessness by supporting parents and caregivers, and strengthening familial bonds, ensuring a safer and more affirming home for all members. The P&P Family Support Program provides dedicated, targeted support to families struggling to understand, accept and support their LGBTQ2S children. (See “Supporting Parents and Caregivers”.)
- Trauma rooted in homophobia, transphobia and transmisogyny can negatively impact a youth’s current relationships with peers, friends, and especially partners. In individual counselling and therapy, workers establish a therapeutic alliance with youth as a model for healthy relationships in other areas in their life. Attachment-based and trauma-informed therapeutic approaches can mitigate trauma and attachment ruptures, and contribute to the recovery of healthy social, interpersonal and relationship skills.

- CTYS workers regularly provide information on safe drop-in spaces, culturally specific support groups, sports and recreational programs, special youth events, and other opportunities to connect with community. Much of this information is kept updated and is available on the agency website and in hard copies (posters, flyers, postcards) in the reception area. If needed, CTYS workers will accompany youth to other locations, and personally introduce them to new safe spaces and service providers.
- P&P participates in the Advisory Committee for the LGBTQ Youth Initiative, a collaborative composed of Toronto youth-serving agencies and youth. The goal of the initiative is to create a stronger, more integrated and better-aligned support system for the LGBTQ2S youth community in Toronto.

Resources

LGBTQ2S youth experiencing homelessness lack a constellation of basic needs, such as safe and affordable housing, nutritious food and access to transportation. These needs correlate directly with key social determinants of health, such as income and income distribution, education, unemployment and job security, employment and working conditions, food insecurity, housing, and health services (Mikkonen & Raphael, 2010). Without first tending to these basic needs, it remains difficult or impossible for a youth to begin to move forward with other life goals and tasks. For example, LGBTQ2S youth need access to up-to-date sexual health education; trans youth in particular need access to affirmative medical care and resources to cover expenses for legal and medical transitions. Deficits in any of these basic needs compromise the health of LGBTQ2S youth experiencing homelessness. CTYS works to strengthen and diversify resources in a variety of ways:

- All CTYS workers may act as case managers, supporting youth to access resources such as emergency shelters, housing services, food and furniture banks, addictions counselling, and other resources. P&P and YHOP workers have up-to-date knowledge of Toronto resources and programs that specifically work with LGBTQ2S youth experiencing homelessness.⁵ In the CTYS reception area, a youth resources information area includes a section dedicated to LGBTQ2S-related resources, services and events.
- To reduce barriers to accessing services, CTYS provides public transit tokens to youth who require them, and workers in the community also transport youth in their own vehicles and provide hot meals to youth as needed. In the reception area (and during all group work), healthy snacks are available. CTYS also maintains a supply

⁵ Some examples of Toronto resources include Children's Aid Society of Toronto, Out and Proud Program, Egale Youth OUTreach, Sherbourne Health Centre Supporting Our Youth (SOY), The 519, and YMCA's Sprott House.

of donated materials for daily living needs (e.g., clean seasonal clothes, shoes and accessories, toiletries, etc.). During the December holiday season, CTYS provides grocery gift cards to youth who have been identified as being particularly in need.

- Where mental health, substance use and addiction issues may be a barrier to resources, CTYS workers help youth clarify and organize their needs and priorities, and also help them create concrete goals and strategies for achieving those goals. In addition to strengthening coping skills, workers may apply motivational interviewing, strength-based counselling, and SMART goals in supporting a young person's access to available resources.
- CTYS maintains active relationships with stakeholders, often partnering with them in projects, on committees and in other efforts. To this end, CTYS maintains an up-to-date social media presence, marketing its services and programs not only to youth, but also to other youth-serving organizations, such as schools, hospitals and community centres.
- P&P workers regularly facilitate workshops and presentations at conferences and venues for youth and service providers, providing psychoeducation, literature and promotional materials that address the complex mental health needs of LGBTQ2S youth.

Supporting Parents and Caregivers

Driven by research indicating high rates of mental health problems, suicidality and homelessness among trans youth with low and moderate levels of parental support (Rotondi et al, 2012), P&P expanded its family program in 2015 to offer homelessness prevention and mental health supports geared particularly to trans youth and their parents.⁶ The P&P Family Support Program works from an attachment framework, which acknowledges that safe, supportive, loving and predictable caregiving relationships are important to the mental health and well-being of LGBTQ2S youth. In developing this program, P&P recognized how societal forces of heterosexism, cissexism, transphobia and transmisogyny inevitably shape caregivers' reactions to the news that their child is trans, as do cultural values, norms and religious beliefs. When a parent's reaction to their child's coming out is rooted in fear, misinformation or prejudice, both the parent-child relationship and the child's sense of security in the home can be damaged.⁷

⁶The words 'parents' and 'caregivers' are used interchangeably in this case study, representing sole and single parents, and caregivers.

⁷We recognize that for many young people, coming out is met with outright violence and abuse in the home, and we support youth in unsafe living situations to exit the family home with individual counselling and supports. The P&P Family Support Program is intended for youth and families who wish to work through relationship ruptures, repair family relationships and restore safety in the home.

To promote affirming and safe home environments, the P&P Family Support Program offers group programming to educate and support caregivers, and attachment-informed family therapy to repair and strengthen relationships between trans youth and their parents. The P&P Families in TRANSition (FIT) group is for parents who have recently learned of their child's gender identity; it aims to support participants to create gender-affirming family environments for their child. Over the course of the 10-week group program, caregivers gain trans and gender knowledge and vocabulary, unpack societal, cultural and religious beliefs about gender, learn about the mental health and relational impacts of transphobia, transmisogyny, family rejection and microaggressions (e.g., using the incorrect pronoun or name), and build their capacity to manage strong emotions while communicating with their child about gender.

Trans youth and their caregivers, siblings and other family members may also choose to take part in family therapy. This service is informed by Attachment-Based Family Therapy (ABFT; Diamond, Diamond, & Levy, 2014), an empirically supported family therapy model that aims to repair interpersonal ruptures and rebuild an emotionally protective and secure parent-child relationship. CTYS has adapted this model to reflect our commitment to an intersectional understanding of oppression and to account for the educational needs of many parents when they first learn about gender. For example, caregivers can be given several sessions of personalized psychoeducational counselling apart from their child, to explore how concepts related to gender, sexuality, transphobia and transmisogyny may intersect with other realities of race, class, ethnicity, culture, immigration experience, religion, age and sexual orientation in their particular family. They may also participate in the FIT group to learn more about social, physical and legal transition options, process their feelings with other caregivers, and build skills for emotional regulation and communication, to prepare them to have positive joint sessions with their children. After working with trans youth and their parents separately for weeks or months, joint sessions are held to process relationship ruptures. In the final stage of therapy, parents, youth and sometimes other family members come together to discuss issues such as how to support each other to deal with transphobia and transmisogyny from their extended family, religious community or school; family identity and resiliency in the face of issues such as racism, police violence, struggles with mental health and immigration; and how to create safe and LGBTQ2S-affirming home environments.

CTYS also hosts Transceptance, a monthly drop-in peer support group for parents of trans children. Organized and facilitated by parents themselves, Transceptance is a space where parents can come together to share their stories and experiences in a supported and affirming environment. A P&P therapist is always present as a co-facilitator to ensure a safe and effective situation. While guest speakers may be invited to present on various topics, the primary focus of Transceptance is to provide peer support.

Conclusion

There is no standard client at CTYS; the complexity of each unique young person calls for individualized and flexible plans of care. Queer and trans youth themselves are using increasingly sophisticated language to differentiate a flourishing diversity of identities (e.g., bigender, agender, aromantic, etc.). The last 10 years in particular have seen significant shifts in the demographics of LGBTQ2S youth who arrive at CTYS: more are younger, more are identifying as trans, more are from marginalized communities (e.g., youth of Caribbean or Muslim background), more are presenting complex psychiatric issues, and more are presenting with complex medical and health needs.

To meet this growing complexity, an AOP framework informs all CTYS operations. Within this framework, valuing youth engagement means actively integrating the skills, knowledge, and wisdom of the youth into all aspects of clinical services. Building resilience also requires tending to the needs of parents and caregivers, and offering multileveled services unmanageable for any single program to provide. The success of CTYS rests in its mandate and capacity to coordinate services with other community organizations and agencies, building a rich and dynamic circle of care. Through collaborations, intensive case management and an AOP framework, CTYS seeks to fully honour the lives of LGBTQ2S youth experiencing homelessness.

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LeeAndra Miller has more than 20 years' experience as a psychotherapist specializing in arts based therapy, trauma informed counselling and affirmative individual and group counselling for queer and trans youth. LeeAndra has been working at Central Toronto Youth Services since 2001 and currently supervises the Pride & Prejudice and Group Work programs.

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Kathleen O'Connell is a cisgender queer social worker who provides individual and group psychotherapy to LGBTQ2S+ youth with the P&P program at CTYS. She supervises MSW counselling interns and currently participates on an inter-agency collaborative project whose goals are to improve the coordination of services for LGBTQ youth, address gaps and needs, and engage the voices of youth. She brings an anti-oppressive, intersectional lens to her work, to support individual, family and community healing and social justice.

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Robert has been a senior manager in the children's mental health sector in Toronto & York Region for over 20 years. He has specialized in developing and implementing programs for youth and families with mental health challenges. He is a strong advocate for the needs of LGBTQ2S youth and their families.

