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Social Worker Experiences Providing Mental Health Therapy to Iowa LGBTQ+ Youth

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2024

Abstract

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MSW, Southern Illinois University Carbondale, 1992

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Project Submitted in Partial Fulfillment

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Doctor of Social Work

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February 2025

Abstract

High rates of untreated mental health issues and suicidality among LGBTQ+ youth, exacerbated by isolation and rejection in rural areas, demonstrate an urgent necessity for preventive and responsive mental health care. However, access to these essential services remains limited in many rural areas. This study involved using a generic qualitative design to explore the experiences of social workers providing mental health therapy to LGBTQ+ youth in rural Iowa, and presence of cultural humility in social worker practices. The cultural humility theory was chosen as the theoretical framework. Semistructured interviews with 10 Iowa social workers were evaluated using thematic analysis. Study findings involved perceptions focused on client safety and resilience, experiences with descriptions of professional training, collegial support, and resources in rural areas, and practices that are centered on individual therapy, family support, and advocacy. In addition, this study involved addressing self-awareness through self-reflection, and compassion. Teachability involved partnering with clients and maintaining a growth mindset. Impactful systems in rural Iowa were identified as family, school, rural ideology, religion, and politics. These findings contribute to positive social change by emphasizing the importance of inclusive and affirming environments to support mental health outcomes and reduce suicidality risks among LGBTQ+ youth.

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Dedication

This Capstone project is dedicated to my husband and daughters who supported, encouraged, and believed in me throughout this journey, and to my mother, Ila O'Brien, and late father, Lee O'Brien, who taught me to write well and ensured access to every educational opportunity I sought.

To my mother, who made this feasible through her inherent belief in my abilities and generous financial support—thank you so much for making this possible at this time in my life.

To my husband, Jason, who made this possible through his belief in me and complete support with home and family needs through six years of nights and weekends dedicated to reading, writing, and study—my heartfelt thanks to you for being a constant source of strength and clearing the path.

To my four amazing daughters, Hannah, Rebecca, Kysa, & Olivia, your constant encouragement and excitement for my achievements kept me going. Your respect and affection are my strength, and your unwavering confidence empowered me to overcome every challenge. I share that same enthusiasm for all your endeavors. I want you to know that your potential is limitless!

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I would like to express my gratitude to my committee chairperson, Dr. Dorothy Scotten, for her patience, wisdom, and dedication to building a supportive doctoral community. Your calm presence, consistent guidance, and ready availability were invaluable throughout this journey.

I extend my sincere appreciation to my doctoral cohorts for their collaboration, support, and the vital sense of community they provided.

I would also like to thank my committee members, Dr. Kristen Richards and Dr. Debora Rice, for their insightful guidance on the theoretical perspective.

To my husband, Jason, and children—Hannah, Rebecca, Kysa, and Olivia—you are the reason I embarked on this degree at this time. I want you to know that we are not a product of our best or worst moments but of our ability to persevere, love, and grow. I hope I have been able to show you that. I am deeply grateful for your unwavering support and love. You believed in me in my moments of doubt, encouraging me every step of the way. This achievement was truly a family team effort. I love you dearly.

Table of Contents

List of Tables

Section 1: Foundation of the Study and Literature Review

Social workers dedicated to supporting the mental wellbeing of LGBTQ+ youth are greatly concerned about the prevalence of untreated mental health issues and risks of self-harm and suicide among this population. As a social work therapist seeking more information, I found a gap in literature regarding rural social work practice with LGBTQ+ youth in Iowa. I designed this study to address that dearth of information and learn about how Iowa social workers currently perceive and treat this population. I chose the cultural humility theory to frame and inform my research and understand current social work practices involving mental health treatment of this population.

Section 1 includes an introduction that incorporates information regarding the population, research problem, and purpose of the study. I provided an overview of mental health concerns and suicidality rates among LGBTQ+ youth with critical attention toward accessible mental healthcare. The nature of the study is explained in terms of its significance to the field of social work, and I summarize relevant values and ethics. Additionally, I synthesize current literature regarding experience of Iowa social workers providing mental health therapy to rural LGBTQ+ youth.

Prevalence of untreated mental health issues and suicidality among LGBTQ+ youth is a significant concern for social work therapists dedicated to providing accessible and effective youth mental health therapy. Suicidality, including ideations, completions, and medical attention is significantly higher among LGBTQ+ youth as compared to their heterosexual and cisgender peers (Fulginiti et al., 2020; Wofford et al., 2019). Moreover, while LGBTQ+ youth are 82% more likely to use mental health services, these services may not be affirming and can contribute to feelings of rejection and isolation (Gorse,

2022). Mental health support is often perceived as ineffective due to insensitivity or ignorance from mental health providers (Gorse, 2022). Bias and ignorance among clinicians exacerbate mental health challenges instead of alleviating them (Grzanka et al., 2020). Limitations and challenges associated with rural areas include lack of access to quality care and decreased inclusivity, as well as increased visibility, which further compounds mental health struggles that are faced by LGBTQ+ youth (Henriquez & Ahmad, 2021; Pacely et al., 2017; Wike et al., 2021).

LGBTQ+ youth experience high rates of social isolation, verbal and physical harassment, and physical and sexual assault due to their minority status (Smith-Millman et al., 2019). Factors such as isolation resulting from lack of family support and insufficient school or community connectedness are known risk factors that underline the need for mental health intervention (Elliott et al., 2022). Furthermore, rural areas tend to be more socially isolating and less tolerant of diversity, offering fewer supports and leading to higher stigma and increased visibility of LGBTQ+ individuals (Henriquez & Ahmad, 2021). The combination of social isolation and limited resources in rural areas further highlights the urgency of addressing mental health needs of LGBTQ+ youth in these contexts. Efforts to promote inclusivity, awareness, and cultural competence with mental health interventions in rural communities are crucial to ensure wellbeing and resilience of LGBTQ+ youth.

I used the cultural humility theory to understand how therapeutic treatment is being understood, implemented, and prioritized by social workers who are providing mental health therapy to LGBTQ+ youth. Lack of formalized training, personal bias, and lack of personal connection with the LGBTQ+ community lead to undertreatment of this

population (Fulginiti et al., 2020; Matsuzaka et al., 2021; Smith-Millman et al., 2019; Wanzer et al., 2021). The cultural humility theory was used to support exploration of cultural sensitivity in social work practice with LGBTQ+ youth as its tenets align with affirmative care needs of this marginalized population.

There is minimal academic training at the university level for clinicians to provide affirmative treatment for this minority population (Giertsen, 2019). Most who work with this population seek out training from professional conferences (Wanzer et al., 2021). These findings underscore the need for cultural awareness and continual training within the mental health field to ensure effective and affirming care for this marginalized population. This study was necessary to address how affirmative care is being understood, implemented, and prioritized in rural social work practices in Iowa.

Currently, there is a lack of knowledge regarding social worker practice experiences in terms of providing LGBTQ+ youth mental health therapy in rural Iowa as well as how cultural sensitivity is addressed for this population. Understanding experiences of Iowa social workers treating LGBTQ+ youth is needed for insights related to social work practice and can contribute to a broader understanding of treatment approaches and suicide prevention for this population. Such insights and experiences may be used to describe mental health interventions, prevent suicides, and determine affirmative care practices in rural areas of Iowa that may have minimal support due to their culture, beliefs, assumptions, and social climate.

Understanding experiences, challenges, and best practices of social workers providing mental health therapy to LGBTQ+ youth in rural Iowa is a current and critical practice concern within the social work profession. Addressing perspectives and

approaches of Iowa social workers may contribute to ongoing research regarding effective treatment strategies and suicide prevention efforts for LGBTQ+ youth in rural areas.

Problem Statement

The social work practice problem is the dearth of information and understanding regarding experiences of Iowa social workers providing mental health therapy to LGBTQ+ youth, particularly those residing in rural areas. Evidence in recent studies regarding prevalent disproportionate mental health needs and suicidality, coupled with consistent concerns about provision of care in rural communities and issues regarding foundational social work training demonstrates the current and relevant nature of the problem. This study involved addressing strategies and approaches that are employed by social workers in Iowa to ensure culturally competent care for LGBTQ+ youth in rural areas, ultimately informing and enhancing the professional practice of social work in this context. By focusing on experiences of Iowa social workers and examining their identification and navigation of challenges, advantages, and opportunities in terms of providing mental health therapy to rural LGBTQ+ youth, this study may contribute to effective practices and culturally sensitive care for this population. Professional training for providing competent services to sexual and gender diverse populations is inadequate (Fish et al., 2022; Heffernan et al., 2023; Prock et al., 2019). Considering the scarcity of professional training specifically tailored to equip social work students to address needs of the LGBTQ+ population, particularly within rural settings, the problem may have both local and national significance.

Prevalence of mental duress among LGBTQ+ youth due to chronic social stigma, harassment, and discrimination is well documented. There are higher rates mental health needs and suicide completion among LGBTQ+ youth compared to their heterosexual and cisgender peers (Fulginiti, 2020; Gorse, 2022). Adverse childhood experiences are also more prevalent among LGBTQ+ youth, with 86% of LGBTQ+ respondents reporting one incident and 43% identifying four or more (Craig, 2020). LGBTQ+ youth seeking mental health care services frequently experience ineffective responses, hostility, and inaccessibility of services, adding to isolation and suicidality (Gerassi & Pederson, 2022; Gorse, 2020; Lelutiu-Weinberger et al., 2022; Matsuzaka et al., 2021).

Rural LGBTQ+ youth in particular face added risks due to conservative and religious values, leading to higher rates of victimization, violence, homophobia, and bullying (Elliott et al., 2022; Hobaica et al., 2021; Wike et al., 2021). Wike et al. (2021) explained in rural communities, LGBTQ+ youth report higher rates of victimization, violence, homophobia, and bullying as compared to those in urban areas. Elliott et al. (2022) showed rural LGBTQ+ adolescents are more commonly undervalued, denied affirmative resources, and lack legal protections. Lack of affirmative resources and legal protections as well as reduced access to knowledgeable and competent providers further exacerbates mental health challenges faced by rural populations (Elliott et al., 2022; Matsuzaka et al., 2021). Despite higher proportions of trauma and emotional and mental despair among LGBTQ+ youth (Levenson et al., 2023), mental health therapy is poorly used due to youth having limited access to mental health treatment in addition to finding services unhelpful, too limited, or untrustworthy (McDermott et al., 2021).

Current research also highlighted the dearth of social work training involving sexual orientation and gender identity and how that contributes to heterosexist ideations and inadequate responses, microaggressions, and inaccessibility of mental health services for LGBTQ+ individuals. Gorse (2022) found counselors who lack formalized training are more likely to perpetuate discriminatory practices and fail to advocate for their clients. Clinicians' prejudice, ignorance, and lack of cultural sensitivity contribute to ineffective mental health assessments and services (Smith-Millman et al., 2019; Wanzer et al., 2021). Clinical competence, including accepting attitudes, understanding risk and validation needs, and possessing specific skill sets for intervention and treatment, is needed. However, university graduate programs often lack training on sexual and gender minority issues, underscoring the need for increased focus on LGBTQ+ sensitivity and treatment (Bragg et al., 2020; Wanzer et al., 2021).

This doctoral study built on previously published findings by addressing the specific context of Iowa social workers and their engagement with LGBTQ+ youth in Iowa rural settings. While existing literature provided insights regarding mental health needs and challenges faced by LGBTQ+ youth, there is a gap in understanding how social workers navigate these challenges and provide culturally competent therapy in Iowa, specifically in rural areas. This study involved addressing unique approaches that are employed by rural Iowa social workers to address mental health requirements of LGBTQ+ youth. I used the theoretical lens of cultural humility to examine specific challenges, advantages, and opportunities inherent in delivering culturally competent mental health therapy to this demographic. While the focus is Iowa social workers,

findings and insights may potentially inform social-work practice in similar Midwestern rural areas as well as add to findings in literature.

Purpose Statement and Research Questions

The purpose of this qualitative study was to explore providing mental health therapy to LGBTQ+ youth in Iowa, specifically addressing experiences, perceptions, and practices of social workers in this context. Chronic social stigma, harassment, and discrimination significantly contribute to mental duress among LGBTQ+ youth (Gorse, 2022; Smith-Millman et al., 2019). Bias and ignorance on the part of clinicians adds to mental duress rather than relieving it (Grzanka et al., 2020). Additionally, studies emphasize limits and challenges associated with rural geographic areas due to lack of access to quality care or decreased inclusivity within mainstream culture. I aimed to explore current efforts involving culturally sensitive care in Iowa for this vulnerable population.

In this study I used the following research questions.

RQ1: What are the experiences, perceptions, and practices of Iowa social workers providing mental health therapy to LGBTQ+ youth?

RQ2: Are themes of cultural humility evidenced in experiences, perceptions, and practices of Iowa social workers who provide mental health therapy to LGBTQ+ youth?

Definitions of Key Terms

Affirmative Care: An approach in mental health or medical care that is nonpathologizing and validating. It is the preferred term to describe clinician practices that involve supporting and creating inclusive environments for LGBTQ+ individuals (Austin, 2018; Heffernan et al., 2023).

Cisgender (Cis): Those whose gender identity matches cultural expectations related to their assigned sex at birth (Gerassi & Pederson, 2022; Heffernan et al., 2023).

Cissexism: An ideology that assigns a higher value to cisgender individuals than gender diverse and transgender people. This ideology can also be associated with negative attitudes toward gender-diverse people (Gerassi & Pederson, 2022).

Gender: Socially constructed roles, behaviors, and attributes that are assigned to individuals based on their sex. While sex is associated with biological reproductive characteristics, gender is more complex and can be understood as a spectrum. Gender identity is an internal sense and can differ from sex assigned at birth, while gender expression refers to ways individuals act, speak, behave, or dress (Gerassi & Pederson, 2022).

Gender Binary: A two-sexed gender classification system in which people are categorized as being strictly male or female (Oxford English Dictionary, n.d.).

Gender diverse: When gender expression does not match societal expectations of gender roles for assigned sex at birth (Gerassi & Pederson, 2022). This term is often used interchangeably with nonbinary, gender fluid, and gender nonconforming.

Gender Expression: Behavior, body language, and style of dress associated with cultural expectations involving biological sex (Trevor Project, 2023).

Gender Identity: One's innermost concept of the self as male, female, a combination of both, another gender, or no gender. Gender identity does not have to be congruent with sex or gender as assigned at birth (Trevor Project, 2023).

Gender Fluid: Those for whom gender expression does not always align with sex at birth, which may change due to time or situation, as opposed to having a fixed gender

identity. This term is often used interchangeably with nonbinary, gender nonconforming, and gender diverse.

Gender nonconforming: When gender expression does not match societal expectations of gender roles for assigned sex at birth (Gerassi & Pederson, 2022). This term is often used interchangeably with gender diverse, gender fluid, and nonbinary.

Heterosexual: Individual who is physically and romantically attracted to or sexually active with those of the opposite sex (Oxford English Dictionary, n.d.).

Heteronormativity: Concept that asserts heterosexuality as the norm, relegating other sexual orientations as different or other. It upholds the idea that gender is strictly binary and presumes and systematically privileges sexual and marital relationships involving two individuals of the opposite sex. This reflects the dominant normalization of heterosexuality and perpetuates beliefs that systematically marginalize transgender identities (Giertsen, 2019; Heffernan et al., 2023).

Heterosexism: A system of beliefs, attitudes, and practices that favors heterosexuality as the normal and preferred sexual orientation while marginalizing and discriminating against those who identify as LGBTQ+. Heterosexism of the past involved clear sexual prejudice involving disapproval of homosexuality, where more current heterosexism involves the belief that discrimination no longer exists and homosexual people have no need to protest or engage in self-advocacy (Gerassi & Pederson, 2022; Lottes & Grollman, 2010).

Homosexual: Individual who is physically and romantically attracted to others of the same sex (Oxford English Dictionary, n.d.).

Homonegativity: A multidimensional construct involving negative cognitive, affectual, and behavioral responses to those who are perceived to be homosexual, which may involve overt and aggressive responses or passive avoidance (Lottes & Grollman, 2010).

Homophobia: Having or expressing dislike for or discomfort with the LGBTQ+ community. Prejudice, discrimination, exclusion, and aversion to those who are perceived to be homosexual or homosexual-related considerations (Lottes & Grollman, 2010).

Intersex/Intersexed: Individuals who are born with, have, or combine both male and female reproductive anatomy. They are estimated to be 1.7% of the world population or higher (GLAAD, 2023; Oxford English Dictionary, n.d.; Trevor Project, n.d.a).

LGBTQ+: Acronym which refers to persons identifying as lesbian, gay, bisexual, transgender, questioning/queer, as well as other genders or sexual orientations (Bochicchio et al., 2022; Elliott et al., 2022).

LGBTQ+ Youth: The term youth is defined in various ways. Gorse (2022) defined LGBTQ+ youth as age 25 and below, reflecting traditional student ages. For this study, youth are defined as those between 12 and 20.

Microaggressions: Subtle forms of discrimination, often unconscious or unintentional, that convey discriminatory or derogatory messages toward marginalized groups. They may reinforce stereotypes, perpetuate biases, or invalidate experiences and identities of those groups. While individual instances may seem minor, their cumulative effect contributes to hostile and unwelcoming environments (Parr & Howe, 2019).

Nonbinary: Those who identify as being both male and female, somewhere in between, or outside categories of male or female or gender identity that does not align

with sex as assigned at birth (Gerassi & Pederson, 2022; Heffernan et al., 2023). This term is often used interchangeably with gender diverse, gender fluid, or gender nonconforming.

Queer: Individuals whose sexual orientation or gender identity does not conform to societal expectations. While some members of the LGBTQ+ community consider this term to be more inclusive, others do not fully accept it due to its history of negative social connotations (Gerassi & Pederson, 2022).

Plus: All gender identities and sexual orientations that exist beyond what has been identified (Trevor Project, 2023).

Sexual orientation: Enduring physical, emotional, and romantic attraction to others (Trevor Project, 2023).

Nature of the Doctoral Project

The generic qualitative design is used when a topic is in its infancy and the sample size is small (Kahlke, 2018). This design aligned with my purpose to understand experiences, perceptions, and approaches of Iowa social workers treating LGBTQ+ youth. The generic qualitative approach supports exploration and creativity via research questions for a more thorough understanding of context (Kahlke, 2018). Percy et al. (2015) explained the generic qualitative inquiry involves collecting rich information from highly informed representatives through semistructured interviews and thematic analysis. Social work therapists who are experienced in working with LGBTQ+ youth possess intimate information about the therapeutic process as well as concerns that are unique to this population. I employed a generic research design to address experiences of participants as well as recognize and relate contextual meaning of narrative responses.

Data were derived from semistructured open-ended interviews with five to 12 social workers currently providing therapy or counseling to LGBTQ+ youth between 12 and 20 in Iowa. Using purposeful sampling, I recruited school based social work therapists through area education agencies and the Iowa School Social Workers Association by sending digital flyers by email. I also posted study information and participant requests to agency bulletins. I recruited community-based social work therapists through the Iowa chapter of the National Association of Social Workers (NASW) in the same manner. Additional participants were also sought through snowball sampling by asking participants to provide my contact information to other social workers who matched inclusion criteria. To ensure credibility and adherence to ethical guidelines, all participants were advised about voluntary protections, informed they could withdraw at any time without explanation, and their identities would be kept confidential.

All participants in this study were licensed Iowa social workers with a minimum of 3 years of experience treating LGBTQ+ youth within practices that provided mental health therapy, in addition to providing services in rural communities with populations of less than 6,000 and no public transportation. Interviews were conducted using the virtual platform Zoom to mitigate time constraints, facilitate accessibility, and use video recording and transcription features (Archibald et al., 2019). Conducting interviews this way ensured convenience for participants and enabled a thorough review of responses for contextual understanding (Labinjo, 2021).

I used an open ended semistructured interview format based on literature and the cultural humility theory. Percy et al. (2015) noted the generic qualitative design, through semistructured interviews and thematic analysis, can lead to rich information from

informed participants. Transcribed data were organized and understood using thematic analysis. Themes were derived from participants' words to understand lived experiences and perceptions of social work therapists treating LGBTQ+ youth. Participants were able to provide insights about unique challenges and advantages they faced. Cultural sensitivity was explored as well as social work ethics, factors related to the prevailing social climate, and opportunities promoting resilience and empowerment of LGBTQ+ youth.

Significance of the Study

This study has significant implications for practice, research, and policy within the field of social work. Experiences of Iowa social workers currently treating LGBTQ+ youth may be used to address critical aspects of mental healthcare such as practice approaches, awareness levels, perceived training needs, and cultural factors that impact effectiveness of care and suicide prevention. A critical aspect of this study was the importance of cultural competence in social work practice. Social workers may develop a deeper understanding of data, recognizing both strengths and challenges in terms of meeting unique needs of LGBTQ+ youth clients. Social workers with experience working with this population may offer invaluable recommendations on future training efforts to best serve this population. Findings of this study may enhance the knowledge base of social workers and inform status of protective and risk factors in Iowa's rural communities. This may be especially enlightening for shaping social work practice in rural areas and providing sound care for LGBTQ+ youth. Results may contribute to the body of knowledge regarding social work practice and lead to informed clinicians,

researchers, and policymakers about specific challenges and strengths that exist in rural communities regarding mental healthcare for LGBTQ+ youth.

By addressing gaps in knowledge and providing insights regarding effective practice, this study has the potential to lead to positive social change. Findings may inform development and implementation of policies that promote inclusivity, diversity, and affirmative care for rural LGBTQ+ youth. Study outcomes may further serve as a foundation for future research by encouraging additional exploration of ways to embrace diversity which has the potential to improve effectiveness and breadth of mental healthcare for LGBTQ+ youth in rural areas. Ultimately, this doctoral study may advance social work practice and knowledge in terms of contributing to the welfare of this population.

Theoretical Framework

I adopted the cultural humility theory to explore experiences of social workers in terms of addressing mental health needs of LGBTQ+ youth. The theory was formulated by Melanie Tervalon and Jann Murray-Garcia in 1998. Core principles of cultural humility include dedication to engage in ongoing self-reflection and self-awareness regarding values and beliefs coupled with humble openness about perspectives and values of others as a process of lifelong learning, resolving power imbalance between providers and clients by acknowledging and seeking expertise of clients, and cultivating mutually respectful partnerships with clients and communities that embrace diversity (Tervalon & Murray-García, 1998). Cultural humility expands upon previous notions of cultural competence that imply an endpoint of mastery in terms of cultural understanding and instead emphasizes the need for a growth mindset supported by self-evaluation and

reflective practices to recognize and challenge beliefs and assumptions. Davis et al. (2021) described diversity and power imbalance as key antecedents for the cultural humility theory. By practicing cultural humility, providers mitigate power imbalances by placing trust in expertise of clients and embracing their perspectives. Ultimately, this process strengthens the therapeutic alliance, fosters mutual growth between providers and clients, and serves as a foundation for developing and strengthening community partnerships involving diversity (Tervalon & Murray-García, 1998).

Within the context of social work practice, self-awareness and reflexivity serve as fundamental components of both cultural humility and effective therapeutic engagement. When working with LGBTQ+ youth, presence of stereotypes, beliefs, and assumptions may significantly impact therapeutic approaches and potentially lead to nonaffirming practices or overidentification (Wanzer et al., 2021). Social workers are advised to remain attuned to their own values, beliefs, strengths, and limitations. Cultural humility refers to an approach to others that encourages openness, self-awareness, self-reflection, and balanced power dynamics that foster mutual respect and understanding (Davis et al., 2021; Foronda et al. 2016). Social workers strive to establish unconditional positive alliances with their clients as essential strategies for empowering client growth. Such partnerships aid in addressing and resolving power imbalances and enables supportive interactions with clients (Hook et al., 2013; Tervalon & Murray-García, 1998). As such, social workers who partner with LGBTQ+ youth may have a unique vantage point to offer insights regarding diversity issues as well as engage in self-reflection about their therapeutic practices.

The cultural humility theory aligns with the problem statement, research questions, and purpose of this study. Recognizing higher rates of mental distress and suicidality among LGBTQ+ populations stem from social constructs rather than inherent aspects of sexual orientation or gender identity is essential for providing affirmative care and effective treatment (Gorse, 2022; Henriquez & Ahmad, 2021; Higbee et al., 2022; Levenson et al., 2023). The cultural humility theory is a framework that may enrich social workers' understanding of holistic care and awareness regarding their experiences with treating LGBTQ+ youth. This theory may also lead to insights regarding intrapersonal growth that occurs as therapists broaden both their personal and professional worldviews. Understanding social work experiences using the cultural humility theory may add depth to data as well as strengths and limitations in terms of meeting needs of LGBTQ+ populations.

Values and Ethics

This study was grounded in values and principles that were outlined in the current NASW Code of Ethics, which provides an ethical framework for social work practice. Dignity and worth of the person are foundational, as it underlies compassionate professional responses to needs of LGBTQ+ youth populations. Cultural competence calls for social workers to practice and endorse cultural humility. It emphasizes the importance of social workers deferring to client expertise and having necessary knowledge to guide practice, while also recognizing and addressing personal biases through self-reflection and self-correction. In Using the cultural humility theory, this study may contribute to understanding of cultural sensitivity in terms of working with LGBTQ+ youth. Through this approach, research may provide valuable insights

regarding effective practices with this demographic, aligning with the NASW's ethical foundations and culturally competent social work practice.

Additionally, the value of social justice, another core value highlighted in the NASW Code of Ethics, was addressed through this study. Elevated risk factors among this population that are attributed to social isolation, hostility, and discriminatory policies within schools and communities underscore the concept of social justice (Fulginiti et al., 2020; Gorse, 2020; Kuff et al., 2019; Smith-Millman et al., 2019). This study may contribute to positive social change by gaining insights regarding experiences of social work therapists working with LGBTQ+ youth. By understanding unique practice challenges and advantages faced by Iowa social workers, this research may promote social work advocacy toward fostering supportive communities to serve as protective factors against youth suicide.

Review of the Professional and Academic Literature

Social work therapists are tasked with addressing the prevalence of suicidality and untreated or undertreated mental health needs among LGBTQ+ youth in rural areas such as Iowa. This review of literature includes an overview of unique mental health concerns that are presented to social workers by their LGBTQ+ youth clients and discussions regarding social work education and ethical requirements guiding affirmative care. I provide an explanation of the cultural humility theory and detail how its core principals are used to guide work of social workers and address well-documented issues concerning treatment of this population. I summarize social work practices in rural areas and address their influence on treatment choices that are available to social workers. Given the shortage of literature focused on rural social work practice with LGBTQ+ youth in Iowa,

this study may ground future research involving rural social work practice with LGBTQ+ youth.

I used the following databases in this study: MEDLINE/PubMed, CINAHL, APA PsycInfo, SocIndex, ScienceDirect, Academic Search Complete, Social Sciences Citation Index, Education Source, ERIC, Emerald Insight, Directory of Open Access Journals, Google Scholar, Project Muse, PloS One, and ProQuest Central. I prioritized my searches to peer-reviewed literature that was published between 2020 and 2024. Additionally, I used seminal research specifically for information related to theory as well as describe and explain generic qualitative research. Walden University dissertations and capstones were reviewed for additional information and references, along with online webpages and counseling services such as the Trevor Project and Gay, Lesbian and Straight Education Network (GLSEN). Current research addresses the issue of mental healthcare for this population, with quantitative and qualitative research largely addressing perspectives of LGBTQ+ individuals. Though there have been studies done regarding clinician experiences and provider training programs, I could find none addressing experiences of Iowa social workers treating rural LGBTQ+ youth. Additionally, in current research regarding the rural component of treating LGBTQ+ youth, the term rural is defined in different ways or not defined at all.

I used the following keywords for this study: (*LGBT*, *lesbian*, *gay*, *homosexual*, *bisexual*, *transgender*, *queer*, *sexual minority*, (*youth*, *adolescents*, *young people*, *teen*, *young adults*, *rural*, *remote*, *isolated*, *regional*, *small town*, (*social work*, *social workers*, *social work practice*, *social services*, *social work education*, and (*sexual*. Boolean

operators were used to find articles based on diverse wording authors used, which was essential given cultural and language diversity involved with this topic.

Social Work Education Regarding Sexuality

Through an examination of the accreditation process for social work, I reviewed literature involving current university training in this field. The Council on Social Work Education (CSWE) serves as the national association representing social work education in the United States and is responsible for accrediting undergraduate and graduate social work programs. The accreditation process involves evaluating university adherence to competencies as outlined by educational policy and accreditation standards, which aim to promote professional competence and academic excellence. The CSWE (2022) identified nine social work competencies, with five specifically emphasizing the importance of cultural humility and cultural competence. The CSWE collaborates with the NASW to ensure cultural competence guides social work practice. Graduating from accredited colleges or universities is a prerequisite for social workers to obtain licenses. Reviews of social work education content indicate a lack of training involving sexual and gender diversity (Bragg et al., 2020; Giertsen, 2019; Heffernan et al., 2023; Pezzella et al., 2023; Prock et al., 2022).

Giertsen (2019) revealed a scarcity of explicit coverage on sexuality in Norway during the 2013–2014 academic year, with only 0.08% (equivalent to 90 pages) of curriculum addressing this topic. Within those 90 pages, 45 were related to a single 15-page article on attitudes from a psychology textbook that were used across three programs. This lack of emphasis on sexuality perpetuates heteronormativity within the profession (Bragg et al., 2020; Giertsen, 2019; Heffernan et al., 2023; Hoff & Camacho,

2019; Schaub et al., 2023). Additionally, Heffernan et al. (2023) highlight significant absence of attention regarding transgender and nonbinary (TNB) issues within social work education. Many authors concur with this assessment of scarcity of sexual and gender diverse teaching in social work, mental health, and healthcare professions. Moreover, insufficient sexual and gender diverse affirmative education has been linked to negative attitudes of professionals toward the LGBTQ+ community (Boot-Haury. 2023; Smith-Millman et al., 2019; Wanzer et al., 2021). Consequently, graduates with master's degrees in social work (MSW) may graduate with a lack of knowledge of sexual and gender diversity issues and possess biases against those identifying as TNB (Heffernan et al., 2023). Austin (2018) highlighted lack of specialized expertise in gender diversity and transgender issues among social workers, particularly in MSW programs. Hoff and Camacho (2019) found MSW students expressed inadequacies in terms of preparedness for working with transgender individuals due to deficiencies in coursework and field placements. Lack of professional education on sexual diversity is a worldwide problem (Giertsen, 2019; Schaub et al., 2023).

Many social workers feel ill-prepared to offer support to LGBTQ+ individuals, revealing discomfort with providing care to this group (Fish et al., 2022; Heffernan et al., 2023; Wanzer et al., 2021). These findings have led to research initiatives and development of curriculum and specialized training programs that are aimed at reducing biases and addressing unique needs of LGBTQ+ communities.

Furthermore, a conspicuous absence of university-level training on matters of sexuality persists, and in terms of LGBTQ+ inclusivity, policies and protocols on college campuses can be inconsistent (Prock et al., 2019). Pezzella et al. (2023) describe

European Union-funded projects that aim to rectify this educational gap by creating and promoting targeted instruction that is focused on cultural competence. The purpose of these initiatives is to cultivate an inclusive and supportive health and social care curriculum that includes issues related to sexual and gender minorities.

Considering concerns regarding accredited social work programs not adequately addressing diverse human sexuality, educational institutions may harbor systemic heterosexist ideologies that influence inclusivity of students and faculty. Prock et al. (2022) revealed 40% of social work programs in the United States and Canada within higher education institutions openly endorsed discriminatory attitudes towards LGBTQ+ individuals through their policy statements. Three coding categories emerged to differentiate institutional policies that exclude or discriminate against LGBTQ+ persons: belief expression, which is characterized by extensive presence of handbooks containing statements asserting the belief that sexual intimacy should be limited to unions between men and women; offer of formalized religious or spiritual support, which involves statements expressing disapproval of homosexual conduct and recommending individuals facing such struggles to seek guidance or counseling from respected members of campus staff such as advisors or chaplains; and belief expression and punishment, which means identifying exclusionary beliefs as well as punitive policies including suspension for students and dismissal for faculty (Prock et al., 2022). Such policies contradict the core principle of social justice as outlined in the NASW Code of Ethics and undermine the ethical commitment to upholding dignity and worth of every individual. Exposure to policies and practices that exclude or discriminate against LGBTQ+ persons results in increased risk of stress, depression, and suicidality (Gnan et al., 2019; Williams et al.,

2021). Consequently, these policies may obstruct effective and ethical training of future social work professionals.

Professional training involving providing competent services to sexual and gender diverse populations is inadequate (Heffernan et al., 2023; Prock et al., 2019). Discriminatory practices exist for both faculty and students that effectively hinder inclusivity for LGBTQ+ individuals and contribute to adverse conditions for these communities. Social work education programs that lack adequate inclusion of LGBTQ+ issues exacerbate heteronormativity within the practicing profession in terms of assumptions that clients are cisgender and heterosexual (Bragg et al., 2020). Accredited universities are implicated in maintaining homophobic and discriminatory policies that either silence presumed LGBTQ+ individuals or pathologize and penalize LGBTQ+ expression (Prock et al., 2019; Prock et al., 2022). Prock et al. (2022) documented cases where university handbook policies could lead to termination of LGBTQ+-identified individuals impacting both students and faculty, and further intensifying contradictions between ethical principles and actual institutional practice. According to Gnan et al. (2019), 24% of students reported sexual/gender diversity was ignored or disparaged in courses, and 57% reported no LGBTQ+ visibility among staff.

Mason et al. (2022) described the need for transformative teaching practices involving sexuality and the responsibility to incorporate critical reflection to address heteronormative bias. A student was terminated from a social work program due to his online statements disparaging homosexuality due to his religious beliefs (Mason et al., 2022). The court of appeals determined termination was not proportional to statements and the university had a duty to educate said student to critically consider expression of

his beliefs (Mason et al., 2022). Westwood (2022) stated there was a need for targeted training regarding sexual diversity. Education specifically targeting sexual diversity is needed due to cultural biases and religious beliefs being leading to negative attitudes toward LGBTQ+ people, and deeply held anti-LGBTQ+ belief systems from care providers have a detrimental impact on clients (Bragg et al., 2020; Heffernan et al., 2023; Prock et al., 2022).

According to Westwood (2022), social workers harboring unfavorable beliefs towards LGBTQ+ individuals often manifest these attitudes through microaggressions, conveying negative and derogatory messages to clients. The added impact of religious-based microaggressions, particularly those expressing discomfort, disapproval, and negative assumptions regarding deviance or pathology, is heightened by their perceived moral and spiritual authority. Heffernan et al. (2023) asserted individuals in the LGBTQ+ community, specifically those identifying as gender nonbinary, encounter increased rates of mental health issues and perceived discrimination. Underuse of essential mental healthcare services is a significant risk factor for those with mental health disorders, with the added consideration of anticipated stigma from clients playing a role in this context. Lacking necessary knowledge and skills can compromise social worker competence. It is commonplace for social workers to assume clients are cisgender and heterosexual, avoid discussing sexual identity, hold unhelpful attitudes and beliefs about nonbinary individuals, and feel professionally unprepared to work with such clients due to insufficient knowledge and skills (Bragg et al., 2020). Furthermore, Heffernan et al. (2023) stated negative consequences of discriminatory practices stem from inadequate education or understanding in terms of service rejection, substandard treatment,

insensitivity from providers, exclusionary climates or environments, and lack of knowledge regarding available and needed resources. Westwood (2022) argued intention to act in a professional way is not enough to ensure affirmative care is being provided. Thus, educational training on sexual and gender diversity is both relevant and critical for fostering such care.

Lack of teaching or acceptance at the university level perpetuates heteronormative biases within academia, fails to lead to critical self-reflection, and disregards worldwide social work values involving antidiscrimination, promoting diversity, and providing safe learning environments for students and faculty (Bennett & Gates, 2019; Giertsen, 2019; Heffernan et al., 2023; Mason et al., 2022; Prock et al., 2022). Unchallenged heteronormative viewpoints stymie critical self-reflection. Addressing heteronormative biases within academia and promoting more inclusive educational experiences is foundational for ensuring diversity in the field, reflection of values regarding sexuality, and developing the ability to provide culturally sensitive care to clients.

Cultural Competence

Social workers are committed to addressing needs of all individuals and communities, with a particular focus on those who are disadvantaged or vulnerable. Consequently, the social work profession involves adhering to a set of values and ethical principles that provide guidance to practitioners to achieve positive outcomes for the communities they serve. These values, as outlined by the NASW, include service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence, and each of these values signifies a fundamental aspect of cultural

sensitivity. Moreover, these values serve as necessary for professional ethics in social work, shaping conduct of social workers and licensure.

Within the NASW code of ethics, cultural competence is identified as a primary ethical standard, falling under the first of the six social worker ethical responsibilities (NASW, 2017). Specifically, it is articulated as standard 1.05 and was revised and expanded in 2021. According to the NASW (2021) these revisions clarify the obligation of social workers to understand the role of culture, deliver culturally sensitive services, and empower marginalized individuals and communities. Furthermore, the revised standard emphasizes the active stance social workers must take in combating oppression, inequality, and recognizing privilege within the broader societal context. Notably, a new subsection, 1.05c, has been introduced, which mandates introspection, self-improvement, acknowledgment of client expertise in their own culture, a commitment to continuous learning throughout one's career, and a demand for institutions to promote cultural humility (NASW, 2021). Barsky (2021) observed that these changes represent a transformational shift, using imperative language (*demonstrate* and *must*) and providing practical guidance on self-reflection and engagement in cultural humility and advocacy. These modifications reflect a concrete effort to address prior criticisms that the previous cultural competence standard did not compel social workers to be proactive or confront systemic injustice (Carpenter, 2016). It appears that the most compelling alteration in subsection 1.05c may be the explicit directive for social workers to engage in introspective self-reflection, acknowledging personal biases and actively undertaking self-correction. In Barsky's (2021) explanation around the addition of the word *demonstrate* in subsections (a), (b), and (c), he points out the indication that having

knowledge isn't enough, rather social workers are expected to be responsive with action. This revision may elevate the notion of cultural competence from a mere conceptual framework to a tangible and principled course of action, underlining its intrinsic link to ethical integrity.

As a central ethical standard consistently emphasized in the NASW code of ethics, cultural competence appears to have a pivotal role in both social work education and practice. According to NASW (2017), the concept of cultural competence is explicitly expounded upon in three of the six Ethical Responsibilities areas: 1) Social workers' ethical responsibilities to clients, 4) Social workers' ethical responsibilities as professionals, and 6) Social workers' ethical responsibilities to the broader society. As previously mentioned, cultural competence resides under ethical responsibility 1.05, which has been revised to clarify the active and proactive provision of culturally competent care. Additionally, standard 4.02, *Discrimination,* sets forth a straightforward antidiscrimination standard, while 4.01b, under *Competence,* promotes a growth mindset in seeking knowledge. Specifically, standard 4.01b of competence illuminates the importance of social workers staying informed with emerging knowledge relevant to their field through diligent review of professional literature and active participation in continuing education programs. Lastly, ethical responsibility 6.04d within social work's broader societal obligations dictates that social workers must act to prevent and eliminate all forms of oppression against any person or population, including the factors of sexual orientation and gender identity (NASW, 2021). Thus, cultural competence has an ongoing presence beyond the responsibilities directed at individual clients, but also as professionals and to the broader society. Moreover, cultural competence as delineated in

the NASW code of ethics, encompasses a commitment to lifelong learning, cultural sensitivity, and cultural humility.

In summary, the field of social work demonstrates a strong commitment to addressing the needs of diverse individuals and communities through a set of core values and ethical principles as reflected and clarified in the NASW code of ethics. Cultural competence, as a primary ethical standard, has undergone significant revisions to actively promote cultural sensitivity, self-reflection, and advocacy, reflecting a shift towards proactive engagement with systemic injustices (NASW, 2021).

Cultural Humility

Within the context of the social work profession's holistic approach and its commitment to upholding ethical standards in relation to cultural competence, the integration of cultural humility theory presents as a highly compatible and fitting framework for this research project. This framework is well aligned with the social worker's task of navigating cultural, societal, and personal influences in respect to the client, the immediate community, and the providers personal belief system.

Cultural humility, initially conceptualized by Melanie Tervalon and Jann Murray-García in 1998, emerged as a framework designed to address the expanding diversity within healthcare recipients. Its primary focus was directed toward medical students, with a specific aim of mitigating the inherent sociocultural imbalance between patients and physicians that impacts physician understanding and respect for patients, as well as patient confidence in the medical provider. This framework aimed to address the underlying sociocultural disparities between patients and healthcare providers, which, as elaborated in the seminal work (p. 118), were intricately linked to perpetuating issues like

"racism, classism, homophobia, and sexism" due to providers lack of knowledge around their patient's health beliefs, lived experience, and personal support systems (Tervalon & Murray-García, 1998). Cultural humility was introduced as an extension of cultural competence, incorporating the critical element of lifelong learning and providing a structured framework for fostering cultural awareness and understanding.

The original theorists of cultural humility identified three core principles involving 1) self-awareness/reflection/critique, 2) resolution of power imbalances between the provider and patient, and 3) developing mutually respectful partnerships that embrace diversity (Tervalon & Murray-García, 1998). Subsequent researchers, adapting the framework to mental health practice have expanded those principals to practical applications both for training and to help the practitioner be culturally responsive in clinical practice with clients (Davis et al., 2021; Foronda et al., 2016; Mosher et al., 2017). Foronda et al. (2016) provided a concept analysis and defined the attributes of cultural humility as open mindedness, self-awareness, egoless, supportive interaction, self-reflection, and self-critique. Davis et al. (2021) concurred with Foronda and discussed the practicality of using cultural humility theory for multicultural training at the university level in the mental health field. In Davis's study, one approach had students receive instruction in self-exploration and are provided guidance in identifying, examining, and sharing their individual intersectional identities, personal biases, and religious beliefs. Mosher et al. (2017) described and illustrated the use of cultural humility in therapy using a four part framework 1) Engagement in critical self-examination/self-awareness—therapist intentionally seeks understanding of how their own cultural identities are linked to personal experiences of power, privilege, and

oppression, 2) Building a therapeutic alliance—expressing an interest and openness to the clients cultural background coupled with a humble curiosity to learn from the client, 3) Repairing cultural ruptures—recognizing cultural mistakes, acknowledge them and repair relationship, 4) Navigating value differences—keeping the focus on the clients values and world view, recognizing a value conflict, and seeking supervision if needed.

Researchers concur that cultural humility needs to be actively taught, supported, and practiced primarily because it is a lifelong process as well as to avoid confusion with the common conceptualization of cultural competence as something that can be mastered (Foronda et al., 2016; Lekas et al., 2020; Mosher et al., 2017; Osborn & Karandikar, 2023). According to Lekas et al. (2020), the term *cultural competence* itself can imply a static comprehension or stereotyping, undermining the establishment of meaningful relationships and understanding, and further perpetuating a power imbalance between clients and service providers. Additionally, it is shown that because cultural humility is a lifelong learning process, training needs to be ongoing as well. Osborn and Karandikar (2023) highlighted the effectiveness of leadership using long term initiatives as a training strategy, rather than brief training sessions, to provide experiential learning opportunities that supports critical self-reflection.

Tervalon and Murray-García (1998) described an intentional and collaborative process involving group discussions, personal journaling, videotaping with feedback, and relationship with professional role models from various cultural groups. Gottlieb (2021b) aptly points out that the very definition of humility states a sense that one individual is no more special or important than another and that by practicing humility the practitioner may find that a client's journey to wellness may be self-discovered rather than

practitioner directed. In addition to balancing the power differential with clients, cultural humility provides the added perspective needed to challenge inequitable social structures, placing the social worker in a stronger position to be more inclusive with policy and practice as well as to effectively advocate on behalf of individual clients and meet professional ethical requirements). Bibus and Koh (2021) propose a reframing of the concept as *intercultural humility* with the aim of promoting collaborative partnerships in learning, teaching, and practice. This approach inherently addresses power disparities in alignment with all facets of social work training and ethical requirements.

Cultural humility builds upon the concept of cultural competence through clarification of principles and the terminology itself. From a terminology standpoint, cultural competence, has been critiqued for its implication of achieving a mastery of understanding for different cultures or intersectionality (Gottlieb, 2021a). The term cultural humility has been favored because it implies a state of being, and its principles espouse an ongoing learning mindset (Davis et al., 2021). It highlights the importance of self-evaluation and reflective practices to acknowledge and question personal beliefs and bias, rather than assuming one has reached the pinnacle of cultural understanding (Foronda et al., 2016; Hook et al., 2013). Social work practice prioritizes relationship, unconditional positive regard, and collaborative partnerships with a client as foundational to client growth. This collaborative alliance assists in addressing and resolving power differentials as clarified in cultural humility theory and supports the social worker to remain teachable by embracing client self-direction (Hook et al., 2013; Tervalon & Murray-García, 1998). Consequently, social workers utilizing cultural humility may find

it easier to meet the responsibility to be culturally responsive, balance the power differential with clients, and see better outcomes with clients (Sanchez, 2020).

Social scientists seem to align on the fundamental principles of cultural humility as applied to clinical mental health practice. These include open-mindedness, self-awareness, egolessness, supportive interaction, self-reflection, and self-critique. These principles collectively work to mitigate the power imbalance between the client and practitioner, fostering mutual partnerships and empowerment. Moreover, it is emphasized throughout the literature that cultural humility is a continuous, lifelong learning process well suited for both training and clinical practice (Bibus & Koh, 2021; Davis et al., 2021; Foronda et al., 2016; Mosher et al., 2017; Osborn & Karandikar, 2023). Ultimately these tenets of cultural humility serve to strengthen the ethical requirements of the social work profession and are seamlessly integrated with the affirmative care needs of this population.

Recognizing that the higher rates of mental distress and suicidality among the LGBTQ+ population stem from social constructs around identity rather than inherent aspects of sexual orientation or gender is essential for providing the validating care (referred to in the literature as affirmative care) that grounds effective treatment (Gorse, 2022; Henriquez & Ahmad, 2021; Levenson et al., 2023). Cultural humility theory offers a framework that enhances self-awareness and may deepen a social worker's understanding of client experiences or holistic care needed for providing affirmative care to LGBTQ+ youth.

Cultural Humility and LGBTQ+ Affirmative Therapy

This research is guided by Gottlieb's cultural humility theory, emphasizing three core principles: a commitment to critical self-awareness, the importance of being teachable, and maintaining a systems perspective. My project centers on the significance of self-awareness and reflection for Iowa social workers, examining their beliefs and biases, particularly regarding heteronormative influences. Gottlieb's (2021a) research highlights the need for active self-inquiry and teaches self-compassion as a valuable strategy for enhancing cultural competence among social work practitioners. Moreover, the concept of teachability is vital, involving an open, accountable approach that recognizes power imbalances, specifically addressing the unique needs of LGBTQ+ youth. The study delves into Minority Stress Theory (MST) and microaggressions, revealing the profound impact of social and cultural rejection on the mental health of LGBTQ+ individuals. The applicability of MST in clinical practice, as demonstrated by Alessi's (2014) treatment framework, allows social work therapists to identify strengths and needs, contributing to more tailored interventions.

For this project, Gottlieb's approach to integrating cultural humility into social work aligns well, as it streamlines the identified attributes into three core principles. As outlined by Gottlieb (2021a), these three essential principles for social workers involve a dedicated commitment to a lifelong process of critical self-awareness. This commitment encompasses a nonjudgmental examination of personal identities and support from diverse relationships with colleagues; willingness to be teachable by acknowledging mistakes and working to repair the therapist/client relationship; and maintaining a

systems perspective that carefully considers the influence of social systems on human experience, bias, and values.

Social Worker Self-Awareness

This project revolved around the concept of cultural humility and is the lens through which I examined the experiences and personal perspectives of Iowa social workers in their approach to treating LGBTQ+ youth. Having asked Iowa social workers about their self-reflection process and personal belief systems may offer a wealth of perspective around any heteronormative influences that might be identified.

Self-awareness/reflection involves examination of one's own thought process and biases stemming from personal experiences/beliefs and cultural teachings. Such examination builds consciousness, fosters useful conversations, and promotes lifelong learning for the social worker (Foronda et al., 2016; Gottlieb, 2021b; Mbote et al., 2022). Self-reflection helps clarify or illuminate social privilege in education, professional position, community standing, sexual orientation, and race, and motivates the social worker to recognize and question learned heteronormative bias.

Gottlieb and Shibusawa (2020) did a quantitative study to examine the relationship between self-compassion and cultural competence among MSW students. The study explored the extent to which self-compassion, the practice of extending understanding and care toward oneself, influences the development of cultural competence in MSW students. The results reveal a significant positive correlation between self-compassion and cultural competence. This finding suggests that fostering self-compassion may be a valuable strategy for enhancing the cultural competence of future social work practitioners. It should also be understood that self-awareness requires

active inquiry because recognizing stereotypical thinking cannot be solely achieved through self-reflection. Seeking diverse perspectives is imperative given that we all have inherent blind spots in our self-perspectives.

Gottlieb and Shibusawa (2020) assert that self-compassion plays a pivotal role in fostering a kinder approach to self-reflection, particularly when addressing areas that need improvement. Developing self-compassion is described as an intentional and mindful series of activities involving acute self-awareness of physical reactions to criticism from self or others, active reparatory self-talk, meditation, journaling, active engagement, and awareness of self-care activities. Gottlieb and Shibusawa (2020) further suggested that self-compassion be taught and practiced within university training.

Transitioning from the exploration of self-awareness to the concept of teachability, this research project delves into the lens of cultural humility to investigate the experiences and personal perspectives of Iowa social workers in their approach to treating LGBTQ+ youth. Shifting the focus to teachability, this research underscores the importance of being open and accountable for mistakes to demonstrate sincerity and vulnerability in validating the experiences of clients. Moreover, teachability plays a crucial role in rebalancing the power dynamics between the social worker and the client.

Teachability, Understanding, and Partnering

Teachability involves being open and accountable to the propensity for mistakes, may demonstrate the sincerity and vulnerability needed to validate a client, and helps balance the power structure between client and provider (Tervalon & Murray-García, 1998). In essence, it allows the social worker to question and wonder rather than assume and direct. The second principal of cultural humility, which addresses the power

imbalance between the provider and the patient, not only plays an integral role in social work practice but also serves as a natural and affirmative response to the specific needs of LGBTQ+ youth. In the seminal work of Tervalon and Murray-García (1998) cultural humility was aimed at physicians providing medical care to the LGBTQ+ population. In their work the second principle was described as resolving power imbalances. As cultural humility theory has been adapted to mental health providers and social workers the second principal is restated as partnering or being open to the client as the expert or being teachable (Davis et al., 2021; Foronda et al., 2016; Gottlieb, 2021b; Hook et al., 2013).

Teachability for social work therapists of LGBTQ+ youth revolves around the need to prioritize experiences of clients and become a student of the client as well as recognizing the impact of discriminatory experiences on the client psyche (Alessi, 2014; Gottlieb, 2021b). To understand and acknowledge the significant impact of the social environment on the mental health and life experiences of LGBTQ+ youth, it is useful to understand the concepts of both MST and microaggressions. MST explains the discriminatory ideology of the immediate community and formal systems surrounding LGBTQ+ persons, and microaggressions are the rejecting or isolating interpersonal interactions or behaviors. Consequently, both the MST and the role of microaggressions will be examined in detail, given their inherent interconnectedness and their fundamental relevance in understanding conditions that exacerbate mental health need, as well as to relate to life experiences of LGBTQ+ youth.

There is massive consensus in the body of literature and research concerning the LGBTQ+ population that the mental health disparity is predominantly influenced by social and cultural rejection, a concept that finds its most apt description in the MST. The

substantial representation of references to the MST in the literature examined for this study emphasizes its paramount importance in enhancing the knowledge base of social workers and their ability to address the needs and experiences of LGBTQ+ clients.

Minority Stress Theory and Microaggressions

Meyer's (2003) MST asserts and clarifies that the disparities in mental health needs and suicidality among this population do not stem from inherent characteristics of sexual orientation or gender identity but rather the cultural response of both societal stressors (exclusion, rejection, discrimination, and hostility), and internal stressors (internalized homophobia, expectation of rejection, identity concealment). Evidence is presented about the prevalence of substance abuse disorders, depressive symptoms, and suicidality among sexual minority persons. Meyer (2003) explains that MST is primarily based on stress theory and supported by psychological theory and empirical evidence of mental health disparities. Distal (discrimination, hostility, and exclusionary events) and proximal (internalized stigma) factors support the concept that minority stress is added stress experienced by a marginalized group. MST is further differentiated from stress theory because it constitutes a chronic and socially based stress. Minority stress processes include 1) external events (chronic and acute discrimination, rejection, or victimization), 2) personal expectations of rejection and related vigilance, 3) internalized homophobia and 4) concealment of identity due to safety concerns and/or shame (Velez et al., 2013). Mitigating factors are personal resilience with mental health support, and social acceptance (Fulginiti et al., 2020; Meyer et al., 2021). In fact, MST is the predominant theoretical framework used to explain and understand the disparity of mental health need

and suicidality of the LGBTQ+ population, both youth and adults throughout the research around this population.

In fact, a variety of literature describes *protective factors* in reducing LGBTQ+ suicide as inclusive school environment, parental connectedness or having one supportive family member, and access to LGBTQ+ supportive groups and supportive friends, (Fulginiti et al., 2020; GLSEN, 2021; Gorse, 2022; Shattuck et al., 2020; Wike et al., 2021). According to the GLSEN (2021) report, in schools with genders and sexualities alliances' (GSAs), formerly known as gay–straight alliances, LGBTQ+ youth experienced less victimization (verbal and physical), were more likely to have supportive school staff, and reported better self-esteem with a lower frequency of suicidality within the past year. Students with inclusive curriculum were less likely to hear sexual or gender based negative remarks or name calling, less likely to be personally victimized, more likely to have a sense of belonging and acceptance from classmates, and reported better self-esteem, with a lower frequency of suicidality within the past year. The statistics were similar in the areas of having supportive educators as well as inclusive and supportive school policies (GLSEN, 2021). Protective school climates have been consistently correlated with lower rates of suicidality, better mental health, and better academic outcomes (Elliott et al., 2022; Fulginiti et al., 2020; GLSEN, 2021; Gorse, 2022). Problematically, only 35% of students polled in the 2021 National School Climate Survey reported having a GSA in their school, 71 % reported there was no LGBTQ+ topics in any classes, and just 24% reported school administration as supportive, 82% of LGBTQ+ students reported feeling unsafe and 79% said they avoided school functions or extracurricular activities due to feeling unsafe or uncomfortable (GLSEN, 2021), which

indicates a minimal sense of belonging in their school community, a likelihood for proximal stressors (internalized homophobia and expectation for rejection) and increased need for mental health support.

MST extends our understanding of how health and emotional well-being are influenced by the impact of stigma, prejudice, and discriminatory societal system, drawing from existing social and stress theories (Meyer, 2003; Velez et al., 2013). As such one might predict that as the social environment improves, minority stress would dissipate and mental health outcomes for LGBTQ+ persons would more closely match that of their heterosexual, cisgendered peers (Meyer et al., 2021). Meyer et al. (2021) conducted a study that hypothesized that the progress in social acceptance, equal rights and legal protections over the past five decades is likely associated with a reduction in LGBTQ+ exposure to minority stress and well as a decrease in mental distress and suicidal behavior. The most pronounced culture shift being the reclassifying of homosexuality as a mental illness to that of normal sexual variance in 1973. The study additionally recognized that social survey data have shown a decline of general opinions that *homosexuality is always wrong,* and an increase of the population supporting same sex marriage, as well as the current constitutional protection of same sex marriage. The research assessed three age groups of LGBTQ+ persons, 1) Pride Group—those who came of age in the 1970s when homosexuality was criminalized and widely considered to be a mental disorder; 2) Visibility Group—those who came of age in the early 2000s when sodomy laws were declared unconstitutional, legal protections began to thwart LGBTQ+ discrimination and hate crimes, and states began to legalize same sex partnerships; 3) Equality Group—those who came of age when the cultural rhetoric

became about inclusion with marriage equality, acceptance into the military, positive role models, and access to community became immediately accessible to all through the internet. In accordance with the foundational principles of the minority stress paradigm, the authors posited that with improvements and the social environment, the incidence of minority stress would likely decline, subsequently resulting in improved health outcomes. The results indicated that despite social and legal advancements over the past half-century, exposure to minority stressors remains unchanged, Specifically, the Equality Group members reported comparable levels of both distal stressors (involving external factors such as antigay rhetoric and assault) and proximal stressors (involving internalized homophobia and the expectation of rejection) when compared to their older counterparts. Among the responses from the Equality Group, 37% reported experiencing physical or sexual assault, 46% were victims of violent threats and 72% were insulted or denigrated. Regarding proximal stress, 30% of the Equality group reported suicide attempts which was higher than either the Pride or Visibility Groups, and 7 times the suicide rate of same aged heterosexual or cisgendered peers. This research highlights the continuation of cultural beliefs involving prejudice and discrimination against LGBTQ+ individuals, along with the associated acts of rejection and violence. It underscores the importance of acknowledging the mental health and emotional well-being challenges faced by LGBTQ+ youth and highlights the need for accessible, knowledgeable and capable mental health providers.

Understanding the concept of minority stress is beneficial in clinical practice when social workers acknowledge its influence on their clients' situations. Literature discussing the link between minority stress and mental health issues in LGBTQ+

individuals underscores the influence of discriminatory events, internalized homophobia, and the physical and emotional risks encountered by this community (Alessi, 2014; Cronin et al., 2021). For some individuals, minority stress can become a significant source of distress, isolating them from acceptance within their family, school, and religious communities (Gorse, 2022; Meyer et al., 2021; Wang et al., 2023). It may also worsen existing mental health issues or contribute to additional challenges like not completing high school, experiencing homelessness, being subjected to victimization, struggling with substance abuse, engaging in self-harm, or experiencing thoughts of suicide, among other difficulties (Fulginiti et al., 2020; Gorse, 2022; Rivas-Koehl et al., 2022; Zullo et al., 2021).

Alessi (2014) devised an effective framework for incorporating the MST principles into clinical practice when working with LGBTQ+ clients. This framework involves integrating MST principles into the assessment process, combining them with a strengths assessment to gain a comprehensive understanding of the influence of minority stressors on the client's presentation. The insights derived from this assessment can then be utilized to prioritize treatment goals and select appropriate treatment modalities. Alessi (2014) used a case study to describe and demonstrate the framework. The framework involves a thorough examination of the four primary components of minority stress: 1) exposure to prejudice events, encompassing acute, chronic, or a combination of both, as well as the relationship to the aggressor, and any instances of intersectional prejudice events) 2) Stigma, which entails judgement and rejection, may be a source of anguish, may heighten vigilance in a protective way, or may be motivational to seek positive supports 3) Internalized homophobia, may hinder a client from seeking LGBTQ+

community, affect self-esteem and self-talk, and necessitate the identifications of defense mechanisms 4) sexual orientation concealment, which considers whether or not the client has come out or attempted to do so, their choice of confidants, the reactions they encountered, the safety concerns prompting continued concealment, and the perpetual risk of discovery associated with concealment. The minority stress assessment is complemented by a functional assessment that covers "general psychological processes: 1) coping/emotional regulation …, 2) social/interpersonal …, 3) cognitive" (Alessi, 2014, p. 56). Ultimately, this comprehensive assessment aids both the clinician and the client in recognizing and addressing strengths and areas of need. It also assists in aligning the treatment approach with the specific requirements of the client.

The teachability of MST to social work therapists is a vital aspect of fostering effective and sensitive practice. MST equips social workers with a profound understanding of the stressors faced by LGBTQ+ individuals and their potential repercussions on mental health and well-being (Cronin et al., 2021). The applicability of the minority stress model in clinical practice is multifaceted. This knowledge enhances the therapist's ability to conduct thorough assessments, identify areas of strength and need, and tailor interventions to address the unique challenges experienced by their LGBTQ+ clients (Binion & Gray, 2020). Understanding and awareness of these environmental stressors is useful to gathering background, assessing need, developing a treatment plan, and measuring resilience strategies (Alessi, 2014; Baczewski, 2023; Cronin et al., 2021; Ream, 2022). By incorporating MST into their clinical practice, social work therapists can play a crucial role in mitigating the impact of minority stressors and promoting the holistic well-being of their clients.

Microaggressions

While MST provides insights into the impact of societal and cultural othering experienced by the LGBTQ+ community, the concept of microaggressions sheds light on how MST is manifested in interpersonal interactions and policy driven decisions (Matijczak et al., 2022). The intrinsic link between these two concepts becomes evident when we consider that cultural insensitivity, rejection, and hostility as outlined by MST, find tangible expression in people's interactions and the policies that, whether intentional or not, are homophobic in nature and reinforce heterosexist norms (Matijczak et al., 2022; Munro et al., 2019). Microaggressions are subtle expressions of discrimination, chronic in nature (daily verbal, behavioral and/or environmental indignities), that convey derogatory messages toward a marginalized group (Munro et al., 2019). Although individual occurrences might appear insignificant on their own, their collective impact contributes to creating an unwelcoming or hostile atmosphere (Legge et al., 2018; Matijczak et al., 2022; Munro et al., 2019; Parr & Howe, 2019). Munro et al. (2019) highlight adolescence as a pivotal phase for shaping self-concept, fostering social connections, and nurturing a sense of belonging. The presence of microaggressions during this critical developmental period is particularly injurious to both one's sense of self and psychological well-being. Emphasizing the prevalence and significant impact of microaggressions, Munro et al. (2019) references a Canadian study involving 3,700 LGBTQ+ students, revealing that 70% experienced daily homophobic slurs like "that's gay," and 66% felt unsafe in their school environments.

Microaggressions can be categorized into three distinct groups: microinsults, microinvalidations, and microassaults. This classification considers both the conscious

intent of those who commit microaggressions and the specific messaging conveyed through these subtle remarks or behaviors (Munro et al., 2019; Nadal et al., 2016). While other articles may employ different categorizations for microaggressions, there is a consensus among authors in defining microaggressions similarly and identifying the same types of communicative behaviors as a) heterosexist language, b) endorsing heteronormative culture, c) stereotyping LGBTQ+ experience d) over or under sexualizing, e) condemnation of or unease with population or topic, f) denial of personal or societal heterosexism, and g) pathologizing (Dictado & Torres-Harding, 2023; Matijczak et al., 2022; Munro et al., 2019; Nadal, 2023; Nadal et al., 2011; Parr & Howe, 2019; Sue et al., 2019).

Microinsults encompass both verbal and behavioral forms of communication that exhibit ignorance or insensitivity (Linville, 2018). Nadal (2014) summarizes examples that include utterances such as “That’s so gay”/ “no homo” or derogatory terms like “faggot/dyke/tranny,” jokes targeting LGBTQ+ individuals, the perpetuation of stereotypes, making heterosexist assumptions (e.g., asking, “Do you have a boyfriend?”), drawing comparisons to deviant or illegal sexual acts, presuming cis-heteronormative pronouns, disregarding known pronoun/name preferences, or overtly disrespecting individuals by using dehumanizing terms like *it.* Additional manifestations of microinsults involve presumptions about lifestyles and the ability to be monogamous, unwarranted curiosity about genitalia, medical experiences, or intimate aspects of one’s sexual experiences (Legge et al., 2018; Munro et al., 2019; Nadal et al., 2016). Social workers, counselors and other helping professionals may express microinsults through misgendering pronouns, heterosexist language on forms, heterosexist assumptions,

insensitive or disrespectful questions, over identification of the LGBTQ+ status, pathologizing, or use of offensive or inaccurate terminology (Dictado & Torres-Harding, 2023; Parr & Howe, 2019). Alternatively, Goldhammer et al. (2018) informs that clinicians can offer a sense of acceptance or belonging with forms that allow clients to identify their preferred name/pronouns or have the option to not disclose, and have that information used and respected throughout the office.

Microinvalidations, as delineated in scholarly literature (Munro et al., 2019), encompass subtle, covert, and often unconscious actions or communications that can be harmful or undermining. This form of microaggression manifests through various behaviors such as avoiding or expressing discomfort regarding LGBTQ+ topics, denying personal biases, questioning or downplaying a client's experiences of discrimination or bullying, denying the existence of heterosexism, neglecting to acknowledge LGBTQ+ status, engaging in stereotyping, contributing to erasure, and endorsing heteronormative cultural norms (Collins & Levitt, 2021; Dictado & Torres-Harding, 2023; Legge et al., 2018; Munro et al., 2019; Parr & Howe, 2019; Sue et al., 2019).

Qualitative research conducted by Shelton and Delgado-Romero (2013) in the therapeutic setting identified seven themes related to microaggressions: (a) assuming that sexual orientation is the root cause of all presenting issues, (b) avoiding or minimizing discussions about sexual orientation, (c) attempting to over-identify with LGBTQ+ clients, (d) making stereotypical assumptions about LGBTQ+ clients, (e) expressing heteronormative bias, (f) assuming that LGBTQ+ individuals inherently require therapeutic treatment, and (g) issuing warnings about the perceived dangers of identifying as LGBTQ+. In this body of research, microinvalidation emerges as the most perilous

microaggression due to its insidious nature, operating subtly and imposing an alternative and oppressive reality (Shelton & Delgado-Romero, 2013).

Microassaults are typically intentional and either deliberately confrontative or threatening. Researchers compare microassaults to aggressive actions that reflect negative bias such as: homophobic slurs, bullying, name calling, social rejection, public confrontation, purposefully misgendering, unwillingness to use name, or refusal address in a respectful manner (Munro et al., 2019; Nadal et al., 2016; Parr & Howe, 2019).[1]

Exploration of microaggressions, categorized as microinsults, microinvalidations, and microassaults, sheds light on the ways in which discrimination manifests against the LGBTQ+ community. These expressions of bias, whether intentional or unconscious, permeate interpersonal interactions, policy decisions, and therapeutic settings, significantly impacting the well-being and sense of self of LGBTQ+ clients. The collective impact of seemingly insignificant incidents contributes to the creation and maintenance of unwelcoming and hostile environments. According to Munro et al. (2019), the ongoing experience of daily microaggressions takes a toll on the mental health and overall well-being of LGBTQ+ youth. The ramifications are profound and deeply internalized, manifesting as depression, psychological distress, heightened self-scrutiny, and internalized homophobia. Moreover, the negative social impacts of these microaggressions extend to experiences of gender-based violence, fostering feelings of fear and isolation among LGBTQ+ individuals. The cumulative effect of these daily

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[11] 1

microaggressions contributes significantly to the mental health challenges faced by this demographic.

Adolescence is a crucial developmental phase where individuals establish their self-concept and social identity. Feeling accepted and developing a sense of belonging during this time is vital for psychological well-being. The importance of recognizing and addressing microaggressions becomes paramount to a therapist developing cultural humility, providing affirmative client care, and becoming reflective of personal bias or cultural ignorance.

Systems Perspective

Lastly, this project emphasizes a systems perspective, considering how social workers critically evaluate the impact of social structures, particularly addressing heteronormative bias and its pervasive influence on education, policies, and societal attitudes. Further, understanding rural contexts, as defined by factors such as population size, available resources, employment opportunities, and close knit relationships is critical. Rural communities often exhibit more conservative values and faith based ideologies that may oppose the validation or support for LGBTQ+ persons (Bettergarcia et al., 2022; Gilbert et al., 2022; Paceley et al., 2020; Wike et al., 2021). Moreover, rural social work comes with its own set of challenges, including poor working conditions, inadequate funding, higher workloads, limited preparational training, policymakers' hesitance to address social issues, and the community's sometimes hostile attitude toward seeking or accepting services (Alpaslan & Schenck, 2012; Rădăcină, 2022; Slovak et al., 2011). The vulnerabilities of rural populations, characterized by limited access to resources, generational poverty, and inadequate medical/mental health care, further

highlight the need for a nuanced and respectful approach in providing mental health therapy to LGBTQ+ youth.

Finally, the systems perspective allows social workers to critically consider the impacts of social structures on client groups, generational trauma, or beliefs, as well as the intrinsic privilege of the cisgendered, heterosexual provider who may not share the cultural reality of the client (Gottlieb & Shibusawa, 2020; Mosher et al., 2017).

Heteronormative Bias

Self-awareness and teachability around working with LGBTQ+ youth involves recognizing how personal assumptions revolve around cultural heteronormativity as well as separating one's own value and belief systems from the client. Giertsen (2019) describes heteronormativity as societal frameworks, and systems of knowledge, that establish heterosexuality as a recognized sexual orientation with inherent privileges. Core features encompass a cultural preference for heterosexual relationships, a reluctance to recognize other forms of sexuality, and a rejection of nonheterosexuality as abnormal, undesirable, or unacceptable. Grozelle's (2017) work identifies two forms of heterosexism, psychological (expressions to and from individuals), and cultural heterosexism (social customs and societal institutions) It is emphasized that heterosexist ideologies amplify negativity, harassment, and bullying of nonheterosexual individuals. The overarching message in Grozelle's (2017) study is the correlation from cultural heterosexism to psychological heterosexism to physical and verbal assaults on LGBTQ+ persons, and the impact of that on the suicidality of LGBTQ+ youth.

In Krieglstein's (2003) literature review around social work and heterosexism, she defines heterosexism as a way that negative perceptions of homosexuality are conveyed

and illuminate a sexist element to the prejudice aimed at homosexual persons. More deeply, she explains that the concept of heterosexism is a system of ideology that ignores, disparages, and/or sanctions nonheterosexual identity, or relationships (Krieglstein, 2003). The lack of attention to this bias becomes yet another form of denial being perpetrated through teaching platforms. In fact, Krieglstein's (2003) study showed that heterosexism was highly correlated with no formal education about gay/lesbian issues, and aptly points out that the findings of an inherent lack of knowledge among social work instructors perpetuates institutionalized heterosexism within social work education (Krieglstein, 2003). Heterosexist bias in typical education actively contributes to the promotion and tolerance of antigay prejudice and discrimination, whether through individual attitudes or within societal structures. As such, recognizing that university education offers minimal formalized training in human sexuality, illuminates an already established heterosexist bias (Giertsen, 2019; Prock et al., 2022).

Current research on heterosexism consistently reaffirms the following conclusions 1) amount of education, 2) positive relationship experiences with LGBTQ+ people and 3) religiosity are closely associated with the perpetuation of this phenomenon (Giertsen, 2019; Grozelle, 2017; Mason et al., 2022; Schaub et al., 2023). In fact, the same variables are found to have a cause and effect association with the comfort, confidence, and capability of professionals providing mental health care to members of this community (Gorse, 2022; Wanzer, 2021). Reflecting on ingrained ideologies of heteronormativity may help social workers to reevaluate their own values and belief systems, fostering the culturally sensitive awareness mandated by our professional ethics and guided by the

principals of cultural humility theory. It may be especially helpful to consider that heteronormativity has a detrimental impact on the full society, providers and clients alike.

One example of heteronormative bias in education that serves to erase the legitimacy of LGBTQ+ people is the historical emphasis on abstinence-only-until-marriage (AOUM) curricula in U.S. preparatory sex education. This approach directly marginalizes LGBTQ+ youth (Evans et al., 2020). Preparatory level sex education in the United States has historically emphasized AOUM over comprehensive sex education to the detriment of LGBTQ+ youth (Evans et al., 2020; Tabaac et al., 2023). Tabaac et al. (2023) explains that AOUM has been prominent since 1981 when the Reagan administration passed the Adolescent Family Life Act. Additionally, AOUM prioritizes the idea of heterosexual marriage as the norm, however this curriculum is faulted for its failure to promote safe sex practice (Atkins & Bradford, 2021; Harris et al., 2022). In fact, Tabaac et al. (2023) informs that federal funding for AOUM has decreased in favor of medically accurate programming within the last decade, however, the curriculum chosen varies by state and school district. Moreover, the focus of medically accurate programming is limited to pregnancy prevention and sexually transmitted diseases. Alternatively, while comprehensive sex education emphasizes abstinence as the safest choice, it also equips youth with medically accurate information about contraception, and the prevention of sexually transmitted diseases including human immunodeficiency virus. Additionally, comprehensive sex education may also involve discussions on subjects such as sexual orientation, gender identity and sex for pleasure. That said, while the significance of sex education is widely acknowledged, an ongoing debate persists concerning the scope of content that should be addressed within sex education

programing. Evans et al. (2020) notes that less than half of the 39 states that require sex education curriculum require it to be medically accurate and the extent of information provided is locally determined. This raises concerns about the potential consequences for LGBTQ+ youth, whose presence is frequently overlooked, and the dissemination of heterosexist bias throughout the broader public awareness, including among current health care and mental health professionals.

In conclusion, it is evident that recognizing the deeply ingrained heterosexism within our culture, including in the context of sex education, requires effort that extends beyond the classroom or added training (Krieglstein, 2003; Wagaman et al., 2021; Wanzer et al., 2021). The concept of cultural humility tasks social workers with being proactive in their process of self-awareness to recognize and combat the biases that have historically perpetuated the marginalization of LGBTQ+ youth (Gottlieb, 2021). Understanding how power differentials operate covertly and embracing cultural humility helps social workers examine their beliefs and values, fostering compassion for both themselves and LGBTQ+ youth (Gottlieb & Shibusawa, 2020).

Partnering with Rural Communities

Social work in rural communities or with those living in rural communities requires the practitioner to be cognizant and respectful of the community ideology while validating or advocating for clients who do not espouse the same values. Community ideology tends to be more pronounced due to the close knit relationships of families, extended families and the generational nature of neighbors and lifestyle. In my research I found that *rural communities* are defined in various ways both nationally and internationally. Rurality can be characterized by population size, available resources,

specific or limited employment opportunity, sparsely populated land area, the presence of farming or agricultural lifestyle, and/or close knit communities comprised of extended family, and intergenerational neighbors and residents, and others (Elliott et al., 2022). A variety of research around rural concerns does not provide a definition other than to differentiate rural from urban communities in the context of population and/or resources.

Regardless of how rurality is defined, it is common to find that these small communities tend to include more conservative values and faith-based ideologies inconsistent with either validation or support for LGBTQ+ persons (Roberts et al., 2022; Wike et al., 2021). Additionally rural LGBTQ+ youth describe similar life challenges in rural settings being minimal support systems, few adult role models, poor access to health/mental health care, heteronormativity, hostility/aggression, and difficulty in concealing LGBTQ+ identity (Bettergarcia et al., 2022; Boot-Haury, 2023; Elliott et al., 2022; Wike et al., 2021). Elliott et al. (2022) reviewed 30 articles written between 2005 and 2020 documenting challenges including a lack of specific LGBTQ+ services, fewer or no formal support networks, economic challenges, and reduced legal protections, adding that LGBTQ+ youth living in a smaller communities experienced less anonymity, more barriers to health care access, and omnipresent heteronormative values and lifestyles. The literature concurs that these factors pervasively contribute to harassment, victimization, and social exclusion, resulting in rural LGBTQ+ youth being more likely to feel unsafe at school or in the community than urban LGBTQ+ youth (Elliott et al., 2022; Wike et al., 2021).

The unique challenges of social work in the rural communities include social inequalities and lack of access to needed resources. Rădăcină's (2022) qualitative

research exploring rural social work found five particularities that differentiate rural from urban practice: 1) General practice and skills—overall skillsets generally utilized (individual, family, group, organization etc.), 2) community development—seen as "an essential aspect in social work practice for rural social workers" (p. 127), needed to implement programming that positively impacts both the client and community, 3) extended professional relations to initiate and preserve a collaborative relationship with community leaders, 4) rural sensitivity to foster and advocate for both the community culture and the minority group need, and 5) professional characteristics of practitioners which involves resourcefulness and independence to work with minimal professional support and modest conditions while demonstrating commitment and consideration for the local community. In essence Rădăcină (2022) explains that to be effective in meeting the needs of minority groups such as LGBTQ+ youth, the social worker needs to be aware and respectful of the community climate, have positive relationships with community leaders and social influencers, and work toward a balance of meeting the needs of both the community and the marginalized population.

Rădăcină's (2022) article further identified a conglomerate of limits within rural social work that were identified through a plethora of research from cited authors and matched my own findings in the literature. Limits around rural social work included poor working conditions and minimal resources, inadequate funding for social initiatives, higher workloads/additional duties, poor preparational training specific to rural social work, local policymakers' hesitance to actively address social issues, hostile attitude of community members in seeking or accepting services, poor compensation and facilities, hidden problems (issues not discussed), and ethical dilemmas. These challenges are not

limited to the social worker alone but also to the community. Rural populations can also be viewed as a vulnerable group itself with limited access to public resources, generational poverty, and limited or generalized medical/mental health care (Alpaslan & Schenck, 2012; Rădăcină, 2022).

Summary

This study involved addressing critical tasks faced by social work therapists in terms of addressing elevated prevalence of suicidality and untreated mental health needs among LGBTQ+ youth, with a particular focus on rural areas. I addressed unique mental health challenges presented by LGBTQ+ youth to social workers, as well as social work education and NASW ethical requirements for affirmative client care. The examination included an exploration of the cultural humility theory, highlighting its role in terms of guiding social work practices for LGBTQ+ clients through self-awareness, teachability, and systems perspectives. Self-awareness involves scrutinizing personal thought processes and biases that are rooted in individual experiences, beliefs, and cultural teachings. Teachability involves openness, accountability for mistakes, collaboration with clients, and understanding impacts of social environments on the psyche and experiences of clients. In terms of teachability, additional impacts of minority stress and microaggressions were described to explain cultural sensitivity to clients and provide affirmative care. The systems perspective involves understanding power structures and heteronormativity, as well as unique challenges faced by social workers in rural communities.

The literature review highlighted significant mental health challenges and elevated risks of suicide among LGBTQ+ youth. I addressed social work ethics involving

cultural competency in terms of marginalization experiences of this population explained through the lens of the MST. Additionally, literature identified shortcomings involved with foundational social work training, compounded by complexities associated with providing care in rural settings. I also highlighted challenges potential clients face when accessing effective mental healthcare. These findings underscored the necessity for social work therapists to enhance their cultural awareness in terms of both perspectives and practice. However, there was a lack of information regarding experiences, perspectives, and practices of social workers delivering mental health care to rural LGBTQ+ youth, especially from the standpoint of social workers who were directly involved with this demographic. The primary objective of the study was to fill this existing gap.

I highlighted gaps and deficiencies in foundational training as well as complexities associated with providing care in such settings. I emphasized cultural competence in terms of the MST to underscore the necessity for social work therapists to enhance their cultural awareness. However, despite this understanding, there remains a significant dearth of information regarding actual experiences, perspectives, and practices of social workers delivering mental healthcare to rural LGBTQ+ youth in rural settings.

I aimed to address the identified gap by restating the social work practice problem and framing the research questions. Building on literature regarding pronounced mental health needs of LGBTQ+ youth and existing shortcomings in social work training, I focused on the unique context of Iowa social workers delivering mental health therapy to this demographic in rural areas. The cultural humility theory was used to guide exploration of experiences, perceptions, and practices of Iowa social workers to understand holistic care and personal and professional growth of therapists. Section 2

includes information about the research design, methodology, data analysis, and ethical procedures.

Section 2: Research Design and Data Collection

Section 2 begins with restating the social work practice problem, including the research questions. After a brief summary justifying the need for this study, I address the research design, methodology, data analysis, and ethical procedures.

This doctoral study involved addressing lack of information and understanding regarding experiences of Iowa social workers delivering mental health therapy to LGBTQ+ youth, specifically in rural settings. The review of literature underscored pronounced mental health needs and heightened suicidality among LGBTQ+ youth. Although substantial literature explores needs and challenges related to mental healthcare for LGBTQ+ youth, the majority is client-focused, with limited research on perspective of clinical providers, especially social workers. Moreover, available research on clinical care for rural LGBTQ+ youth is predominantly situated in the southeastern United States. Motivated by professional concerns regarding notable disparities in suicidality among LGBTQ+ youth when compared to their cisgender and heterosexual peers, I endeavored to explore care offered by social work therapists from their distinctive perspectives.

I reviewed and described social work ethics in terms of cultural competence and needs of clientele related to the MST. The literature review involved summarizing inadequacies in foundational social work training coupled with unique conditions that were typically associated with care provision in rural settings.

This study involved building upon existing literature by examining the specific context of Iowa social workers engaging with LGBTQ+ youth in rural settings. This research project revealed strategies and approaches employed by this population to ensure culturally competent care, contributing to the advancement of rural social work

practice. By examining this topic, my study contributes information that may be foundational for professional training, development of intervention strategies, and advocacy efforts. While focused on Iowa, findings may inform social work practice in similar Midwestern rural areas and contribute to the current body of literature.

Section 2 includes information about the research design and methodology. The generic qualitative research design was used to address the purpose of the study and clarify key aspects of the project. I address data-collection procedures, participant criteria, recruitment process, sample size, and the interview guide. The data-analysis section includes coding strategies and thematic analysis of interview data, as well as measures to ensure rigor of the study. Ethical procedures were addressed with a description of informed consent, confidentiality, and data storage.

Research Design

Higher rates of mental distress and suicidality among LGBTQ+ populations are influenced by societal factors rather than inherent aspects of sexual orientation or gender identity, and provision of affirmative care is critical to effective treatment (Gorse, 2022; Henriquez & Ahmad, 2021; Higbee et al., 2022). The cultural humility theory is a framework that may enhance social workers' understanding of holistic care, adding depth to their awareness of experiences with treating LGBTQ+ youth. Using this theory contributed to understanding social workers' receptiveness to others' social, cultural, and linguistic identities. This significantly influences whether clients accept or reject services. Moreover, I addressed how social workers effectively deliver interventions to diverse communities even when interventions and belief systems do not align.

This theory also was used to address personal and professional growth that occurs as therapists broaden their worldview. Viewing social work experiences through the lens of cultural humility led to meaningful collected data regarding strengths and limitations of meeting needs of LGBTQ+ populations. This study involved addressing the following qualitative research questions.

RQ1: What are the experiences, perceptions, and practices of Iowa social workers providing mental health therapy to LGBTQ+ youth?

RQ2: Are themes of cultural humility evidenced in experiences, perceptions, and practices of Iowa social workers who provide mental health therapy to LGBTQ+ youth?

Nature of the Study

I employed a generic qualitative design, which is particularly suitable for emerging topics and small sample sizes. Qualitative data are narrative and involve addressing perceptions that explain real world problems (Hamilton & Finley, 2020). This type of design served to help understand experiences, perceptions, and approaches of Iowa social workers treating LGBTQ+ youth. Flexibility of the generic qualitative approach encourages exploration and creativity in terms of addressing research questions, facilitating a deeper understanding of context (Kahlke, 2018). This approach enabled a broad exploration of cultural-humility themes as well as experiences and perceptions of this population.

Percy et al. (2015) noted semistructured interviews and thematic analysis are used to gather rich information from informed participants. This study involved semistructured and open-ended interviews with five to 12 licensed social workers providing therapy to LGBTQ+ youth between 12 and 20 in Iowa. According to Cobern and Adams (2020)

sample size with qualitative research is determined via potential diversity of participants and approximation of number of opinions before saturation is reached. There is no strict guideline for number of participants; nevertheless, factors such as access to participant pool and nature of information contribute to determination of sample size (Ravitch & Carl, 2019). Although most social work therapists in Iowa are a homogenous group, largely comprised of heterosexual, Caucasian, Christian, and middle-class women, my interest was seeking depth of information. I believed saturation could be reached with as few as five participants, and it was unlikely more than 12 would be needed.

Purposeful sampling was an advantageous participant recruiting strategy allowing expeditious identification of those possessing expertise regarding the targeted area of study. I used purposeful sampling to recruit school-based therapists through area educational agencies (AEAs). I recruited community-based social work therapists through the Iowa chapter of NASW in the same manner, and shared flyers and requests for participants by email with local mental health agencies. Snowball sampling, which involves prospective participants referring people they know, was also used upon completion of interviews by asking participants to share flyers with other social workers who met inclusion criteria.

Adhering to ethical guidelines, participants were informed and assured of voluntary protections, withdrawal options, confidentiality, and disposal of records (Shenton, 2004). Eligibility criteria included being a licensed Iowa social worker with at least three years of experience in youth mental health, specifically treating LGBTQ+ youth in rural communities (with *rural* defined as population < 6,000, no public transportation). The interviews were conducted through a virtual platform to

accommodate participants' preferences for convenience and time efficiency. Additionally, the virtual platform offered advantages to researchers, including the capability for video recording and transcription features. Conducting interviews in this manner ensured participant convenience and allowed for a comprehensive examination of responses, hesitations, and body language to enhance contextual understanding.

The interview format was comprised of open-ended and semistructured questions in a conversational setting on the virtual platform Zoom (Zoom Video Communications 2016). Transcription data were organized for thematic analysis, focused on participants' own words to capture a deep understanding of social work therapists' experiences with LGBTQ+ youth. This methodology unveiled unique challenges and advantages faced by social work therapists working with LGBTQ+ youth in rural settings. The central focus of this study was to explore the experience of social workers with LGBTQ+ clients, illuminate ways in which cultural sensitivity is conveyed, and highlight how the social climate of rural Iowa impacts the provision of affirmative care.

Methodology

I utilized a generic qualitative design in my research project to illuminate lived experiences through a social and cultural lens (Kahlke, 2018). According to Percy et al. (2015) The generic qualitative design stands apart from other qualitative research styles because it emphasizes grasping the personal viewpoints of participants, especially when the researcher already has some knowledge about the subject but desires a more comprehensive understanding from the participant's perspective. Semistructured interviews are suggested for broad qualitative investigations and may facilitate more thorough exploration through open-ended conversational interviews (Kostere & Kostere,

2021). This approach addressed research questions and bridged the current gap in understanding the experiences of social workers in Iowa where there is a lack of information in the existing literature. Semistructured interviews with current social work practitioners who work with LGBTQ+ youth were used to collect data around experiences, perceptions, practices and cultural sensitivity. The interviews consisted of open-ended questions exploring the experiences, perceptions, and practices of social workers engaged in therapeutic treatment with LGBTQ+ youth. Special attention was given to aspects like cultural sensitivity and the unique factors present in rural communities.

Participants

Participants were recruited through purposeful sampling and snowball sampling methods. Purposeful sampling facilitates data collection from individuals with considerable expertise and knowledge about the subject (Benoot et al., 2016; Palinkas et al., 2015). Following agency permissions being obtained, emails, with informational flyers attached, about the research purpose and eligibility criteria were sent to the Iowa NASW, AEA of Iowa, and mental health agencies throughout Iowa, that requested an email list serve of social workers who provide therapy, and I asked to have the flyers posted on agency wide information platforms. According to Burkholder et al. (2016), it's important to carefully examine and clarify the criteria outlined in the research question to identify the necessary qualifications of participants. Additionally, they suggest that determining the number of participants should be based on achieving data saturation, a key concept in qualitative research. Taking into consideration those insights, the participant cohort for this study encompassed 10 licensed social workers, each possessing

a minimum of three years' experience in delivering mental health therapy to rural LGBTQ+ youth aged 12 to 20. Furthermore, as described by Parker et al. (2019) the incorporation of snowball sampling proved to be a convenient method for rapidly reaching more participants through the social networks of existing participants. Social worker contact information from current therapists working with or referring the LGBTQ+ youth population was readily available, streamlining the recruitment process.

Both purposeful sampling and snowball sampling may have presented bias in that social workers who treat or refer LGBTQ+ youth in rural Iowa may be like minded or similarly prepared or unprepared to treat this population. Snowball sampling itself may have presented bias given the limits of referral sources in isolated areas. Moreover, the inclusion of licensing or a minimum of three years of experience in working with LGBTQ+ youth as criteria for recruitment did not necessarily guarantee the social worker's level of expertise in handling this demographic. The criteria did not include the actual number of LGBTQ+ youth clients participants may have engaged with, and the level affirmative care provided was unknown. Additionally, some therapists may not have been aware of the LGBTQ+ status of all their clients as not all disclose that information.

To address and alleviate potential biases arising from these criteria, I intended to foster transparency in the interview process. I openly discussed demographic aspects, posing questions regarding the social workers' caseloads, any changes in clientele over time, and how they address LGBTQ+ issues when working with youth. This approach aimed to provide a more comprehensive understanding of their perceptions and practices. It also ensured a more nuanced, fair, open, and curious position from which to elicit

genuine and reflective information from participants, and to reduce my own potential for assumption or evaluation.

Participants who responded with interest in the study received additional information including the consent form detailing all aspects of the study, a statement of confidentiality, information pertaining to the virtual platform being used for the interview as well as my direct contact information. According to Janis (2022) code saturation is an essential element in reflexive thematic analysis. While quantitative measures may not be ideal for qualitative research, they did serve as valuable criteria for justifying decisions in the sampling strategy and determining the sample size (see table 1). Eligible participants were interviewed on a first available, first serve, basis until code saturation was achieved.

A primary research method in qualitative research is to talk with those who have knowledge or experience that align with the problem or research question (Rubin & Rubin, 2011). I sought information from those with the expertise to provide it. The participants for this study were licensed social worker therapists serving LGBTQ+ youth for a duration of three or more years. That qualification aligned with the study's purpose and the social work practice inquiry aimed at investigating the experiences of social workers in delivering mental health therapy to LGBTQ+ youth. Rubin and Rubin (2011) recommended that when selecting participants, two primary considerations should be kept in mind: relevance to the research problem and manageable access to them. My participant criteria focused on expertise related to the problem and I was able to locate needed participants easily with permissions of a variety of agencies in my area.

Social workers who have worked with LGBTQ+ youth for a minimum of three years may have had opportunity to experience changes or consistency over time in both their own perceptions and/or trends with LGBTQ+ youth engagement in therapy.

Participants with these criteria may have had experiences with the impact of community and school environment on the well-being of their clients and are likely to have had opportunity for professional growth through self-reflection, collegial conversations, and teachable moments.

Licensed social workers must regularly update their training to maintain licensure and often prioritize their training to the needs within their client caseloads (Iowa Legislative Services Agency, n.d.). Licensed social workers, with three years' experience, working with this population will be working on a second or higher license renewal (Iowa Legislative Services Agency, n.d.), and may have deeper insights about treating LGBTQ+ youth clients.

The suggested sample size ranging from 5 to 12 participants was determined considering the expected availability of social workers who meet the research criteria and have both the time and interest to take part in the study as well as the predictable homogeny in treatment factors across rural areas within the state of Iowa. Cobern and Adams (2020) suggest that sample size is a judgement call to determine how many differing responses there might be until saturation is reached. Saturation was a key factor in the interview process, signifying the point at which no new information or themes emerge from subsequent interviews. This consideration was particularly relevant given the differences of therapy location, autonomy of practice, varying emphasis on social impacts and the participants overall sense of preparedness to work with LGBT+ youth. In

this study, 10 interviews provided both specific and actionable information about the sample population of Iowa social workers and reached saturation of themes.

Instrumentation

I developed semistructured interview questions designed to answer the research questions posed to better understand the experiences, perceptions, and practice of Iowa social workers treating rural LGBTQ+ youth and to better understand the role of cultural humility in working with this population. Participants were encouraged to discuss their observations and experiences in providing treatment to this population in rural Iowa, and to share the meaning they attribute to their experiences. Interviews were audio recorded using the virtual platform, Zoom, so that accuracy of stated information was available for thematic analysis. The recorded information was transcribed by the Zoom platform, and I reviewed it immediately after the interview to ensure accuracy with transcription (Zoom Video Communications, 2016). The interview guide of intentional questions was emailed to participants prior to the interview and is included in this report as an appendix.

Data Analysis

Thematic analysis with constant comparison was utilized to analyze and interpret the informational data gathered from interviews. In this approach, described by Percy et al. (2015) data are analyzed in real-time as they are collected. As each subsequent participant's data were analyzed, a continuous iterative process occurred, involving comparisons with previously analyzed data. The ongoing interaction between current data and previously coded and clustered data leads to finding evolving patterns and themes throughout the analysis process. Ravitch and Carl (2019) described an iterative three-pronged analysis process. Initially, (Phase 1), data are organized and managed through

transcription, organizing and labeling data sources, and engaging in precoding. I found that to be a natural starting point. Subsequently, (Phase 2), immersive engagement unfolds, involving multiple readings, data analysis with coding, and the generation of themes. I found myself coding and recoding until all the data fit in a comprehensive way. Finally, (Phase 3), an ongoing iterative writing process is used to interpret the data and represent these interpretations through figures and coherent writing, facilitating a comprehensive understanding of the data. As I organized the themes to their relationship to the research questions, coherency emerged and the data seemed to present impactful conclusions. This approach built upon the foundational explanation provided by Braun and Clarke (2006), who outlined a guide explaining the six phases of the thematic analysis process:

> Transcription serves as the initial and crucial step in the process of familiarization. I carefully attended to the accuracy of punctuation as it influenced the conveyed meaning. I also immersed myself in the data through repeated readings, along with the practice of taking notes or marking ideas for subsequent coding as recommended in the literature (Braun & Clarke, 2006). Saldaña (2021) recommends analytic memos to help generate initial codes, and I found that quite helpful as well.

This process involves systematically coding noteworthy features of the data, beginning with an initial list of ideas about the content and creating initial codes. Braun and Clarke (2006) suggest making notes on the analyzed texts and using color coding to highlight patterns. Using that advice, I began by color coding responses that pertained to various aspects of the research question. It is further suggested to code for a wide range

of potential themes, incorporating comprehensive coding of data to preserve contextual relevance. As I summarized the data, identified the codes and found patterns a wide variety of themes emerged. It is important to recognize that individual data excerpts may be coded into multiple themes, acknowledging that there are inherent contradictions within all datasets (Braun & Clarke, 2006). Saldaña (2021) adds that initial coding is the opportunity for the researcher to reflect on the nuances of the data and begin to take ownership.

During this phase, the researcher initiates the analysis of codes, contemplating how different codes may coalesce to establish an overarching theme. At this point I found it especially helpful to use visual tools using sticky notes that could be easily moved or duplicated as I explored the relationships between codes, and themes. Saldaña (2021) suggests using longer phrased themes can be helpful to elaborate on meaning. The conclusion of this phase involves a compilation of themes, subthemes, and coded data extracts, with an emphasis on retaining all relevant information and nothing is discarded (Braun & Clarke, 2006).

This step involves refining themes via thorough review to establish clear distinctions between themes and ensure their meaningful cohesion. Braun and Clarke (2006) explain that the refinement unfolds through two levels of review. The first level entails revisiting all compiled extracts for each theme, ensuring a coherent pattern. The second level pertains to the entire dataset, evaluating whether the themes accurately capture the underlying meanings present in the dataset.

During this phase, the researcher can articulate the narrative inherent in each theme and concisely explain how each narrative contributes to the overarching story

conveyed by the data (Braun & Clarke, 2006; Saldaña, 2021). It is important for the researcher to be proficient in naming the themes in a manner that provides the reader with a comprehensive understanding of their content. I found myself redefining themes until all data coherently and directly responded to both research questions.

To complete the thematic analysis, the researcher must narrate the complex story embedded in the data to convey the value and validity of the analysis. The written account should be brief, cohesive, logical, nonrepetitive, and engaging, providing a clear understanding of what the data reveal within and across themes (Braun & Clarke, 2006).

Trustworthiness

In qualitative research, trustworthiness plays a role similar to the concepts of reliability and validity in quantitative research. Due to the unique challenges in replicating qualitative studies, trustworthiness incorporates four essential criteria, dependability, credibility, transferability, and confirmability, to uphold the scientific rigor of the study (Burkholder et al., 2016). In the following section, I will define and elaborate on these criteria, shedding light on the deliberate trustworthiness strategies that I implemented for this study.

Dependability criteria for trustworthiness measures the extent to which another researcher could repeat the study and reveal similar findings. It is demonstrated through consistency of data collection and documentation of methodology (Burkholder et al., 2016). This study entailed an audit trail with clear documentation of data-collection methods, and explanation of coding and thematic analysis choices. Janis (2022) uses the term *dependability* interchangeably with *consistency* and employs two key strategies to ensure dependability: triangulation and code and meaning saturation. I achieved meaning

saturation by fully exploring the significance, implications and richness of the themes and by doing so, found that some of the data coded under the theme of Safety in RQ1 to be equally or more relevant to subthemes under Systems in RQ2. Triangulation involves cross-verifying information from different sources or methods to enhance the reliability of the findings (Janis, 2022; Stahl & King, 2020). I used data from 10 participants and reached the point where no additional codes or meaning emerged. Code and meaning saturation ensure a comprehensive exploration of the data until no new information or insights emerge, contributing to the overall dependability of the study (Burkholder et al., 2016; Janis, 2022).

Credibility, as defined by Grant and Lincoln (2021), refers to the believability and accurate reflection of participants' realities. It involves selecting participants based on their unique expertise and framing questions that effectively address the research question. The alignment of participant criteria with the research questions is a notable aspect of this study, and I utilized member checking to support thick description. Participants were provided a copy of the original transcription as well as a subsequent summary for their review of statements, context and meaning. According to Burkholder et al. (2016), member checking and reflexivity are identified as credibility strategies. My approach involved implementing member checking during the coding process and reflexive journaling throughout thematic analysis. Reflexivity is critical for identifying and addressing any bias or subjectivity (Adler, 2022). To ensure reflexivity, I used journaling as a strategy and employed critical thinking to document thoughts and experiences during interviews, coding, and data analysis. Horton et al. (2021) explain that engaging in reflective journaling supports critical thinking about field interactions,

involving an analysis of steps taken, decisions made, and their subsequent impact. For me, the reflective process validated my decision-making approach in coding and prompted further investigation into potential alternatives as themes emerged. Adopting this practice contributed to the presentation of data and ensured objectivity in my research. Additionally, each participant requested the opportunity to review the finalized capstone, and I promised to provide that following publication.

Transferability pertains to the applicability of findings to comparable contexts, as noted by Saldaña (2021). Through detailed descriptions of the interviews, methodology, and thematic analysis, in line with the Burkholder et al. (2016) recommendations, the reader is equipped to make thoughtful use of the findings. In adhering to the concept of transferability, a detailed account of participants wording, contextual meaning and participant characteristics are presented. This not only offers transparency in the research process but also aids in understanding the specific conditions under which the study was conducted. The methodology section is thoroughly outlined, encompassing the research design, sampling strategy, data-collection procedures, and analysis techniques. This level of detail provides the reader with insights into the rigor, reliability, and transparency of the research process (Buckley et al., 2022).

Confirmability is crucial for ensuring objectivity in qualitative research, as it establishes a basis in verifiable procedures, analysis, and conclusions (Burkholder et al., 2016). While qualitative research is inherently subjective, maintaining a foundation of rigorous and transparent methodology is essential. McSweeney (2021) introduces the concept of *confirmation bias* to highlight the necessity for critical reflexivity. According to McSweeney, bias is a common occurrence, whether unintentional or intentional, and

recognizing this is essential for conducting research with a mindful approach. This project enhanced confirmability through member checking and intentional note taking throughout the coding and thematic analysis process.

Ethical Procedures

In this study, informed consent procedures were designed to ensure that participants were fully aware of the research process, their rights, and the confidentiality measures in place. Licensed social workers with at least three years of clinical experience working with LGBTQ+ youth aged 12 to 20 in rural Iowa were invited to participate. The study involved a 60–75 minute virtual interview using Zoom, during which participants' responses were audio recorded for transcription and later destroyed to maintain privacy. Participation was voluntary, with the option to withdraw at any time without consequence. Privacy safeguards included anonymizing transcripts and securely storing data. Member checking was used to ensure accuracy. The study received institutional review board approval from Walden University (approval number: 05-07-24-0758976), valid through May 6, 2025.

Ethics in qualitative research is multifaceted and involves several dimensions and addresses various ethical considerations (Ravitch & Carl, 2019). I reviewed the ethical safeguards regarding voluntary participation, the process of recording and disposal after transcription, and the confidentiality plan with participants at the beginning of the interview, prior to recording. This ensured that participants understood the information I had emailed and had the opportunity to ask questions or reconsider their decision to participate. A thoughtful consideration of ethics requires attention to both procedural and transactional aspects, as well as relational and sociopolitical dimensions (Ravitch & Carl,

2019). To foster genuine and respectful interaction, I conducted interviews using a virtual platform at a time most convenient for each participant. This approach allowed participants to have control over when and where the interviews occur, enabling them to establish a confidential and comfortable video presence, so they assure themselves the time and space to participate candidly in conversation.

In the procedural aspect of my research, I prioritized informed consent and confidentiality. Informed consent is the way to establish and communicate the participant's agreement to the research and their consent to participate in it (Ravitch & Carl, 2019; Vivek, 2022). I was explicit in articulating the terms, emphasizing that participation is voluntary and that participants could withdraw at any time. The informed consent form clearly stated that the interview would be conducted on a virtual platform, recorded, and transcribed, and how confidentiality will be protected. I reviewed the consent with each participant prior to the interview.

To ensure clarity, I encouraged participants to email or call with questions about the research, the interview process, or the consent form before the scheduled interview. I allocated time for questions, explanations, and allowed for any concerns or rejection of participation if the conditions were problematic for any reason. An interview date was arranged only after consent was obtained.

Vivek (2022) cautions that it is the researcher's responsibility to anticipate potential intrusion to safeguard the participants well-being. To address confidentiality concerns, I assigned pseudonyms to each participant and asked them to review transcripts and summaries to eliminate any unforeseen identifiers, thereby ensuring their identities

were protected. No identifiable information was used in the final study, upholding the commitment to preserving participant privacy.

Participants were informed that the interview would be video recorded for transcription purposes utilizing the capabilities of the virtual platform. The recorded data were deleted, and transcriptions are being electronically stored with password protection for the required period of five years, after which they will be securely destroyed.

Summary

This study involved employing a generic qualitative design that was suitable for emerging topics and small sample sizes to understand experiences, perceptions, and approaches of Iowa social workers treating LGBTQ+ youth. This approach encouraged exploration and creativity in terms of addressing research questions and facilitating a deeper understanding of context. Via semistructured interviews and thematic analysis, the study involved 10 licensed social workers who provided therapy for LGBTQ+ youth in Iowa, with a focus on cultural humility and the impact of rural social climates. Purposeful sampling was used to recruit participants through educational agencies and professional associations, with snowball sampling as a supplementary method.

Participants were assured of voluntary protections, withdrawal options, confidentiality, and record disposal. Interviews were conducted via Zoom, recorded, and transcribed, with transcription data stored securely for 5 years. Pseudonyms were assigned to ensure participant anonymity. The study's purpose, methodology, and trustworthiness were addressed. Thematic analysis was employed, following Braun and Clarke's six-phase process. Ethical procedures included addressing participant autonomy, transparency, and privacy to ensure study credibility and validity.

In Section 3, I present outcomes of data analysis and research findings. Section 4 involves connecting findings with existing literature and exploring their implications for ethical social work practices, leading to recommendations for improving social work practice based on study insights.

Section 3: Presentation of the Findings

Section 3 begins by restating the purpose of the study, along with research questions and how data were collected. After a brief summary of the need for and design of this study, I address data-analysis techniques and findings as related to practice-focused research questions.

This qualitative study involved 10 social workers and their experiences with and perceptions of challenges and practices associated with providing mental health therapy to LGBTQ+ youth in rural Iowa. Chronic social stigma, harassment, and discrimination are major contributors to mental distress experienced by LGBTQ+ youth (Gorse, 2022; Smith-Millman et al., 2019). These challenges are often compounded by ineffective treatment, inadequate clinician preparation, and biases within clinical settings (Gorse, 2022; Grzanka et al., 2020). In rural areas, these issues are further intensified due to limited access to quality care and lack of inclusivity (Henriquez & Ahmad, 2021). I also explored social worker efforts to provide culturally sensitive care to this population. Research questions that guided this study are as follows.

RQ1: What are the experiences, perceptions, and practices of Iowa social workers providing mental health therapy to LGBTQ+ youth?

RQ2: Are themes of cultural humility evident in the experiences, perceptions, and practices of Iowa social workers who provide mental health therapy to LGBTQ+ youth?

Data were collected through 10 semistructured interviews with licensed MSW social workers in Iowa, each with 3 or more years of experience working with LGBTQ+ youth between 12 and 20 and serving rural clients. Participants were recruited through purposeful and snowball sampling. Electronic flyers were distributed via Iowa AEAs, the

Iowa chapter of the NASW, and the Iowa School Social Workers Association. I also attended a June Pride event to connect with social service agencies and providers where I distributed flyers in person. Additionally, I reached out to social workers within my personal professional network to find participants and ask them to share flyers with their own professional contacts.

When social workers expressed interest, I sent them additional contact information and consent forms via email. Upon receiving their consent, I scheduled virtual interviews via Zoom at their convenience. Before each meeting, I confirmed dates and times by email. During interviews, I reviewed consent forms, emphasized the voluntary nature of participation, and obtained verbal permission to record for transcription. After interviews, I carefully reviewed and anonymized transcripts, providing pseudonyms to replace participant names and removing irrelevant content. Transcriptions were then sent back to participants for review to ensure confidentiality and accuracy, allowing them to correct or modify information as part of the member-checking process. Once they responded, I summarized data into bullet points and a brief narrative, which was also sent back for verification as a second member-checking measure. All participants provided their approval and requested and will be provided copies of the published capstone.

Data-Analysis Techniques

I began recruiting participants in late May 2024, expecting Iowa social workers would be more available after the school year ended and thus more likely to agree to 60+ minute interviews. Responses started arriving the next day and continued through early

July. From May 29 to July 25, 2024, I conducted 10 interviews. Participants were geographically diverse, representing the northwest, central, and eastern regions of Iowa.

Once all interviews were completed and verified, the data-analysis process began via thematic analysis to interpret information provided by 10 participants. Using Ravitch & Carl's iterative three-pronged process, I began by analyzing data during the transcription process, highlighting concepts that emphasized main points as well as perceptions, practices, and cultural humility. As subsequent interview data were analyzed, a continuous iterative process occurred involving comparisons with previous data. Following transcriptions, highlighting, and initial manual coding, I began code mapping as a strategy to categorize patterned responses. I immersed myself in data via multiple readings, note taking, and highlighting universal concepts and repeated phrases, continuing to manually code as themes emerged. I categorized those themes to thoroughly answer research questions using the six-step iterative thematic analysis process outlined by Braun and Clark. I familiarized myself with data. performed initial coding, searched for themes, reviewed themes, named and defined themes, and produced a report. I used member checking to ensure narrative data and synopses adequately captured words and sentiments of participants. Participants emailed me with approval or suggestions for edits. Direct quotes from interview transcripts were incorporated throughout discussion of themes to provide a comprehensive understanding of data depth and complexity, thereby supporting validity of my analysis. Credibility was further supported through field notes and reflective journaling of my own thoughts and experiences throughout data collection and organization.

Description of Participants

For this study, I conducted one interview per participant with 10 social work therapists. All participants had to be licensed social workers who practiced mental health therapy with LGBTQ+ youth residing in rural Iowa for a minimum of 3 years. I used Zoom for interviews which lasted between 60 and 90 minutes. Participants were Caucasian but diverse in terms of gender, LGBTQ+ status, age, years of practice as licensed MSWs, location in Iowa, LGBTQ+ youth specialization, and personal experiences with family or friends who identified as LGBTQ+. This diversity was necessary to capture a wide range of perspectives to address common challenges faced by therapists across varying contexts. Practitioners with personal or meaningful relationships with LGBTQ+ individuals demonstrate higher compassion and interest in LGBTQ+ training opportunities (Baiocco et al., 2020; Mbote et al., 2022; Wanzer et al., 2021).

Social workers in the United States in 2022 were 83.6% female and 16.4% male, with 42.6% of the workforce under the age of 50 (Data USA, n.d.). In my sample, 40% were male social workers, and 50% were under the age of 50. Additionally, while 20% of participants identified as LGBTQ+, 70% reported having close and meaningful relationships with members of the LGBTQ+ community (see Table 1). This provides context for understanding how participant backgrounds and relationships with LGBTQ+ communities may have influenced their therapeutic practices and perceptions.

To gather comprehensive background information from my participants, I inquired about their practices, tenure in the field, and the percentage of LGBTQ+ youth on their caseloads. This descriptive data were instrumental in deepening my understanding of their responses, particularly in relation to their professional practice and

generational experiences. Additionally, I explored the regions they served to capture a broader perspective of the rural experience across the state, rather than focusing on a single region.

Table 1

Participant Demographics

Participant pseudonym	Gender identity	Self-identification as LGBTQ+	Over or under age 50	Years of practice	Rural region	LGBTQ+ specialist	Personally significant relationships with LGBTQ+ persons
Marge	Female	No	Over	26	Northeast	No	Yes
Max	Male	No	Over	29	Northwest	No	No
Marty	Male	Yes	Under	8	Northwest	Yes	Yes
Ruth	Female	No	Under	4	Northwest	Yes	Yes
Wanda	Female	No	Over	10	East-Central	Yes	Yes
John	Male	No	Over	26	Northwest	No	Yes
Sally	Female	No	Over	13	Northwest	No	Yes
Anna	Female	No	Under	20	Northwest	No	No
Isaac	Male	No	Under	17	Central	No	No
Edie	Female	Yes	Under	10	East	Yes	Yes

I chose not to ask participants directly about their gender identity or sexual orientation, allowing such information to surface naturally, if at all, to maintain cultural sensitivity. All participants volunteered personal details about their families, their own LGBTQ+ status, and their relationships within the LGBTQ+ community. This information emerged either at the start of the interview or during discussions about their comfort level in treating this population. The strong personal connections many participants reported with the LGBTQ+ community likely enhanced their own practice of cultural sensitivity and their ability to establish rapport with clients which is critical in rural areas where access to LGBTQ+ competent care may be limited. Seven participants shared the opinion that close personal experience with the LGBTQ+ community, either by being a member or having close relationships with those who identify, significantly

increased awareness, and compassion for the challenges faced by this population. The participants' diverse professional and personal experiences reflected a broad spectrum of therapeutic practices and approaches.

Marty and Edie immediately identified as members of the LGBTQ+ community, and both specialize in mental health services for this population. Ruth and Wanda also specialize in treating LGBTQ+ youth and stated that their passion was rooted in both social justice and their experiences as parents of LGBTQ+ children. John described growing up with LGBTQ+ family members, though any family discussion of it was actively avoided. Marge spoke of her close LGBTQ+ friendships throughout adulthood, while Sally shared her long-term role as a camp counselor specifically for cabins housing LGBTQ+ youth. Isaac, Max, and Anna emphasized their *person-first* sense of compassion for clients, commitment to social justice, and adherence to social work ethics around diversity and cultural sensitivity as the foundation for their commitment in working with and advocating for this population. These insights provided a foundation for examining the findings related to the first research question.

RQ1

My choice of participants was grounded in the belief that social workers treating LGBTQ+ youth in Iowa possess a specialized knowledge base that uniquely equips them to illuminate the experiences of both the youth and the therapeutic context. These social workers navigate the culture of rural Iowa, making it possible for them to offer insights into the values and support systems available to LGBTQ+ youth and their clinicians. Their professional understanding of child development, treatment strategies, and the support systems used by LGBTQ+ clients empower them to articulate the challenges

these youth face in a way that others may not. Furthermore, they can identify the advantages and challenges specific to rural social work, particularly regarding their professional support networks. The focus on participants with relevant experience helps ensure that the insights gathered are informed by a deep understanding of the complexities involved in supporting LGBTQ+ youth in Iowa's rural settings.

Table 2

Categories and Themes

Perceptions	Professional development and support	Holistic client care
Safety	Resources	Individual Therapy
Resilience	Training	Supporting Family
	Colleagues	Advocacy

Several themes emerged from the interview data and are organized under three categories in Table 2. The first category, perceptions, encompassed overarching themes of safety and resilience. Safety is a central concern throughout the treatment process and was comprised of physical, emotional and environmental concerns. Resilience was viewed as a blend of internal strength and the social supports available in rural Iowa communities.

The second category, professional development and support, focused on the experiences of social workers. This included expected professional tools, such as resources, training, and support from colleagues.

The final category, holistic client care, addressed social workers' practices with this population in rural Iowa. This category included three themes: individual therapy, family system support, and advocacy for LGBTQ+ clients within their rural community. These categories and themes were derived from an analysis of the interviews and

represented critical aspects of the social worker's role in treating and supporting LGBTQ+ youth.

Perceptions

Rural Iowan social workers' perceptions of LGBTQ+ youth center on the multifaceted safety concerns that arise throughout the course of therapy and the remarkable resilience these youth demonstrate despite overwhelming social challenges. Safety was described as a primary concern, encompassing external and internal risks that permeate the experiences of LGBTQ+ youth, shaping their therapeutic needs and the interventions required to support them. At the same time, resilience was widely admired, with social workers highlighting the courage and authenticity of LGBTQ+ youth in navigating safety challenges. Therapists emphasized identifying each client's unique resilience early and continually using these strengths as empowerment strategies throughout therapy. What stood out most was the mutual reinforcement of safety and resilience, establishing these themes as central to promoting the well-being of LGBTQ+ youth.

Safety

All participants identified safety as their primary concern when working with LGBTQ+ youth. Safety encompassed not only the immediate physical threats faced by these clients, such as bullying, physical assault, and the need to protect their LGBTQ+ identity, but also extended beyond those tangible risks. Participants recognized that the emotional and psychological well-being of these youth was equally critical, with a strong emphasis on addressing the mental distress caused by ongoing rejection, isolation, and fear. This also included the heightened risk of self-harm and suicide.

All participants emphasized that the multifaceted nature of safety requires social workers to maintain constant vigilance, as threats can emerge from various sources, including social environments, familial rejection, and internalized feelings of worthlessness. They articulated that providing a holistic approach to safety, encompassing physical, emotional, and psychological domains, is a foundational ethical requirement in the social work profession to effectively safeguard clients.

Subthemes of safety, such as suicidality, bullying, rejection/isolation, and fear, were explored in detail to provide a comprehensive understanding of the safety challenges LGBTQ+ youth face. Resilience, which referred to the factors that strengthen and empower these youth in the face of social and cultural challenges, was also discussed. Notably, safety and resilience are interrelated, with improvements in one positively influencing the other.

Safety was described and discussed by all participants as a continual and primary factor all the way through the treatment process. The subthemes that emerged include suicidality, bullying, rejection/isolation, and fear, the following descriptions of each, are summarized and supported by verbatim statements.

Suicidality. LGBTQ+ youth often face significant mental health challenges, with suicidal ideation and self-harm being particularly common. Participants highlighted that *every* LGBTQ+ youth they work with has reported thoughts of suicide at some point in their treatment. This pervasive struggle with suicidality is a central issue in their lives, and social workers are tasked with responding to these acute needs with care and vigilance.

Edie reflected on the severity of the situation, emphasizing that suicidal ideation is a consistent theme in the lives of her LGBTQ+ clients, and said, “the percentage of LGBTQ+ youth clients that talk about being suicidal is ALL of them, maybe not constantly … but every single one of them has discussed it.”

This experience of heightened suicidality is disproportionately prevalent among LGBTQ+ youth. Ruth illustrated the intensity of this disparity by comparing it to the rest of her caseload:

> My LGBTQ+ kids make up a quarter of my caseload and out of the past 3 ½ years 5 have been hospitalized … [compared to] only 2 out of the other 75% of my caseload … I don’t want to minimize this but that’s just the attempts we know about.

In addition to the frequency, the intensity of self-harm among LGBTQ+ youth is also alarming. Edie shared examples of how extreme these attempts can become and said, “I have had a couple of clients that really truly tried to cut off body parts … another was in a full body cast for 6 months after crashing their car in a suicide attempt.”

John summarized the reality of assessing and reacting to the threat of suicide and said, “with trans folks, oftentimes, if I can be bluntly honest, I’m trying to keep them alive. Safety is huge.”

These statements emphasized the magnitude of the challenges LGBTQ+ youth face, emphasizing their distress and the critical role social workers play as lifelines in addressing urgent mental health crises. Social workers not only respond to their immediate emotional and physical needs but also provide long-term therapeutic care to reduce the ongoing risk of harm.

Bullying. LGBTQ+ youth clients consistently reported significant mental distress, which they associated with bullying, isolation, rejection, and fear. These experiences led to conditions such as depression, anxiety, self-harm, and suicidality. The youth described bullying as a major source of distress, including verbal denigration, physical assault, and personal humiliation. Participants noted that bullying in schools was pervasive, and that rural school policies and staff responses were generally ineffective in resolving these issues. Ruth shared how her clients described their daily encounters with bullying and said,

> A lot of name calling, derogatory slurs, people making fun of them, crude sexual jokes or things said in the hallway to embarrass them … throwing things at the back of their head in class or shoving them or tripping them in the hallway … social media bullying on Snapchat and TikTok. … comments or videos are thrown their way … they start these group chats and post embarrassing and mean stuff … it just kind of spreads like wildfire around the school … some teachers feel pretty helpless … they tell the kid to ignore it—"be the bigger person," but that's not super helpful.

This illustrates how bullying in rural schools often goes unaddressed, leaving LGBTQ+ youth feeling unsupported and helpless. In cases of physical bullying, youth face even more severe consequences. Wanda described physical bullying, and the commonality of physical threats, humiliation and assaults her clients endure. She said, "I know kids that have been bullied in school, that have been beaten up, been shoved in lockers, …. I know one kid had their head dunked in a toilet … Everybody's bullied!"

The physical nature of the bullying was not only emotionally harmful, but also posed significant physical risks. Edie emphasized the potential for serious injury from what some might dismiss as common schoolyard behavior: “Kids can really get seriously injured because some bully decided to throw a basketball at their head that day during gym class.”

For LGBTQ+ youth, bullying is more than just a daily hassle—it’s a pervasive threat to their safety and mental well-being. Social workers often heard firsthand accounts of how these experiences leave youth feeling profoundly isolated, rejected, and unsafe, both physically and emotionally. This ongoing mistreatment exacerbates their mental health struggles, making the role of social workers crucial in providing both immediate support and long-term therapeutic care to help mitigate the harm caused by such bullying.

Rejection/Isolation. All participants reported that LGBTQ+ youth in rural Iowa experience profound isolation and rejection, not only from peers but often from their families and broader communities. Youth frequently describe isolation stemming from a lack of friends, representation, and support systems, compounded by the need to mask their identity or face self-loathing. All participants consistently echoed the reality that isolation is a pervasive experience for LGBTQ+ youth in rural settings. Marty specifically highlighted how young adults aged 18 to 20, who do not attend college, are left especially vulnerable, as they have lost the semblance of community that high school may have provided and are too young to join adult spaces like bars where LGBTQ+ individuals might congregate. This mirrors the youth’s sense of social abandonment at a critical time in their development.

Youth clients also report feeling alienated due to the lack of institutional support in their schools. As John pointed out, GSA chapters, which could offer a lifeline, are sparse in rural schools. He noted that even in a nearby small urban area where a stable GSA once existed, membership has dwindled, further isolating LGBTQ+ students. Sally added that the rare visible symbols of safe spaces, such as Pride flags, are frequently vandalized or removed, signaling to LGBTQ+ youth that their identity is not welcome.

The absence of representation extends beyond peers to adult role models and sex education. Without LGBTQ+ figures in schools or inclusive curricula, LGBTQ+ youth are left more vulnerable, including in areas related to sexual health. Participants described how ineffective sex education often leads to risky behaviors among their clients, necessitating that social workers fill in these informational gaps during therapy sessions. Marty, aware of the risks his clients face, keeps condoms and dental dams readily available in his office, facilitating essential discussions around safe sex, conversations youth might otherwise not have.

Family rejection emerged as another dominant theme in the stories youth shared with clinicians. 7 participants described the emotional and physical toll of coming out to unaccepting families, where rejection can escalate quickly to physical assault or homelessness. Ruth shared the intense pressure her Hispanic clients face in reconciling their identities with strict religious values, recounting a particularly harrowing story:

> With our Hispanic population … being Roman Catholic, … I've had clients who have tried to come out to their parents and their parents will say they're possessed or touched by a demon, so they bring them to church and have them *lay hands* … one kid, her dad tried to beat it out of her with a belt.

Marty echoed those sentiments, stressing the danger LGBTQ+ youth face when they reveal their identities to their families. In some cases, youth are subjected to conversion therapy or thrown out of their homes. The youth's accounts of rejection highlight the importance of a safe therapeutic space where confidentiality is honored. Marty further explained that the goal is never to push youth to come out if it could endanger them, by saying:

> There are times when an individual has come out to their parents, and they are kicked out [or] they are put into conversion therapy, [or] they are assaulted. You know, it's a very dangerous thing. It's not the goal of therapy to *out* them to their parents if it's not a safe environment for them.

Whether rejection manifested subtly through isolation and lack of representation, overtly through bullying, or pervasively through constant messages of scorn, it originated from schools, peers, churches, communities, and families. All participants reported that rural LGBTQ+ youth consistently receive messages that they do not exist, do not belong, are deviant, are confused, or are sinners. LGBTQ+ youth often internalize these messages of rejection, leading to deep-seated shame, confusion, and self-loathing. This rejection fuels their fears and contributes to the chronic mental health struggles described by all participants, including self-harm and suicidality. All participants noted that the widespread rejection their LGBTQ+ youth clients face was a key factor contributing to the sense of fear presented by their LGBTQ+ youth clients.

Fear. Finally, all participants emphasized that their clients experience fear on multiple levels. Whether it relates to judgment, ridicule, humiliation, assaults, rejection, or isolation, fear is a pervasive concern for all LGBTQ+ youth clients. Marty captured the

intensity of this fear when he distinguished between fear and hate, correcting the common term *homophobia* by explaining: "There is a difference between [feeling] afraid of gay people versus 'I hate them' … *homophobia* is the fear of gay people *homodium* is hatred toward … I'm more of a call it like it is kind of person."

This distinction highlighted the complex emotional landscape that LGBTQ+ youth navigate, as they contend not only with societal prejudice but also with an internalized fear that affects their mental health and sense of self. Understanding this difference underscores the necessity of addressing both fear and hatred in therapeutic settings to foster resilience and support healing.

The depth of this fear drives many LGBTQ+ youth to hide parts of their identities to protect themselves from harm, often opting for online schooling, masking their identities, or keeping their true selves from their families to avoid rejection. Clients have expressed fear for their personal safety, an issue that extends far beyond physical threats to also include the political environment. John pointed to the increasing pressure felt by LGBTQ+ youth in Iowa due to the introduction of 29 anti-LGBTQ+ bills in the state legislature, while Edie and Marty noted that political fears have driven some to leave Iowa altogether in search of medical care, such as puberty blockers and hormone replacement therapy (HRT). Edie described how the political climate has reshaped her practice and affected her clients:

> When the legislation changed, I had a lot of people who left the state … there was fear about therapists potentially being [criminally] charged for giving certain care … people didn't know if they could keep their HRT … people didn't know all the laws—they just knew it wasn't friendly anymore … they just stopped reaching

out. I had to transform my practice a little bit because I just didn't have as many LGBTQ+ clients reaching out for therapy.

This growing reluctance to seek mental health support is particularly alarming, as all participants identified access to therapy as a life-saving resource for LGBTQ+ youth, particularly in an environment where they are constantly navigating safety concerns.

The subthemes of suicidality, bullying, rejection, and fear all illustrate the profound safety concerns facing LGBTQ+ youth in rural Iowa. These issues are deeply intertwined, creating an environment where safety, both physical and emotional, is constantly under threat. Despite these challenges, participants highlighted the resilience of LGBTQ+ youth, a theme that emerges strongly as these individuals navigate and resist the systemic and social adversities they encounter.

Resilience

All participants reported that resilience among LGBTQ+ youth in rural Iowa is fostered through a combination of personal authenticity and external support systems. The journey of expressing their true selves, often in the face of adversity, is bolstered by strong social connections, the presence of at least one fully supportive individual, and family backing. Participants all agreed that protective policies aimed at reducing bullying within schools and communities also contribute to creating environments where LGBTQ+ youth can thrive.

LGBTQ+ youth were consistently recognized by participants as a particularly resilient group. A crucial aspect of resilience is the ability of LGBTQ+ youth to embrace their authenticity. This often requires a high degree of self-awareness, bravery, and

companionship as they navigate expressing their true selves in the face of adversity. Marge describes her perception of the sense of self-awareness shown by her clients:

> For some students who identify this way, they've either gone through that [developmental] process earlier or they just have … a stronger sense of who they are for at least that component … and I don't know how that happens or how that develops.

Marge's observations highlighted the varying paths to self-awareness among LGBTQ+ youth, suggesting that some may develop a stronger understanding of their identity earlier than their peers. This awareness might influence their resilience, empowering them to confront societal challenges and affirm their identities with a different sense of confidence.

The positive sense of self was more likely to emerge in environments where youth feel connected and supported by others who share their experiences. Sally illustrated the importance of social connectedness by describing a unique bond she witnessed among LGBTQ+ youth at a camp she supervised:

> I would watch that group interact … there was a culture … very very joined. You get a group of that many girls and you are gonna see segments break off and fall away. This group was like this (fingers intertwined) all the time. They didn't break off. They didn't fall away. There was always that bond of 'We will hang together, … and they were diligent about making sure that their group stayed very, firm. And it still is today.

This bond, as Sally described, is critical for LGBTQ+ youth as they navigate the challenges of rural life. Wanda emphasized that these strong connections help youth

overcome isolation and rejection: “What helps them get through is finding those people … that accept them as they are, and encourage them to be who they are, their authentic selves, so that they’re not alone. They’re not isolated.”

This insight reflects the critical role of supportive relationships in the lives of LGBTQ+ youth, serving as a buffer against the challenges they face. For many LGBTQ+ youth, finding even just one supportive individual might be life changing. Edie highlighted this by sharing her experience with clients: “I have found that if they have one person, just one person who can listen and can encourage them and can provide them emotional support, they tend to do better.”

Edie’s insights underscore that such a supportive connection not only fosters resilience but also reinforces the significance of affirming care. Moreover, that LGBTQ+ youth often demonstrate remarkable resourcefulness.

All participants stated that <u>all</u> their rural LGBTQ+ clients turn to online platforms for support. These platforms help them form friendships, seek guidance on personal expression, find communities aligned with their identities, and access crisis resources. These online spaces serve as vital sanctuaries for rural youth who may not experience acceptance in their immediate environments.

The participants identified family-support and protective-inclusive school and community policies as critical factors that nurture resilience among LGBTQ+ youth. Family support is especially crucial, with several participants describing their efforts to provide psychosocial education, resources, and counseling for parents as part of treating the youth. Similarly, inclusive school and community policies that actively combat bullying contribute to an environment where LGBTQ+ youth can feel safer and more

empowered. Wanda described the empowering effect of witnessing peers stand up for one another in the face of mistreatment:

> I've also had clients who have had positive experiences where they expected to be mistreated, or they expected to be verbally assaulted … and they were, and their friends stuck up for them … or defended them … how empowering.

The combination of these factors sustains the resilience of LGBTQ+ youth and contributes to their overall well-being, enabling them to navigate and overcome the unique challenges they face. Edie summarized the strength of these young people when she said,

> I do think most kids who can make it through childhood into adulthood as part of the LGBTQ+ community are some of the most resilient individuals I've ever met, because most of them didn't think that they would make it.

Amid these reflections on resilience, safety concerns were a central theme. Participants emphasized that vigilance around safety is crucial, given the high risks of suicidality and the frequent experiences of physical and sexual assault among LGBTQ+ youth in rural Iowa. The participants' dedication to fostering a secure and supportive environment highlighted their commitment to addressing the multifaceted dangers these youth face. Resilience among LGBTQ+ youth in rural Iowa is nurtured through a blend of personal authenticity and external support systems. Embracing their true selves, supported by social connections and inclusive environments, enables these youth to navigate and overcome the adversities they face. This leads to exploration of the broader experiences of Iowa social workers, including their professional development, training, and the resources available to them.

Professional Development and Support

Emergent themes around the experiences of Iowa social workers in treating the LGBTQ+ youth population were Resources, Training, and Colleagues. Participants talked about current Iowa resources available to support clients being websites, therapy, and local support groups/services. The limited accessibility of resources was highlighted throughout. Not unlike other issues related to rural living, resources dwindle the more rural the community. Participants discussed training including university training, training taken to maintain licensure, and training they have provided. All participants offered ideas and suggestions around ways to provide training that might reach more social workers and ensure they can access training at a level commensurate with their personal experience base and current professional needs. Lastly, participants discussed both positive and negative professional experiences with colleagues, and good or bad, each reported that these interactions served to increase their sense of compassion for clients as well as their passion for ensuring affirmative care. Building on these insights, the exploration of available resources, further illuminated social workers' experience.

Resources

In rural Iowa, LGBTQ+ youth face significant challenges due to a scarcity of resources. All participants highlighted the Internet as crucial for social connection and needed support, though not without concerning drawbacks. They pointed out that mental *health care* remains largely inaccessible due to a lack of qualified professionals and logistical barriers, although school-based mental health services are becoming more available. *Support groups* and specialized services discussed by participants will be described although they are scarce in rural areas, which underscored the urgent need for

social workers to be knowledgeable about local resources as well as those in nearby urban areas.

All participants noted that Iowa's rural youth often turn to the Internet due to the lack of community and resources available locally. They emphasized the importance of guiding these young people toward trustworthy online resources, such as The Trevor Project, which is the world's largest suicide prevention and crisis intervention organization for LGBTQ+ youth (The Trevor Project, n.d.b). All participants explained that, online, these youth find friendships, validation, and a sense of community. They seek advice on fashion, or make-up, and shop for items they cannot get locally or in-person. Max recounted the experience of a transgender male client who needed a chest binder to "look right" in his male attire. Additionally, most participants described online schooling as a resource for rural LGBTQ+ youth who find it impossible to stay in school due to bullying and fear. However, while acknowledging the internet as a valuable resource, all participants also described it as a double-edged sword, presenting significant risks of bullying and exploitation.

All participants identified mental health counseling as a critical resource for LGBTQ+ youth in Iowa. However, accessing outpatient mental health care in rural areas remains challenging due to a shortage of qualified therapists, long waiting lists, and transportation barriers. School-based therapists or telehealth services are often the only available options, though not all schools provide mental health services. Max, Marge, and Ruth, school-based therapists, reported a strong sense of protective responsibility toward their LGBTQ+ clients, emphasizing the importance of being knowledgeable about safety needs, affirmative care, and available resources. This expertise is vital, as these therapists

often represented the only accessible mental health resource for rural youth. Outpatient referrals are frequently impractical or impossible due to the scarcity of mental health practitioners, and those available may either lack the necessary expertise to treat LGBTQ+ youth or hold biases that prevent them from providing affirmative care. Inpatient mental health services for Iowa youth are also scarce and problematic. Highlighting these issues, John states,

> Iowa is in the bottom of all the states as far as access to mental health care. And so, when we have to commit, [due to suicidality], oftentimes they go to Waterloo, or Independence or Council Bluffs … far away from home or support systems.

His account captures the emotional and practical toll on LGBTQ+ youth who are sent to facilities far from their support networks, exacerbating their vulnerability during crises.

Additional LGBTQ+ resources in Iowa might be *supportive groups or services* which are often only located in larger communities. Participants discussed these resources, and the challenges related to rural Iowa. All participants mentioned school-based GSAs, explaining that GSAs play a crucial role in fostering belonging within schools and are typically led by an LGBTQ+ faculty member. However, no participant named a rural Iowa school district with an active GSA.

John mentioned his membership in a LGBTQ+ support group called Parents and Friends of Lesbians and Gays (PFLAG). He described it as a locally organized group that educates the community and advocates for LGBTQ+ youth. Currently there are six active PFLAG groups in the Iowa (PFLAG, n.d.), which are located across the state. Clock, Inc. is a nonprofit LGBTQ+ community center in the Quad Cities, which offers inclusive

spaces, educational programs, clothing and other tangible supports to reduce isolation and discrimination. Marty illustrated the need for emergency support for LGBTQ+ youth, sharing a poignant example:

> We also have research on LGBTQ+ Runaway, Homeless, Youth … I had a client who came out at 18 … was kicked out of their home, and they were homeless. Luckily, we had a couple of resources that we could navigate them toward because it happened when they came out. Safe Place was able to provide them emergency housing.

His point being that such resources may offer a lifeline for youth in crisis, providing critical safety and stability.

Wanda mentioned that Davenport, Iowa, hosts Eclectic Market, a flea market showcasing local artists and music, many of whom are LGBTQ+. Wanda explained that this may offer essential social support and empower LGBTQ+ youth by connecting them with a live community and representation.

In summary, LGBTQ+ youth in rural Iowa face significant challenges due to limited resources, with the internet serving as both a critical support and a potential risk. The scarcity of mental health services and support groups in these areas highlight the urgent need for more accessible and preventative supports to meet the unique needs of LGBTQ+ youth. Awareness of formalized groups offering support and services was seen as essential for effectively addressing these challenges and empowering youth. Additionally, given the critical role that available resources play in supporting LGBTQ+ youth, it was described as equally important to consider how social workers are equipped to leverage these resources effectively. Thus, examining training may provide insight into

how social workers can enhance their awareness and use of resources to better support their clients.

Training

Participants discussed their experiences with training related to the LGBTQ+ population, including university courses, post-graduate workshops, and the trainings they personally provide. University experiences varied widely, with some recalling discussions led by vibrant professors or student-driven conversations, while others talked about cultural sensitivity training for marginalized populations, with or without specific mention of the LGBTQ+ population, and still others, like Ruth or Sally who reported no LGBTQ+ relevant university training at all. Overall, university education on LGBTQ+ issues was described as incidental and anecdotal. Not one participant attributed their sense of confidence in working with this population to formalized education. Rather, they credited their understanding and comfort with the population to personal identification or close relationships with LGBTQ+ individuals. This underscores a challenge for LGBTQ+ youth, as the adequacy of support they receive often depends more on a social worker's personal life experiences than on professional training. Post graduation, seven participants engaged in situational training or workshops primarily to meet licensure requirements. However, they often found it difficult to gauge the training's level and relevance. As a result of such concerns, eight participants described often opting out of LGBTQ+ training they perceived as too basic, in favor of topics they perceived as more aligned with their practice needs. Anna talked about getting into an LGBTQ+ youth training by happenstance saying,

> I don't think I knew what I was signing up for … this was training on how you write a letter to give to a client to take to their physician, saying they are ready for hormone therapy … how to do the assessment of a person ready for that … I've really thought about that and retained that information … it also helped me identify a little bit of what I don't know … knowing what you don't know is powerful as well.

This instance reflects a broader reality for LGBTQ+ youth, access to services, including medical care like hormone therapy, often depends on social workers' ability to assess readiness and write necessary documentation. A lack of specific training could mean missed opportunities for youth to access life-affirming care.

Marge described one North Eastern Iowa school district having implemented LGBTQ+ related diversity training for all staff, including bus drivers, custodians, and teachers, because the district had a few transgender students.

> Our superintendent actually brought in Iowa Safe Schools to do a presentation for the entire staff. So, bus drivers, cooks, teachers, paras, and custodians, it was for everybody … because we have a couple of students in that district that identify as transgender.

Marge was the only participant to describe such a comprehensive approach.

In contrast, some participants took on the role of trainer, either voluntarily or because they were specifically asked, due to their LGBTQ+ identity. While Marty chose to provide training, Edie found herself compelled to do so without additional compensation, reflecting a broader issue where the burden of education falls disproportionately on LGBTQ+ professionals. In some agencies, LGBTQ+ training was

entirely absent or met with resistance, leaving social workers underprepared to meet the needs of their LGBTQ+ youth clients.

Participants were all in agreement that training for social workers is needed both by social workers and LGBTQ+ youth. Ruth stated,

> It needs to happen both because social workers want more information but also because the kids we see need us to be more informed … we need to be more aware of the unique challenges that these kids are facing … our team does a really good job. But again, I think most of that is from our own personal experience that we're bringing into it.

Her comment highlighted how LGBTQ+ youth often depend on their social worker's willingness to seek out additional knowledge beyond what is formally taught. Without this dedication, LGBTQ+ youth might face professionals who lack the understanding needed to address their specific challenges.

Marty and Isaac emphasized the importance of training to help social workers recognize and resolve their own biases, stay vigilant about safety needs, and adequately address the unique mental health concerns of this population, especially suicidality. John called for mandatory LGBTQ+ training, stating,

> I think NASW should push for periodic trainings like we do with additional trainings for supervision, ethics, child and elder abuse … I think culturally it calls for it right now … social workers are to give preferential treatment to the marginalized, the oppressed, this is the group that is oppressed. And so, lets mandate it.

His statement underscored the urgency of institutionalizing such training to ensure social workers are better prepared to meet the needs of LGBTQ+ youth and fulfill their ethical commitment to marginalized communities.

In summary, the data from interviews revealed a wide range of experiences with LGBTQ+ training among social workers. University courses varied significantly, with some providing meaningful engagement while others offered limited content or nothing. Confidence in working with LGBTQ+ clients was largely derived from personal experiences rather than formal training. Post-graduate workshops, often aimed at fulfilling licensure requirements, were frequently deemed insufficient in addressing the complexities of LGBTQ+ issues. Instances of effective training were rare and often limited to specific contexts. All participants emphasized a pressing need for more standardized, relevant training, recognizing that such improvements would benefit both social workers and the LGBTQ+ youth they serve. To continue exploring the impact of professional development, it is also important to consider how interactions with colleagues might influence social workers' effectiveness and attitudes towards LGBTQ+ youth clients.

Colleagues

The participants' experiences with co-workers, and administration varied widely, with both positive and negative aspects of their professional interactions being highlighted. Colleagues included multidisciplinary helping professionals who work collaboratively in providing care. Among these, school counselors stood out as particularly crucial in supporting rural LGBTQ+ students. John emphasized the unique and pivotal role school counselors play, often serving as the only advocates available to

these students. He noted their critical involvement in making referrals and ensuring students receive necessary support, stating, “School counselors are absolutely, absolutely, very, very, helpful … might be the only advocate that they [LGBTQ+ students] have … I get referrals from them.”

This illuminates the protective role of school counselors, especially in rural areas where resources may be limited.

In response to Iowa’s challenging political climate, there has been a noticeable increase in collegial discussions surrounding LGBTQ+ youth, both within schools and across broader professional networks. School based therapists Marge, Max and Ruth noted that more open dialogue has helped foster a collaborative atmosphere among school staff and school based mental health providers. Sally and Wanda mentioned that colleague conversations often involve sharing training resources, discussing best practices, and navigating the complexities of gender identity and expression, seen with young people. These discussions have contributed to a more informed and empathetic approach among colleagues, particularly in creating a supportive environment for LGBTQ+ students.

Proactive steps have also been taken in some agencies to enhance cultural competency, such as establishing internal diversity committees. Marty’s efforts to develop and disseminate LGBTQ+ information in his agency, served as valuable resources for colleagues by offering guidance around resources as well as understanding the specific needs of LGBTQ+ clients. Additionally, Ruth’s work in educating school colleagues about the effects of trauma and bullying on LGBTQ+ students has helped educators better understand and respond to behavioral issues, thereby fostering a more

supportive environment in her school. John expressed great appreciation for the support from his agency to participate in political advocacy demonstrations. Sally, in her role as a clinical supervisor, emphasized her firm stance on inclusivity: “I wouldn’t mince words … I’d say, ‘and what’s going on with you that you can’t accept them for who they are?’”

Her approach highlights the importance of addressing biases directly to ensure affirming care for LGBTQ+ clients.

However, participants also reported significant challenges, particularly in dealing with colleagues who exhibited deep seated biases and a lack of cultural sensitivity. For example, three participants recounted experiences with colleagues who made assumptions about their sexual orientation while attempting to refer an LGBTQ+ youth client to them. Wanda shared an experience witnessing judgmental and derogatory comments made by other colleagues about an LGBTQ+ client. Despite the profession’s advocacy for inclusivity, the use of offensive slang and stereotypical remarks by colleagues was alarming to her and illuminated the presence of bias within her workplace. Wanda and seven others recounted experiences of intervening to end judgmental conversations and reminding their co-workers of the expectation for cultural sensitivity in the social work profession.

Marty described an agency environment with a clear divide among therapists regarding their willingness to work with LGBTQ+ clients. Some therapists specifically requested not to be listed as available to LGBTQ+ clients, and LGBTQ+ friendly therapists were directed to minimize LGBTQ+ visibility in their offices. This lack of support and deliberate discouragement of LGBTQ+ inclusivity reflected an underlying resistance within the agency, making it difficult for affirming professionals to fully

express their support. Four therapists mentioned having a mental do-not-refer-to list—an unwritten bank of provider names known to be nonaffirmative, as a form of protection and advocacy for LGBTQ+ clients from colleagues with nonaffirming practices.

Anna described a situation where administration denied a request to label two separate bathrooms as *private bathrooms* to eliminate gender bias and create a more welcoming environment. Anna thought the illogical explanation provided by the administration reflected either resistance to inclusivity, or apathy. She described her frustration with the nonaffirming practice and chose to continue telling clients the bathrooms are private, and that they could use whichever they wanted.

Despite these challenges, all participants highlighted how both positive and negative interactions with colleagues have ultimately deepened their compassion and dedication for working with LGBTQ+ youth. Isaac recounted a pivotal moment that profoundly impacted his perspective, sharing how hearing congressional testimony about the high suicide rates among LGBTQ+ youth resonated with him:

> Some of the things she said just struck a nerve with me … if we don't use and talk about pronouns, we pretend they don't exist … and that stuck with me, like, [wow] what if I was in a world where everyone around me didn't even acknowledge who I was … like I'm not there … I couldn't go back after that, I couldn't.

His experience highlights how moments of deep reflection can solidify a professional's commitment to affirming care, ensuring that LGBTQ+ youth feel seen and acknowledged.

Wanda, recognizing the need for a therapist who would offer empathy, acceptance, and nonjudgmental support, began specializing within her agency to ensure that LGBTQ+ youth were assigned to her. Marty and Ruth have embraced opportunities to provide training or participate in diversity initiatives. Edie provided instruction at a local college and advertises LGBTQ+ specialization. Anna described adopting gender neutral practices and advocating for gender neutral policies within her agency. Max stressed the heightened responsibility of being one of the few supportive resources in rural communities, making the therapist's role as an ally even more crucial. As such, Max made a point to address his own bias so that he could provide affirmative care.

When asked what they might want a new social worker to know, participants emphasized the importance of gently approaching these clients with validation and acceptance, while urging new social workers to remain nonjudgmental, adhere to social work ethics, and seek appropriate training. Ultimately, whether faced with supportive or challenging colleagues, ALL participants were emphatic that these experiences have driven them to be more compassionate and committed to their work with LGBTQ+ youth. They reported that the opposition they encounter strengthened their resolve, while positive responses from clients further fuel their passion for providing inclusive and affirming care.

The participants' professional experiences with colleagues and administration varied, highlighting both the supportive and challenging aspects of their work environments. This sense of dedication and compassion serves as a critical foundation for the holistic care approach, emphasizing the importance of treating LGBTQ+ youth with comprehensive and inclusive support that addresses both their mental and emotional

well-being. This commitment to empathetic engagement naturally aligns with the practice of holistic care, which recognizes the interconnectedness of mental, emotional, and social factors in the lives of LGBTQ+ youth.

Holistic Client Care

The primary practice participants described was that of individual therapist to youth clients. All participants emphasized the importance of being careful and discreet with client information and disclosures. They consistently described assessing safety both at the onset of treatment and throughout the therapeutic process, with affirmative care practices being central to their treatment approaches. This collective focus on these strategies highlighted their critical role in providing effective and supportive care. Participants also discussed their active efforts to support family members to become more understanding and supportive. Such support is crucial for LGBTQ+ youth, to increase the potential for family inclusion. All participants reported instances of assault and/or homelessness among youth from unaccepting families, underscoring the vital role that supportive families play in the well-being of LGBTQ+ youth. Ultimately, all participants describe taking on advocacy roles either with parents and communities, to inform, to educate and to help others develop compassion that in turn may create inviting or welcoming spaces for their LGBTQ+ clients. Participants advocated at every level, within their agencies/schools, and in addressing policies, awareness, and education in the community. They also described participation in local grass roots advocacy as well as demonstrating or protesting at the state and federal level. These foundational strategies set the stage for a deeper exploration of how holistic practice specifically addresses the unique needs of LGBTQ+ youth.

Individual Therapy

All research participants emphasized that providing validating and affirmative therapeutic care is central to their practice. Five participants specifically mentioned their *person-first* professional values, and culturally sensitive interpersonal skills to help LGBTQ+ youth feel safe and comfortable with disclosure. Two participants noted that belonging to the LGBTQ+ community naturally helps them create an environment where youth feel free to share, while five others incorporate sexual-orientation gender-identity questions during intake or highlight confidentiality policies to convey nonjudgment and offer validation. The social workers uniformly stressed the importance of individualized, affirming care, and prioritizing the creation of a safe, nonjudgmental space where youth feel supported in their identities. During the intake process or initial sessions, they report asking thoughtful questions about safety and support at home, levels of depression or isolation, and potential self-harming behaviors. These initial steps are crucial in helping young clients feel secure and supported enough to disclose sensitive information.

The participants describe using various strategies to affirm LGBTQ+ youth identities, such as integrating elements of queer culture into therapy spaces and addressing identity related concerns in a direct, supportive manner. For some, creating a welcoming LGBTQ+ safe space is a deliberate practice, while for others, it is a natural extension of their daily life. Participants agreed that presenting their authentic selves is essential for building trust. Key aspects of inclusivity and validation included using clients' preferred names and pronouns.

All social work participants frequently highlighted the importance of using clients' preferred pronouns and names, focusing on building a trusting relationship from

the outset. Safety, particularly regarding suicide risk, is a primary concern, with social workers integrating safety planning and crisis intervention strategies throughout therapy due to the consistent risks of self-harm, assault, mistreatment, and homelessness. To align therapeutic goals with those of the client and avoid biases, they keep the therapeutic focus on what the client wants to achieve. This sentiment was echoed by Marty, who highlighted the nuanced role social workers play in guiding youth through complex identity issues:

> It's not the goal of therapy to *out* them to their parents … I take on a lot of interns and there's a couple of things that I strictly go over with them. One I mention that coming out is not always the goal. Safety is the number one thing.

Marty's comment reinforced that the youth's safety, both emotional and physical, must be prioritized over assumptions about their identity disclosure journey. For many LGBTQ+ youth, the fear of being outed can prevent them from seeking help. Respecting this client self-direction allows youth to explore their identities on their own terms.

Moreover, participants acknowledged that gender and sexual identity exploration is a natural part of adolescence. However, for LGBTQ+ youth, this journey often comes with unique challenges. Both Marty and John have made it a point to provide psychoeducation on healthy relationships and safe sex, having acknowledged the lack of guidance available to these youth. John, noting that LGBTQ+ youth often lack the support or freedom to navigate their sexual identities and experiences safely, pointed out, "There is never a time humans are more vulnerable than during the sex act."

This situation is further complicated for LGBTQ+ youth, who may not receive comprehensive sexual education relevant to their experiences.

Physical safety is a significant concern, particularly for transgender clients, who face increased risks of bullying, physical harm, and sexual abuse. Participants were all keenly aware of the unique challenges LGBTQ+ youth face, including societal discrimination and the re-experiencing of developmental milestones from an authentic identity. Edie explains that masking identity throughout developmental milestones leaves LGBTQ+ youth in a developmental quandary, stating,

> If you have literally the entire world saying, here's what your identity is … and you don't feel that way … Then you've spent your peak developmental years, from a brain development perspective … projecting this masked identity … you already have this kind of delay … developmentally they have to kind of go back and [authentically] re-experience building friendships and romantic relationships.

This highlighted the need for supportive environments that allow LGBTQ+ youth to explore and embrace their true identities throughout their social and emotional development.

Throughout their practice, all participants strive to be open, compassionate, and supportive, helping youth navigate their identities in a safe and affirming environment. Additionally, participants highlighted that maintaining a shared goal with clients, while addressing identity-related concerns with sensitivity and fostering a welcoming space, enables therapists to create an environment where LGBTQ+ youth feel safe to explore and affirm their identities without fear of judgment. These efforts to provide individualized, affirming care are complemented by participants proactive initiatives to support family members, an essential component in fostering a supportive environment for LGBTQ+ youth.

Supporting Family

In their practice of treating LGBTQ+ youth, participants consistently emphasized the significance of supportive family dynamics as a critical therapeutic concern. ALL participants highlighted the importance of engaging with parents, either through targeted psychoeducation or by creating opportunities for supportive counseling and partnership. Participants noted that involving families in therapy may create a more affirming and supportive environment for LGBTQ+ youth. Participants emphasized that parental support is essential for the well-being and mental health of LGBTQ+ youth. In contrast, family rejection poses a significant threat, leading many youths to fear disownment, disappointment, or abandonment. Wanda recounted a distressing experience of one client who shared, "My mother told me, 'I would rather that you took a gun out and shot me in the head than decided to be this way.'"

This stark statement highlights the profound emotional impact of familial rejection on LGBTQ+ youth. Participants had many examples of cases where youth faced harsh rejection or violence upon disclosure, exacerbating a sense of isolation, rejection, and shame. They explained that loss of family support can be profoundly damaging, making it essential for them to intervene in effort to foster understanding and acceptance within the family.

Participants noted that when youth do not have family support they are at increased risk, another factor making safety a primary concern. In extreme cases, parents may resort to harmful practices like conversion therapy, prompting therapists to have direct conversations about the danger of such actions. Regarding a young transgender client who had a suicide attempt immediately after starting conversion therapy, Marty

reports his approach with parents is blunt: “I tell them, you have a choice, you can have a living son or a dead daughter.”

Marty’s candid statement underscores the gravity of the situation faced by many LGBTQ+ youth and highlights the critical need for parents to recognize the potential consequences of their actions and beliefs. Participants emphasized the importance of supporting family members as a crucial aspect of their practice. John noted the challenges faced when engaging with families, particularly fathers stating,

> Oftentimes, it’s really difficult getting the dads to come in, and so anytime that I can see the dads and extended family members and to help them understand the seriousness of the issue … to educate the whole family unit … is an absolute challenge.

This emphasized the importance of family support and the barriers that practitioners might navigate to ensure comprehensive support for their clients. A major challenge described was working with parents who may not support or understand their child’s identity, although seven participants emphasized that educating the family unit while ensuring the youth’s safety is a delicate balance. Lack of parental support often causes significant distress for both the youth and the therapist, who must balance caring for the youth while educating and supporting the parents. Based on their comments and conversation it was clear that in their role as therapists they use psychoeducation to subtly engage parents, helping them understand their child’s experiences without explicitly conducting therapy with them, hoping to gradually shift parental perspectives to strengthen home support. However, seven participants noted that respecting the youth’s

readiness to disclose their identity to their parents adds complexity, and the therapist must navigate family dynamics carefully.

Supporting the family system was presented as essential but challenging, especially when parents hold deeply ingrained beliefs that add to a lack of acceptance of their child's identity. Therapists reported they work to build alliances with parents, offering knowledge and support to help them advocate for their child or become more affirming, working to create a safe and affirming environment where LGBTQ+ youth can thrive. Participants explained that while their role in advocating with families is common, efforts are also vast and include advocacy with schools, agencies and government.

Advocacy

Participants described a variety of ways they advocate for LGBTQ+ youth as a part of their practice and to honor their personal and professional values. In their practice of treating LGBTQ+ youth, participants emphasized advocacy as an integral component of their work, illuminating the need for active support and affirmation within various systems. All participants described a range of advocacy efforts, from promoting inclusive practices within their agencies to directly challenging discriminatory policies and attitudes. Edie created an effective telehealth system several years before Covid, after realizing rural LGBTQ+ youth could not get consistent services any other way. She explained she had to sell the idea to her agency and teach herself how to design a telehealth program, and she achieved both goals. Six practitioners spoke of their commitment to advocating for affirming care by having influenced organizational practices, such as updating intake forms to include gender pronouns, recruiting

understanding with colleagues or advocating for gender neutral facilities. For example, Wanda stated,

> I had some input on that … [telling] the owner, that our intake forms were not friendly … give people [more] choice on the pronouns … a way that they can state what their preferred name is. … more than 2 options for gender … it resulted in an upgrade to the software system so that it could reflect that there would be a place to put those pronouns and those names and different things like that.

All participants also highlighted the importance of psychoeducation, using gentle interjections to broaden perspectives and educate colleagues, parents, and the broader community about the unique needs and challenges faced by LGBTQ+ individuals. Additionally, two therapists voluntarily shared their involvement in or impact of social justice activities outside of their clinical roles, recognizing the broader societal implications of advocacy efforts. John described having the support of his agency to protest anti-LGBTQ+ legislation at the state level, and Isaac mentioned hearing the woman who spoke to Congress. These efforts reflect a deep commitment to the safety, dignity, and well-being of LGBTQ+ youth, even in the face of increasing hostility from political policies and cultural attitudes.

All research participants highlighted the essential role of holistic, individualized care in their therapeutic practices with LGBTQ+ youth, emphasizing confidentiality, safety, and validation. They integrate various strategies to affirm LGBTQ+ identities and support both clients and their families, recognizing the profound impact of family dynamics on the well-being of LGBTQ+ youth. This focus on comprehensive care and family support lays the groundwork for a deeper investigation into how social workers

implement cultural humility in their practice. The next section will explore how cultural humility shaped their interactions with clients and influenced their advocacy efforts, further contributing to effective and inclusive support for LGBTQ+ youth.

RQ2

Participants unanimously agreed that cultural sensitivity is critical in the work of social workers providing mental health therapy to LGBTQ+ youth in rural Iowa. The unique challenges faced by these youth involve a nuanced approach, where social workers demonstrate the interconnected principles of self-awareness, teachability, and an understanding of the systems impacting their clients' lives. These categories, which emerged from the analysis, highlight how cultural humility is evidenced in the daily practices of these social workers.

All participants reflections of their work consistently demonstrated the foundational principles of Gottlieb's (2021a) model of cultural humility through their commitment to self-awareness, their openness to teachability, and their engagement with the various rural Iowa systems that directly influence LGBTQ+ youth. Self-awareness was reflected in their ongoing self-reflection, dedication to resolving personal biases or knowledge gaps, and compassion that drives affirmative care. Teachability was evident in their collaborative efforts to partner with youth, continually adapting their approaches to meet the needs of their clients by fostering and maintaining a growth mindset. Lastly, the category of Systems encapsulated the broad community, societal, and political structures, including family, school/community, rural ideology, religion, and politics, that profoundly shape the experiences of LGBTQ+ youth in rural Iowa.

These categories and their interconnection reveal how social workers' cultural humility is not only a personal practice but also a professional framework guiding how they navigate complex systems that influence the well-being of LGBTQ+ youth. The themes within each category, such as self-reflection and compassion in Self-Awareness, partnering with clients and fostering a growth mindset in Teachability, and the influence of family, school, community, rural ideology, religion, and politics within Systems, offer a holistic understanding of how social workers engage in culturally sensitive practices with rural LGBTQ+ youth.

Table 3 outlines these categories and themes, demonstrating how they work together to shape the social workers' approaches to care. This interconnection highlights that self-awareness informs teachability, which in turn enables social workers to effectively engage with the larger systems impacting LGBTQ+ youth. Together, these principles guide social workers in their ongoing efforts to provide compassionate, affirming, and contextually informed care to LGBTQ+ youth in rural Iowa.

Table 3

Categories and Themes for RQ2

Self-awareness	Teachability	Systems
Self-reflection	Partnering	Family
Compassion	Growth mindset	School and community
		Rural ideology
		Religion
		Politics/legislation

Participants consistently described all three foundational principles of Gottlieb's (2021a) model of cultural humility. Self-awareness was evident in their commitment to compassionate reflexivity, which entailed ongoing self-reflection and compassion as they have strived to resolve personal biases or gaps in knowledge in their quest to provide

affirmative care. Teachability was reflected in their efforts to partner with clients and nurturing a growth mindset in their perceptions of themselves as lifelong learners. Additionally, participants identified and discussed the impact of 5 key systems in Iowa on LGBTQ+ youth as: family, school/community, rural ideology, religion, and politics. These findings underscored the participants' understanding of cultural sensitivity and illustrated their dedication to culturally humble practices in therapy. All participants emphasized their commitment to reflexivity and understanding, demonstrating a proactive approach to recognizing and addressing personal biases and gaps in knowledge. They employed collaborative strategies in therapy to partner effectively with LGBTQ+ youth. Additionally, they actively sought out learning opportunities to enhance their skills and knowledge. Their advocacy efforts extended beyond the therapy room, involving initiatives to support and improve the social systems that impact rural Iowa youth.

Self-Awareness

Through their accounts, all participants underscored the profound role of self-awareness in delivering affirmative care to LGBTQ+ clients. Self-reflection emerged as a cornerstone of their practice, enabling them to confront and navigate their own biases, privileges, and emotional triggers. This ongoing process of introspection was critical not just for professional development but also for compassion in fostering deeper, more empathetic connections with clients.

Self-Reflection

All participants highlighted the evolution of their self-reflections as they engaged more deeply with LGBTQ+ issues, particularly through personal relationships and professional encounters. The recognition of their heterosexual privilege was a recurring

theme, often illuminated through close ties with LGBTQ+ individuals or collaborations, which revealed previously unexamined assumptions. Anna provided an example of becoming aware of invalidation through a common misperception stating,

> In thinking about biases or discomforts, my understanding has grown and changed sometimes through mistakes … I remember this very clearly … it wasn't a client interaction … this was a colleague interaction, and I had misspoken making some comment about *choice,* and I was very politely educated by my coworker who said, "Why would I make this choice? Why would I ever choose to make my life harder"? … she was a lesbian and living with her partner … it hadn't occurred to me to question that idea … and I still think about that.

Anna's reflection illustrates how moments of learning, especially from peers, can illuminate personal biases, fostering professional and personal growth. Six participants commented about how these realizations had been intertwined with personal beliefs. In one example, Max shared his experience of reconciling his religious background with his professional obligations:

> I was raised Roman Catholic …. I continue to hold Christian beliefs which could conflict with youth and their perception of themselves …. I recognize that my professional ethics require that I help them explore themselves on their own terms.

The challenge was to compartmentalize these beliefs, ensuring they did not hinder the provision of nonjudgmental, affirmative care. This required a conscious effort on his part to create an environment where clients felt safe and respected, a space where their identities were affirmed rather than questioned.

All participants also recognized the need for continuous education and self-improvement, particularly in areas where they felt less confident, such as understanding the experiences of transgender clients. This commitment to learning was not just about acquiring new knowledge but also about deepening their understanding around gender diversity and strengthening their empathetic awareness. The practice of reflexivity was intrinsically linked to personal and professional growth, shaping how these social workers viewed themselves and their role in the lives of their clients. Ultimately, the narrative of self-awareness among these social workers was one of continuous self-examination and growth. It is a journey marked by a willingness to confront uncomfortable truths, an openness to learning, and a deepening commitment to understanding and affirming the full humanity of each client. Ruth offered a personal example,

> I've got some of my students that are questioning if they're transgender or not and I hate to admit this but part of me [thinks] "Oh, you're young yet" … and I'm not saying this to the kids, but I do notice it come up in me. I catch myself [because] who's to say they aren't questioning even if they are 12.

Ruth's ability to catch herself in moments of bias highlights the importance of self-reflection in providing a safe and supportive environment for LGBTQ+ youth. This reflexive process was a common experience among participants, who continuously evaluated their responses and adjusted their approaches accordingly. The participants' commitment to self-reflection was not only about intellectual growth but also about ensuring that their care remained compassionate and ethically sound.

Compassion

Closely linked to self-reflection, all participants emphasized the importance of cultivating compassion in their work with LGBTQ+ youth. As they deepened their self-awareness, they reported a corresponding growth in their ability to empathize with the unique challenges their clients faced. This compassion was evident not only in how they responded to clients' needs but also towards themselves in their willingness to admit and address their own mistakes.

Marge described an approach to handling moments of discomfort that exemplifies the link between self-reflection and compassionate care when she talked about her practice of following up with clients after realizing she had misspoken during a previous session:

> And so, a lot of times I will think about something, well after I've met with a student, and if I'm uncomfortable with maybe what I said or how I responded, I always follow up with them the following week. [saying] "I was thinking about this a little bit more … I can see how what I said maybe could have been offensive to you or could have been hurtful. And I don't want that …." So … having that self-reflection and owning it.

This reflects a practice of revisiting uncomfortable moments with self-compassion and reinforced Marge's broader commitment to continual self-improvement and empathy driven care. All participants talked about how the dedication to reflexivity and accountability builds trust and strengthens the therapeutic relationship. As the participants described their experiences with self-awareness, they invariably described growth in their sense of compassion toward themselves, and their ability to provide

affirmative care. Wanda summarized the sentiment when she said, “I think it’s made me more compassionate. I think it’s given me a broader understanding of my own privilege. It’s made me more aware of my own privilege.”

Ruth echoed a similar perspective, describing how working with LGBTQ+ youth had shaped her understanding of their struggles:

> Working with LGBTQ+ kids has opened my eyes it to how deep this pain is … [reflecting] about [the experience of] being made to feel like something’s wrong with you … I mean it’s something, fundamentally, that’s a part of you. And to be told that it’s just wrong … I don’t want to be a part of doing that to anyone.

All participants report that such self-reflection enhances their professional practice, leading to increased compassion, empathy, and effectiveness in their roles. This growth mindset naturally extends to their practice of teachability and partnering, where the ability to engage in authentic collaboration is strengthened.

Teachability

In working with LGBTQ+ youth, all participants consistently emphasized the importance of partnering with clients and fostering a growth mindset. These core principles seem to shape effective and affirmative care, ensuring that social workers not only support their clients but also continue to grow alongside them.

Partnering

Partnering with clients is foundational to effective social work, particularly with LGBTQ+ youth (Gottlieb, 2021a; NASW, 2017). All participants shared the importance of learning about their clients’ identities from the client’s perspective to more fully understand their clients’ realities and protecting them from nonaffirming therapists for

impactful treatment. By setting mutual goals, such as focusing on what is genuinely beneficial for the client rather than imposing external expectations, social workers foster a therapeutic alliance rooted in trust and respect. This partnership is evident as it creates a safe space where clients feel recognized and supported, a process described as beginning from the first interaction and is reinforced through consistent, validating care.

The commitment to learning was a recurrent theme, with nine participants highlighting the importance of staying open and curious. Seven participants expressed the opinion that true teachability comes from partnering because learning often emerges from the clients themselves, who share valuable insights, experiences, and resources that may not be covered in formal education. Wanda illustrated this point, reflecting on her experiences:

> Some of my gay clients have been the most helpful. They'll say, "I read this book," or "I saw this movie, you should really recommend it to your other trans clients." Honestly, they've probably provided me with more information than I was able to find professionally.

This kind of reciprocal exchange highlighted the significance of viewing clients as active partners in the therapeutic process where both client and clinician contribute to the learning journey. It highlights the fluid, ongoing nature of teachability, where social workers not only impart knowledge but also remain receptive to learning from their clients' unique experiences.

Seven participants noted that partnership may include the intentional embrace of LGBTQ+ culture, which was particularly natural for two participants who identified within the community themselves. Marty illustrated the empowering impact this can have

on LGBTQ+ youth, noting how visibility and representation provide a sense of safety and belonging. He shared,

> I like the saying, … "I don't wear a rainbow so you know who's in my bed. I wear it for the kid who might need to know that there are other people like them out there." … like, so that they know it's safe … and they can see, "oh, there's somebody just 'out' living their life" … there is a future.

This underscores the critical role that both visibility and cultural partnership play in empowering LGBTQ+ youth, allowing them to envision a more inclusive and affirming future.

Based on the interview data, it was clear that for LGBTQ+ youth, the presence of queer symbols can be a lifeline, offering the reassurance that there are safe spaces and supportive individuals within their community. Five other participants emphasized the importance of utilizing LGBTQ+ symbols in their offices to nonverbally express that theirs is a welcoming and affirming environment. Such visible affirmations play a critical role in communicating safety and acceptance to LGBTQ+ clients.

To effectively partner with LGBTQ+ youth, all social workers described continuously evolving in their knowledge and practice. This emphasis on mutual learning naturally extended to a growth mindset, where social workers valued curious openness, sought out learning opportunities, and embraced new perspectives.

Growth Mindset

All participants emphasized the significance of a growth mindset and linked that to partnering. Six participants explicitly commented on a need to actively seek out learning resources and opportunities to enhance cultural competence and understanding

of LGBTQ+ issues. John emphatically suggests, “Google those things, go to reliable sources that you know … try the .edu’s, the Mayo clinic, Johns Hopkins …. educate yourself …. but then, go humbly into those conversations.”

John’s advice reinforces the importance of continuous self-education and humility in conversations, emphasizing that developing cultural competence requires both proactive learning and an open, respectful approach when engaging with LGBTQ+ youth. Additionally, all participants spoke to the importance of creating collaborative learning environments where knowledge is shared, and practices are refined. Monthly meetings, as described by Wanda, serve as a model for such environments: “We meet monthly for a two-hour lunch where we discuss issues we’ve encountered during sessions, things that are bothering us, or personal triggers.”

However, the feasibility of such meetings varied among participants. John, Marty, and Sally, who work with other clinicians, reported regular staff meetings. Conversely, Marge and Max, who are rural school based social workers, indicated they work independently with minimal opportunities to interact with colleagues or prioritize such meetings. Therefore, cultivating a growth mindset was seen as vital for developing compassion and affirmative care strategies. This mindset seems to support both self-directed and collective learning, allowing social workers to adapt and respond to the unique needs of each client. All participants emphasized that for new social workers entering the field, the importance of providing nonjudgmental, accepting care cannot be overstated. All participants stressed the need for ongoing training, particularly in areas like cultural sensitivity and understanding the vernacular and social dynamics relevant to LGBTQ+ communities. New practitioners were encouraged to approach their work with

humility, recognizing that they will not know everything but can learn from both their clients and colleagues. Isaac reinforced this idea noting,

> I will 100% guarantee they will [have LGBTQ+ clients] in their career … more than they might think … they need to think about how they are going to deal with that … think about what bias they already have … what knowledge they don't have.

This highlighted the necessity for self-awareness and preparation, to ensure that social workers are equipped to provide affirming care to LGBTQ+ clients throughout their careers.

By embracing this teachability, seeking out professional development opportunities, and engaging in collaborative learning, new social workers can build effective partnerships with LGBTQ+ youth, validating their experiences and supporting their growth in a way that is both ethical and empathetic.

The narrative that seems to have emerged throughout the data collection is one of shared learning, mutual respect, and a deep commitment to fostering environments where LGBTQ+ youth can thrive. Participants shared the opinion that social workers who embody these principles contribute not only to the well-being of their clients but also to their own professional and personal development. Having explored how participants integrated self-awareness and teachability into their practice, it is useful to examine the broader context in which this care occurs. Participants identified five key systems—family, school/community, rural ideology, religion, and politics—that significantly impact the lives of LGBTQ+ youth in rural Iowa. Understanding how these systems

interact with the therapeutic process is essential for appreciating the full scope of culturally humble practices.

Five Social Structures of Rural Iowa

Participants in this study identified five key systems that significantly impact the experiences of LGBTQ+ youth in rural Iowa: family, school/community, rural ideology, religion, and politics. They emphasized the critical role of family as a support system, noting that while some families provide positive and protective environments, others contribute to severe mental distress, physical violence, and even homelessness. School and community were also highlighted as pivotal, second only to family, given their capacity to either empower or deeply wound LGBTQ+ youth through acceptance or rejection. Rural ideology, as described by participants, tends to be tolerant but not fully accepting of LGBTQ+ identities. Organized religion in Iowa, primarily Christianity, was frequently discussed in terms of its rejection of the LGBTQ+ community, which poses significant challenges given the cultural importance of church membership in these communities. Finally, politics was a recurrent theme, with all participants referencing the recent surge in anti-LGBTQ+ legislation in Iowa over the past two years, reflecting the broader socio-political challenges faced by LGBTQ+ youth in this region. Of these systems, all participants consistently identified the family as the most influential, shaping both the support and challenges faced by LGBTQ+ youth in rural Iowa.

Family

In rural Iowa, the family system plays a crucial role in the lives of LGBTQ+ youth, acting as both a potential source of resilience and a significant risk factor. All social workers pointed out that heterosexuality is typically assumed, which may lead to

rejection when youth reveal their true identities. All participants consistently emphasized the importance of a supportive family environment, noting that when families are accepting and affirming, LGBTQ+ youth are more likely to thrive. Edie and Marty, specialists in treating LGBTQ+ youth, highlighted the power of supportive family, observing that it is often parents who bring their child to therapy, seeking added guidance and care. In some cases, supportive families have even moved out of state, due to the increasing anti-LGBTQ+ legislation in Iowa, to ensure their child can continue to receive necessary medical care, such as puberty blockers or hormone therapy. Wanda highlighted the grief and loss that parents of transgender children may naturally experience, emphasizing the importance of counseling and psychoeducation for family. Social workers also described families who, despite initial struggles, come to accept and support their LGBTQ+ children, providing a crucial buffer against the challenges these youth face in a rural, often conservative, environment. John explained that, with client permission, he reaches out to families, particularly fathers, emphasizing the importance of psychoeducation in bolstering family understanding and support. Anna emphasized her efforts to support *parents to be parents* and to advocate for their children both at school and within the family. Seven of the ten participants described active but informal efforts to support families with counseling and resources on behalf of their clients. Sally summarized the sentiment that all participants described with these efforts, this way: “I do my very best to do therapy with the parents while I’m not doing therapy with the parents.”

This approach highlighted the participants' recognition of the critical role family dynamics play in the well-being of LGBTQ+ youth and the need to extend their care beyond the client to include the broader family unit, even in indirect ways.

All therapists talked about devastating consequences correlated with unsupportive families. Social workers recounted instances where negative family reactions had led to severe mental health challenges, including self-harm, suicidality, and, in extreme cases, assault and homelessness. Some families go so far as to engage in harmful practices like conversion therapy or physical punishment to change their child's identity, further exacerbating feelings of isolation, rejection or self-loathing. The variability in family dynamics underscores the profound impact that acceptance or rejection can have on the well-being of LGBTQ+ youth, making family support a critical area of focus for providers working with this population. Beyond the family, the school and broader community were frequently cited as key environments where LGBTQ+ youth seek affirmation or face additional challenges, highlighting the significant influence these spaces have on their development and mental health.

School/Community

Participants consistently highlighted the critical role of schools and communities in shaping the experiences of LGBTQ+ youth, especially in Iowa's rural areas. The attitudes of a minority within these communities show some signs of evolving, yet the challenges remain significant. Isaac remarked, "I guess you could even say 'tolerance,' which is sad, but it's the word I choose intentionally, that's increased …. I use the word tolerance, not acceptance."

This distinction underscores the ongoing struggle for genuine acceptance rather than mere tolerance. Specifically, participants noted that rural community and school attitudes toward LGBTQ+ [sexual-orientation-identities] have become more accepting, reflected in examples like same sex couples openly attending high school prom. This shift signifies growing tolerance, potentially marking a change toward inclusivity in the social landscape. Although Max warns, "The bar for tolerance is set at a different place in small communities."

His statement reflects the reality that while progress may be visible, many rural schools and communities fall short in providing the necessary support, often leading to serious consequences for LGBTQ+ youth. Additionally, all participants noted that the rural school climate for youth with gender identity differences is not only less tolerant but more dangerous compared to those with sexual orientation differences. Sally described a sexual assault in which peers at school dragged her client into a bathroom and pulled down their pants to mock their genitals, noting, "and the school did nothing … they didn't believe it."

Her account highlighted the alarming lack of accountability and protection in rural schools, further endangering the well-being of transgender and gender-diverse youth. In fact, each participant shared an example of a situation in which LGBTQ+ youth *had to leave school to finish school*, reflecting a potentially broader issue of insufficient policies and support systems for LGBTQ+ students.

The lack of representation in both school staff and curriculum further exacerbates the sense of isolation these youth feel. Marty described a recent school survey he read that found the primary factor that impacted self-esteem and acceptance for LGBTQ+

youth was the implementation of LGBTQ+ identified curriculum, teaching youth that LGBTQ+ people have been around throughout human history and noted there are plenty of historical examples that are not being taught:

> We had Alexander the Great, who was bisexual, and Emperor Ai of China's Han dynasty and the story of the "Cut Sleeve." It was a story based on Emperor Ai and his male lover. As the story goes, his lover was asleep on his arm when Emperor Ai was called away to a meeting. The Emperor cut off his sleeve rather than wake his lover …. So, youth having the ability to recognize themselves within history … to understand, "I'm not alone, and—this isn't a new thing," and giving them role models to look up to.

Marty added that the absence of LGBTQ+ inclusive education can cause students to disengage, even missing critical information about sexual health. This lack of education compounds both the sense of isolation and physical health risks. No participant was aware of any LGBTQ+ inclusive curriculum being taught in Iowa schools, underscoring the lack of formal education and representation for these youth. Max expressed the broader impact of this absence, stating, "I would struggle to be able to identify role models for LGBTQ+ youth in their community or school."

His observation reflects the broader issue of invisibility that LGBTQ+ youth face. This absence leaves LGBTQ+ students without visible affirming narratives or inclusive role models in their educational environments. Additionally, participants repeatedly and consistently noted that school support has been further compromised by legislation that bans LGBTQ+ related books and limits some validating practices in school such as honoring pronoun and alternative name needs.

Despite these challenges, there are pockets of support within some communities and schools. Edie explained,

> It just depends. … I had some clients where they always stood up for their kids in their schools and in their communities. They had a lot of loving people who would step up and say, "we're not tolerating this type of treatment of other people."

However, this support is not universal, with Edie estimating that rural communities that are supportive in those ways are the minority.

In the environments, where violence and bullying are prevalent, and where many LGBTQ+ youth feel they do not *exist* due to a lack of representation, or that they stand out as different, all participants caution that the struggle for acceptance and safety is ongoing. The presence of adult pride groups, even in the most conservative areas, shows resilience, but Sally and John pointed out that their existence often comes with harassment. All participants noted that much work remains to be done to ensure that all students are protected and supported in their rural communities and schools, where acceptance may be tenuous. This struggle for acceptance is further complicated by rural ideology, which, while often tolerant, presents unique cultural and social challenges for LGBTQ+ youth that differ from those in more urbanized areas.

Rural Ideology

According to all the social workers interviewed for this study, rural Iowa is characterized by a predominantly conservative ideology, with many families deeply rooted in Christian traditions and closely affiliated with church communities. This conservative and religious foundation significantly shapes social norms and attitudes

within these communities, leading to resistance against deviations from traditional values, particularly concerning LGBTQ+ identities. All participants noted that rural ideology is particularly hostile to the gender identity subpopulation of LGBTQ+ youth and described many opinions and comments as visceral.

In this challenging environment, LGBTQ+ youth often face isolation and marginalization. Social workers described finding themselves navigating these conservative values carefully, relying on relationships and appealing to youth-oriented compassion or professionalism. Rather than confronting these values directly, they employ relationship building and inquiry as their primary tools for advocacy. Marge offered the following example of working with a teacher to eliminate a truancy problem:

> I asked her if she had recently changed her seating chart and offered context around the real problem …. I put it out there like, 'I know I can trust you with this, and I know it will be kept between you and I. She resolved the problem by changing the whole class seating chart which got him moved and protected his privacy, the problem was resolved and he quit skipping the class.

Marge's method illustrates the careful balance that social workers must maintain in these conservative environments, using confidentiality and subtlety to address issues without provoking backlash. Ruth echoed this sentiment when describing her approach: "I might say, 'Here's the challenges this kid is reporting, and how can we better support them?' … I wouldn't say that we're on completely different sides of the road, it's just not always integrated completely."

By fostering trust and asking open-ended questions, social workers aim to support LGBTQ+ youth while respecting the prevailing community norms. Despite some gradual

shifts toward increased tolerance related to sexual orientation differences, genuine acceptance remains scarce, leaving these youth with limited support and affirmation. These limitations are often compounded by the influence of organized religion, particularly Christianity, which continues to play a significant role in shaping community values and attitudes toward LGBTQ+ individuals.

Religion

All participants described the religious landscape of rural Iowa as deeply conservative and heavily influenced by strict Christian beliefs, which tend to negatively impact LGBTQ+ individuals. Six participants familiar with the Northwest region described it as devoutly Christian and entirely conservative, where LGBTQ+ identities are often denounced, and the belief that homosexuality is a sin is prevalent.

Religious adherence, described as *religion-oriented,* creates an environment where LGBTQ+ youth are often subjected to negative messages, both in church and in their communities. These messages can lead to self-loathing, depression, and even suicidal ideation. Some participants noted that their clients struggle with the conflicting values of their faith and their identity, particularly when religious teachings vilify their existence.

John talked about the Methodist Church's recent decision (spring 2024) to abolish discriminatory practices against LGBTQ+ individuals which caused significant controversy and splitting within congregations. This highlighted the ongoing struggle within religious institutions to balance tradition with inclusivity. However, despite these progressive steps, the broader cultural and political climate that continues to challenge

LGBTQ+ rights, serves as more justification for discriminatory religious practices in its support for religious exemptions.

This seems to reflect how religion and politics can influence each other in a recurring cycle. Religious beliefs, particularly within Christian organizations, often influence conservative political decisions in Iowa, as seen in the protection of conversion therapy and the banning of LGBTQ+ books in public school libraries. In turn, political actions that align with these beliefs reinforce religious groups' influence, creating a pattern where each continues to strengthen the other, especially in rural areas where conservative and religious ideologies are deeply rooted in community identity.

Overall, the narratives reflect a religious landscape resistant to LGBTQ+ acceptance, where strict conservative Christian beliefs often create hostile environments for those who do not conform to traditional norms. These religiously driven attitudes are further reinforced by political and legislative actions, as all participants referenced the rise of anti-LGBTQ+ policies in Iowa, which mirror the conservative values prevalent in rural Iowa.

Politics and Legislation

Research participants noted that Iowa has seen a dramatic shift towards more conservative and discriminatory legislation in recent years, which has had significant impacts on the LGBTQ+ community, particularly its youth. Seven participants expressed concern over the introduction and potential passage of bills such as the House Study Bill 649, commonly referred to as the LGBTQ+ Erasure Act. This legislation aims to redefine a person's sex as their sex assigned at birth, effectively erasing gender identity as a protected class under Iowa law. John explained that the ramifications of such a bill are

vast, including the potential loss of critical protections in areas such as housing, employment, and education for transgender Iowans. Eight participants specifically highlighted the fear and anxiety these legislative changes have instilled in LGBTQ+ youth, noting an increase in self-loathing, suicidality, and general mental health struggles within this vulnerable population.

In addition to the LGBTQ+ Erasure Act, other legislative actions, such as the prohibition of using preferred names and pronouns in schools without parental consent and the banning of books, further exacerbate the hostile environment for LGBTQ+ students. The reduction or inactivity of GSAs and other protective policies in schools is a significant concern for those in the mental health field, as these resources are vital for the well-being and safety of LGBTQ+ youth.

Wanda described the emotional toll of staying politically informed yet acknowledged the necessity of ongoing awareness due to the direct impact of these laws on her professional responsibilities and mental health. John mentioned the impact of Schedule F by the Trump administration and the potential implementation of Project 2025 by a future Republican administration stating, “These initiatives, which allow for the removal of federal employees not aligned with the administration’s ideology, could lead to rapid and drastic changes in federal policies, further endangering LGBTQ+ rights and protections.”

His comments reflected the anxiety surrounding the precarious nature of rights that many have fought hard to achieve.

Participants also emphasized the importance of continuing activism and advocacy in the face of these challenges. Despite the heightened risks, John strongly believes in the

necessity of standing up for LGBTQ+ rights, invoking the late John Lewis's call to make *good trouble.* However, the increasing hostility and fear in the current political climate have made this activism more challenging, with some individuals feeling unsafe or compelled to relocate to more supportive environments. The irony that LGBTQ+ youth are often more informed about these legislative changes than adults was not lost on the participants, and further highlighted the pervasive and distressing impact of these political shifts on young people.

Having explored the principles of self-awareness, teachability, and the influence of broader social systems as outlined in Gottlieb's (2021a) model of cultural humility, it is essential to synthesize these findings in the context of the first research question. The following summary provides a comprehensive overview of the experiences, perceptions, and practices of Iowa social workers as they navigate the complexities of providing mental health therapy to LGBTQ+ youth using the tenets of cultural humility.

Summary

Findings were categorized into three main headings, which were perceptions, professional development and support, and holistic practices.

Findings within the category of perceptions revealed two primary themes, safety and resilience, which were key in terms of understanding experiences of LGBTQ+ youth in rural Iowa. Safety emerged as a critical concern, with threats involving mental distress, physical harm, and bullying resulting from fear rooted in pervasive rejection. Data showed fear was exacerbated by rejection from families, peers, and communities, creating unsafe environments for these youth. In response, participants consistently emphasized the need for confidentiality and safety assessments to address centrality of

safety in their practices. Resilience, characterized by personal authenticity and support of caring individuals, was also highlighted. This reflected the delicate balance between safety and resilience in terms of fostering wellbeing of LGBTQ+ youth.

Professional development and support were also identified as essential factors. Limited resources, inadequate training, and varying levels of support from colleagues were significant barriers, particularly in rural Iowa. Despite these challenges, participants demonstrated a strong commitment to their clients, often relying on personal experiences to address gaps in formal training. This commitment reflected the broader theme of resilience among participants.

In relation to the practice of holistic client care, three key themes emerged: individual therapy, supporting family, and advocacy. Participants stressed the importance of building trust through individual therapy, supporting families to foster understanding, and advocating for inclusive policies within their agencies and communities. This was crucial in addressing broader social systems that perpetuate rejection and fear.

RQ2 involved whether cultural humility was present in experiences of social workers. Social workers consistently practiced self-awareness, engaging in compassionate self-reflection to overcome biases. They also embodied teachability by creating collaborative therapeutic environments and embracing a growth mindset. The influence of families, schools, rural location, religion, and politics either fostered or hindered wellbeing of Iowa's rural LGBTQ+ youth. Participants' dedication to advocacy, self-awareness, and growth demonstrated their deep commitment to cultural humility, particularly in rural settings where people demonstrated ideological resistance to LGBTQ+ identities.

As these findings were synthesized, they clearly reflected foundational principles of self-awareness, teachability, and understanding broader social systems. Findings not only highlighted challenges but also showcased resilience and dedication of both LGBTQ+ youth and their social workers in terms of navigating these complex dynamics. This sets the stage for exploring practical applications, implications, and recommendations that further enhance social work practices in this context.

Section 4: Application to Practice and Implications for Social Change

The purpose of this qualitative study was to explore the social work practice problem of providing mental health therapy to LGBTQ+ youth in rural Iowa. I was specifically focused on experiences of social work therapists. Chronic social stigma, harassment, and discrimination significantly contribute to elevated rates of suicidality among LGBTQ+ youth. Current literature also links ineffective treatment services for LGBTQ+ youth to underprepared clinicians and preexisting clinician biases, which worsen mental health outcomes rather than alleviate them. I aimed to explore experiences and efforts of social work clinicians in terms of providing culturally sensitive mental healthcare to LGBTQ+ youth in rural Iowa, where there is currently a dearth of literature.

I used a generic qualitative design to gain a deep understanding of experiences, perceptions, and practice strategies while exploring cultural humility themes. Findings have implications for social work practice, research, and policy, particularly regarding culturally competent care and future training efforts for social workers working with LGBTQ+ youth.

Findings

Findings of this study extend knowledge within the field of social work by offering critical insights regarding mental healthcare needs of LGBTQ+ youth in rural Iowa. By exploring experiences of social workers, I highlighted practice approaches, cultural awareness, and perceived training needs, which impact effectiveness of care and suicide prevention. I emphasized the importance of cultural competence, particularly in terms of cultural humility, which is fundamental for both clinical practice and multicultural training. Social workers' experiences involving addressing unique needs of

LGBTQ+ youth led to valuable recommendations for future training to enhance their ability to deliver inclusive and affirming care.

Additionally, I addressed protective and risk factors in rural Iowa communities and new perspectives regarding challenges and strengths that are specific to those settings. These findings have the potential to inform clinicians, researchers, and policymakers, guiding development of policies that promote diversity and inclusivity. By addressing gaps in current knowledge and suggesting strategies for improving care, this study may serve as a foundation for future research aimed at expanding effectiveness of mental health services for LGBTQ+ youth in rural areas. Ultimately, it contributes to advancing social work practice and fostering positive social change by providing evidence-based recommendations and insights that can directly inform interventions and support systems for this vulnerable population.

Application for Professional Ethics in Social Work Practice

Cultural humility is crucial for social workers who are engaged in treatment of LGBTQ+ youth, as these principles underscore the necessity of understanding and respecting diverse backgrounds and experiences of clients. Effective practices with LGBTQ+ youth require a commitment to continuous self-reflection and awareness of personal biases, ensuring interventions are sensitive and responsive to individual unique cultural contexts. By addressing cultural sensitivity, social workers may build trust and create supportive environments that acknowledge and validate experiences of LGBTQ+ youth while fostering ongoing processes of learning and adapting to meet their needs. This approach not only enhances therapeutic relationships but also promotes more

equitable and inclusive care, ultimately contributing to better outcomes for LGBTQ+ youth.

This study draws upon key principles from the NASW Code of Ethics, which serves as a guide for ethical social work practice. One foundational value is the dignity and worth of the person, which emphasizes expectations for social workers to be caring and respectful of individual differences and empower client self-determination. This value closely aligns with Ethical Standard 1.05, which advocates for practicing cultural humility by recognizing clients as experts regarding their own experiences (NASW, 2017). Additionally, social workers are encouraged to continually reflect on and correct their biases, while also building knowledge to provide effective care. I used the cultural humility theory to enhance understanding of culturally sensitive care for LGBTQ+ youth. By doing so, I contributed to the NASW's commitment to promoting culturally competent practice.

Social Justice

Another key value that is relevant to this study is social justice, which involves addressing systemic inequalities. LGBTQ+ youth often face elevated risk factors, including social isolation, discrimination, and hostile environments in schools and communities. This study highlighted experiences of social workers who work with this population, identifying both challenges and opportunities within their practice. By doing so, the research aligns with the NASW's call for advocacy, supporting efforts to foster inclusive and supportive communities as protective factors against suicide among LGBTQ+ youth.

Social workers who practice with awareness of cultural differences and engage in self-reflection to address biases may be equipped to provide affirming and inclusive care to LGBTQ+ youth.

The study indicates gaps in specific training on LGBTQ+ issues and highlights the need for enhanced training to improve quality of care and advocacy for supportive environments involving LGBTQ+ youth.

Social workers are positioned to advocate for LGBTQ+ youth by addressing discrimination and social isolation, which contribute to elevated risks such as suicide.

Findings of this study have the potential to significantly influence social work practice, particularly in relation to professional ethics. This emphasis on cultural competence may guide social workers toward more culturally responsive and affirming approaches when working with LGBTQ+ youth. By highlighting the need for social workers to embrace cultural humility, these findings may inspire practitioners to engage in ongoing self-reflection and challenge personal biases, thereby fostering more validating and helpful therapeutic relationships.

Additionally, the study underscored the importance of social justice, a core value of the NASW Code of Ethics. Social workers may be better equipped to advocate for LGBTQ+ youth, ensuring they receive care in environments that are free from discrimination and hostility. Research encouraged development of inclusive policies and practices that not only promote dignity and worth of LGBTQ+ individuals but also challenge systemic inequalities in schools and communities. As a result, social work practice might be further aligned with ethical principles, ensuring mental healthcare for LGBTQ+ youth is not only clinically effective but also rooted in advocacy and justice.

Recommendations for Social Work Practice

Data suggested two key action steps for social work practitioners providing mental health care to LGBTQ+ youth in rural areas: training and advocacy.

Training

Participants were emphatic that ongoing training was critical to enhancing cultural competence and humility. Engaging in continuous education, including training regarding LGBTQ+ specific issues and cultural humility, may help social workers enhance their understanding of unique needs and experiences of LGBTQ+ youth. Such training might also support cultivation of self-awareness in terms of personal biases, contributing to more affirming and inclusive care practices. Incorporating LGBTQ+-focused modules into professional development can be used to address identified training gaps. Further research is needed to evaluate effectiveness of these training programs and their impact on practitioners' cultural competence, as well as assess outcomes for LGBTQ+ youth receiving care from well-trained clinicians. Additionally, advocating for mandatory LGBTQ+ specific training as part of social work licensure renewal requirements might ensure all practitioners are equipped to offer culturally competent care.

Advocacy

Advocating for inclusive and supportive policies in schools and communities may play a key role in promoting safety and inclusivity for LGBTQ+ youth. Social workers might consider promoting initiatives such as antibullying programs, safe spaces, and LGBTQ+ inclusive curricula in schools, as well as offering support to families. Contributing to research that examines the impact of these policies on the well-being of LGBTQ+ youth have the potential to provide valuable insights into protective factors that

reduce risks like social isolation and mental health struggles. Social workers might also push for legislative changes at various levels to protect LGBTQ+ youth, advocating for: 1) comprehensive nondiscrimination policies, 2) access to mental health resources, and 3) suicide prevention programs tailored to LGBTQ+ populations.

Role of Social Workers

This study reinforces the notion that culturally humble, inclusive care is crucial in social work practice, particularly when supporting LGBTQ+ youth. It underscores the importance of cultural humility, emphasizing the value of self-reflection and ongoing professional development. My approach to practice will continue to evolve as I seek to better understand the unique challenges faced by LGBTQ+ youth, especially in rural environments. This will involve staying informed on relevant issues and engaging in continuous training and professional supervision. Enhancing cultural competence is pivotal to providing affirming and responsive care, which is integral to supporting the mental health of LGBTQ+ youth and mitigating risk factors such as isolation and suicidality.

The findings suggested that social workers have a role in advocating for protective policies and systemic change. In my practice, I will actively engage in advocating for inclusive policies within school systems, communities, and broader societal structures. This might involve advocating for the implementation of antibullying policies, promoting LGBTQ+ inclusive curricula, and supporting the creation of safe spaces in schools. Additionally, collaboration with educational institutions to develop and support these policies will be a priority, as will working alongside families to foster inclusive environments. I hope to model this advocacy for future social workers by

mentoring practicum students in strategies for effective systemic advocacy, such as engaging with policymakers and challenging anti-LGBTQ+ legislation. Furthermore, advocacy within the profession may involve pushing for policy changes that mandate collaboration between professionals and require training on cultural sensitivity, particularly related to the LGBTQ+ population. These findings deepen my commitment to culturally responsive practice and strengthen my intention to drive positive social change within rural communities.

Transferability

The findings from this study demonstrated significant transferability to the broader field of social work, particularly in areas such as culturally competent care, advocacy, and fostering a growth mindset. Culturally sensitive care is a core professional value in social work, where partnering with clients is essential to building trust, strengthening relationships, and expanding cultural awareness (NASW, 2021). For example, by actively listening to clients' experiences and reflecting on their own biases, social workers might create more inclusive and affirming environments. Additionally, the practice of ongoing self-reflection may support practitioners' ability to remain responsive to the evolving needs of diverse populations.

Advocating for social justice, a core professional value, involved pushing for policies that address the needs of marginalized populations. By advocating for policies that protect LGBTQ+ youth from discrimination and participating in community initiatives, social workers also promote inclusivity for other diverse groups.

Cultural Humility

The findings related to cultural humility in working with LGBTQ+ youth underscored the importance of maintaining a growth mindset. Social workers might seek out specialized training, engage in self-reflection, and collaborate with colleagues to continuously improve their practice. Such strategies reinforce the profession's commitment to culturally sensitive care, as outlined in the NASW Code of Ethics (NASW, 2021).

The study emphasized the importance of cultural humility, urging social workers to defer to client expertise and engage in self-reflection to deliver sensitive and inclusive care. This approach may be especially useful in diverse practice settings, where understanding clients' identities and experiences leads to more thoughtful and effective interventions.

The findings also emphasized that, even in resource scarce environments, social workers may utilize supportive practices, such as validating and affirming youth experiences, engaging families, and advocating within communities. Those strategies are adaptable across various social work fields and may promote well-being among other vulnerable groups.

Gap in Literature

This study addressed a gap in the limited literature on social workers' experiences with LGBTQ+ youth mental health care, highlighting the unique advocacy needs of both LGBTQ+ youth and rural social work in Iowa. Future research might focus on developing comprehensive training programs for LGBTQ+ issues, ensuring that social workers are well prepared to effectively meet those needs.

Policy considerations are also crucial, as the study's emphasis on the advocacy role of social workers informs policy development at local, state, and national levels. Social workers might lead efforts to promote inclusive policies and combat discrimination, particularly in schools and communities where hostility may be prevalent. Additionally, the study revealed a need for policy reforms to allocate more resources for mental health services, inclusive education, and suicide prevention programs, particularly in rural areas. By addressing these systemic barriers, policymakers may enhance protections and support systems for LGBTQ+ individuals in underserved communities.

Overall, this study provided important insights for improving social work practice, expanding research, and advocating for more inclusive policies, emphasizing a culturally humble, resourceful, and proactive approach to meeting the needs of marginalized populations.

Limitations

Four limitations of this study were identified that may impact its generalizability or trustworthiness, including the geographic scope, participant sample, and socio-political context. First, the study was confined to rural Iowa, which limits the applicability of its findings to other geographic areas, particularly urban environments where population diversity, resource availability, and inclusivity practices may differ significantly. The unique characteristics of rural settings may not fully represent the experiences of social workers in more diverse or resource-rich regions. Second, the participant sample consisted of individuals who volunteered due to their knowledge, experience, or compassion toward LGBTQ+ youth, which may have introduced a selection bias, potentially limiting the generalizability of the findings to a broader population of social

workers. Third, the study's findings reflected the current socio-political context of Iowa, which has undergone significant changes over the past decade. Although Iowa was once a leader in progressive policies, recent shifts toward conservatism and the enactment of anti-LGBTQ+ legislation have notably impacted the experiences of the participants, as evidenced in the findings. As the political climate evolves, the nature of these experiences and the associated findings may shift accordingly. Finally, while qualitative research allows for in-depth exploration of experiences, it is inherently subjective. The findings were influenced by the participants' personal views and the researcher's interpretation, which may introduce biases that might impact trustworthiness. Based on the findings of this study, several recommendations emerged for future research and practice. First, there appeared to be a pressing need to review and enhance university level education for all social work graduates. Regardless of their specialization, social workers will encounter the LGBTQ+ community as colleagues, clients, and community members. This underscores the need for all social work programs to include diversity education on human sexuality and implement LGBTQ+ affirmative policies and practices.

Future Research Endeavors

Given the identified gaps in current post graduate training, future research might focus on evaluating the long term impact of cultural humility training on social workers' competencies and practices. Conducting longitudinal studies may provide valuable insights into how various types of training influence social workers' ability to deliver affirming care to LGBTQ+ youth. This highlights the importance of addressing ongoing, post graduate training needs, ensuring that it remains relevant to social workers'

experience levels and caseload needs. Monitoring post graduate professional development over time might help identify the most effective training approaches and contribute to the development of evidence based practices.

Another important area for future research is the evaluation of policies aimed at creating inclusive environments for LGBTQ+ youth in rural schools and communities. Investigating the implementation and outcomes of specific policies, such as antibullying measures and inclusive curricula, will shed light on their effectiveness in improving mental health and social well-being. Additionally, involving social workers in policy planning and evaluation might provide practical perspectives on refining and adapting policies to better support LGBTQ+ youth.

In summary, the findings of this study illuminated the need for advancements in social work education and practice, particularly regarding LGBTQ+ populations. Enhancing university education to incorporate affirmative policies and practices is essential for preparing social workers across all specializations. Additionally, future research might prioritize evaluating the long-term impact of cultural humility training on social workers' competencies, with longitudinal studies offering insights into the most effective approaches for delivering affirming care. Lastly, investigating the implementation and effectiveness of policies that promote inclusivity in rural schools and communities might further inform efforts to improve mental health outcomes for LGBTQ+ youth, with active involvement of social workers in policy development and evaluation to provide valuable practical insights.

Strategies for Communicating Findings

To effectively disseminate the information produced from this project, two key strategies are recommended.

The findings from this research may be shared through peer reviewed journal articles focused on social work, mental health, and LGBTQ+ studies. Presenting at relevant academic conferences, such as the Iowa chapter of the NASW or the CSWE might allow for direct engagement with scholars and practitioners who can apply these insights to both research and practice.

Hosting workshops or seminars tailored to social workers, educators, and mental health professionals in rural and urban settings may provide practical applications of the study's findings. These workshops might emphasize cultural humility, LGBTQ+ affirming care, and policy implementation, ensuring the research reaches those directly involved in serving this population.

Implications for Social Change

The findings of this study have the potential to promote positive social change for LGBTQ+ youth, advance the social work profession, and contribute to broader systemic change. At the micro level, the research highlights the importance of culturally humble, affirmative care for LGBTQ+ youth, which might lead to more effective therapeutic interventions. Social workers who adopt these practices may foster safer, more supportive environments for individual LGBTQ+ youth, enhancing their mental health and well-being. This might reduce the risk of negative outcomes such as depression, anxiety, and suicide, particularly in rural areas where LGBTQ+ youth often face isolation and stigma.

At the mezzo level, the study's emphasis on improving training and resources for social workers may lead to stronger support networks within schools and communities. By advocating for comprehensive training in cultural humility and LGBTQ+ affirmative care, the study encourages social work teams, educators, and community organizations to adopt more inclusive practices. This might create a more supportive environment in rural communities, where inclusive policies and collaboration between professionals may improve the overall social fabric for LGBTQ+ youth.

At the macro level, the study's recommendations for examining and refining social work education and policies may drive systemic changes. Enhancing university education and engaging social workers in policy development might lead to more inclusive legislation, such as antibullying policies or broader antidiscrimination measures. By addressing the structural challenges identified in this research, policymakers might create environments that not only protect but also affirm LGBTQ+ youth across rural and urban settings, fostering long term social change.

In summary, the study's potential impact for social change spans multiple levels, from individual care to community support and policy reform, all aimed at enhancing the well-being and inclusion of LGBTQ+ youth.

Summary

This study illuminated the pressing need for advancements in social work education and practice, particularly regarding LGBTQ+ populations in rural Iowa. Key findings revealed significant gaps in professional training related to understanding sexual and gender diversity, underscoring the necessity for enhanced postgraduate education that prepares social workers to provide affirming care to LGBTQ+ youth. The research

highlighted the importance of ongoing training, including longitudinal studies to evaluate the long-term impact of cultural humility training on social workers' competencies and practices.

Furthermore, the study emphasized the critical role of social workers in advocating for inclusive policies in schools and communities, in effort to mitigate social isolation and discrimination faced by LGBTQ+ youth. As these youth navigate hostile environments exacerbated by discriminatory legislation, the call for social justice is illuminated. By engaging in advocacy, social workers might address systemic inequalities and promote supportive measures such as antibullying programs and LGBTQ+ inclusive curricula.

The findings also underscored the significance of social work ethics, aligning with the NASW Code of Ethics, which calls for culturally responsive and affirming approaches in practice. By prioritizing these values, social workers may cultivate safer and more inclusive spaces that enhance the mental health and well-being of LGBTQ+ youth, ultimately reducing risks of depression, anxiety, and suicide.

Future research might focus on evaluating the long-term effects of cultural humility training on social workers' competencies and practices through longitudinal studies. Additionally, exploring the implementation and outcomes of specific policies aimed at fostering inclusive environments for LGBTQ+ youth in rural schools and communities might provide valuable insights. Investigating the effectiveness of antibullying measures and inclusive curricula might further inform efforts to improve mental health outcomes for this vulnerable population.

This study offered a foundation for advancing social work practice with LGBTQ+ youth, particularly in rural Iowa. By highlighting gaps in training and addressing the unique challenges faced by LGBTQ+ youth, the findings called for social workers to deepen their engagement and commitment to cultural humility and affirmative care practices. The potential impact on the profession may be profound, as integrating these insights into training and practice might significantly improve mental health outcomes for rural LGBTQ+ youth, including addressing the disproportionately high rates of suicidality in this population. Enhanced training may equip social workers to provide more competent and affirming care, facilitating a shift toward more inclusive and effective practices within the social work field.

In summary, this study's potential impact for social change spans multiple levels, from individual care to community support and policy reform, aimed at enhancing the well-being and inclusion of LGBTQ+ youth and advancing the profession of social work. Practitioners, educators, and policymakers are urged to actively engage with these findings and implement the recommendations to create safer, more supportive environments for LGBTQ+ youth in rural Iowa and beyond.

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Appendix A: Interview Guide

Interviews will be video/audio recorded in real time on the zoom platform. They will be transcribed via the same virtual platform. The question sections were designed to provide a predictable and natural flow from rapport to the following questions will be posed during the interview with participants.

Warm up/rapport building: *(experience/perceptions)*

A. How long have you been working with youth as a social worker?
B. Tell me about the age, race, and gender diversity of your caseload.
C. Considering the age range of 12–20, what would you estimate is the percentage of LGBTQ+ youth clients on your caseload?
    a. Has that changed over time?
    b. Do you have any thoughts or theories about why that is?
D. How does the issue of LGBTQ+ come to your attention when working with youth?

Questions around experience, perceptions, & practice

1. What can you tell me about any training you had specific to treating this population?
    a. How has that prepared you for working with LGBTQ+ youth?
2. What is your comfort level or sense of confidence in treating this population?
    a. What do you attribute that to?
3. Are there things you wish you understood better?
4. Are there concerns you have, specific to working with youth clients who identify LGBTQ+

    a. Does that impact your treatment options or priorities?
    b. Are there specific assessments or treatment strategies you recommend or avoid?

5. Tell me about the resilience, if any, you see with this population, where it comes from, and what are those factors that help youth get through the rough times.
6. How would you describe the ideology of the rural community or school culture around your LGBTQ+ youth clients?
7. What kinds of discussions or expressions have you come across concerning LGBTQ+ youth within the rural community?
8. How do the attitudes of others impact your work, if at all?
    a. Could you provide some examples?
9. In your opinion, what are the advantages and disadvantages for LGBTQ+ youth living in a rural community?
10. Do you feel you have changed either personally or professionally in your experience working with LGBTQ+ youth?

Questions to clarify thoughts around cultural humility

We all come into the profession of social work with our own backgrounds, different experiences and biases.

1. How has your background or experiences impacted your work with LGBTQ+ youth?
    a. What are some biases/discomforts you have had to grapple with?
        i. Why do you think that is?

ii. How do you deal with that in practice?

b. What strategies do you use for self-awareness or self-reflection?

2. In what ways do you provide affirmative/validating care with this population?
3. What has been your experience with intentional conversations among colleagues around cultural sensitivity or affirmative care with LGBTQ+ youth?

FINAL QUESTION:

What would you want a new social worker to know about treating the LGBTQ+ youth population?