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ABOUT THE CENTER FOR CHILD TRAUMA AND RESILIENCE

Located at Mount Sinai Beth Israel, the Center for Child Trauma and Resilience (CCTR) is a Research Center of Excellence in the Department of Psychiatry at the Icahn School of Medicine at Mount Sinai (ISMMS). ISMMS is an international leader in medical and scientific training, biomedical research, and patient care. CCTR, which is supported through numerous federal and local grants, advances the science and treatment of child traumatic stress and psychological resilience through research, clinical treatment, and training of professionals and nonprofessionals throughout New York City and beyond.
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SUMMARY

This report presents the findings of a process evaluation of the Trauma Healing and Resilience Initiative for Transgender Survivors of Violence (THRIV), which is designed to increase access to trauma-focused, gender-affirming therapy for transgender [1] and gender non-binary [2] (TGNB) survivors of interpersonal violence and trauma. This evaluation finds that, with the exception of a delayed rollout resulting first from an organizational shift and then from the COVID-19 pandemic, the program was implemented as per the intended plan. It exceeded its goals in terms of service and training delivery, received high satisfaction ratings from participants, and had profound impacts on the lives of participants.

Background:
The THRIV initiative was awarded through a competitive solicitation funded by the Manhattan District Attorney’s Office and managed by the CUNY Institute for State and

[1] Transgender: denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.
[2] Gender non-binary: non-binary or genderqueer is an umbrella term for gender identities that are neither male nor female—identities that are outside the gender binary.
Local Governance.[3] It was run through the Mount Sinai Center for Transgender Medicine and Surgery (CTMS). Services provided through THRIV include individual therapy, structured group therapy, and a peer support group.

The Center for Childhood Trauma and Resilience at the Icahn School of Medicine at Mount Sinai was selected through a competitive solicitation to conduct a process evaluation. We collected data both during THRIV’s planning phase from June 2019 to May 2020, as well as from June 2020 to July 2022, during its three-year-plus implementation phase. This evaluation drew on qualitative and quantitative data including participant focus groups, semi-structured staff and referral agency interviews, program observations, and program data. This report is meant not only to highlight the successes and challenges of the program, but also to be an actionable document in order to tangibly improve the implementation and impact of similar or potential programs serving TGNCB individuals. This report introduces the evaluation, describes our methodology, presents our findings, and concludes with a number of lessons learned.

The demand for gender-affirming care:
Both quantitative and qualitative data indicate that the THRIV program was an essential and unique program that fills a gap in services for transgender and gender non-binary individuals who have historically experienced both disproportionate exposure to violence and barriers to accessing mental health care. THRIV served 61 participants from its inception in June 2020 and operated at full capacity beginning in July 2020 through the end of implementation in July 2022, allowing it to significantly exceed the projected goal of 25 individuals per year.

Program implementation and service delivery:
The THRIV program was implemented and operated largely as intended by its planners. There were a few departures from the program plan over the years resulting from organizational restructuring at Mount Sinai, the COVID-19 pandemic, and staffing limitations/clinical capacity. Services included individual therapy, structured group therapy, a peer support drop-in group, a creative expression group, and occasional events such as a speaker series.

[3] The Manhattan District Attorney’s Office selected the City University of New York Institute for State and Local Governance (ISLG) through a competitive process to serve as the technical assistance consultant on CJII. ISLG provides recommendations on investment strategies to the District Attorney’s Office. ISLG manages the solicitation and contracting process, provides guidance and oversight to award recipients, and conducts performance measurement throughout the initiative.
Ten trainings were delivered to a total of 391 Mount Sinai employees, far exceeding the goal of training 30 individuals per year and emphasizing the unmet demand for programs like THRIV. Individual therapy was the most frequently provided service to participants, with approximately 1,457 sessions conducted between June 2020 and July 2022. The most frequently used treatment approaches in individual sessions were Empathy and Listening, Cognitive Behavioral Therapy (CBT), Safe Coping Planning, and Psychodynamic Therapy. The most common presenting issues during sessions were related to prior trauma, relationships, and depression.

**The importance of receiving gender-affirming care:**
Participants expressed overwhelmingly positive feedback regarding the services, quality of care, and observed impacts of the program. THRIV participants described the program as “life changing,” “freeing,” “so helpful,” and overall excellent. They cited their appreciation for having a safe space to connect with a diverse community of trans people, experiencing corrective healthy supportive relationships with staff and peers, feeling respected in a medical setting for the first time, and having an opportunity to heal from trauma.

Participants said the program made them feel as though they matter, that their voice is valuable, and that they were empowered to advocate for themselves and assert boundaries. Several remarked that their bond with their therapist was one of the few healthy relationships they had experienced and found the relationship to be a corrective one. Similarly, connecting with other trans community members and experiencing supportive peer relationships was particularly meaningful to participants. This experience served to exemplify healthy symbiotic relationships—the ability to both give and receive support, feeling understood, and learning to trust others. Members also reported learning tangible skills related to communication, socializing, and coping, which have allowed them to process their trauma histories, respond effectively to challenging situations, tolerate emotional pain, articulate their experiences, communicate their needs in appropriate ways, self-regulate, and for some, to imagine their future for the first time.

**Satisfaction and perceived program impact:**
Participants and staff reported many positive impacts of the program including improvements in self-worth, feelings of empowerment, connection with others, increased ability to maintain healthy boundaries and self-advocate, processing trauma, and increased competency and repertoire of coping skills.
Participants reported that connecting with other trans community members, experiencing supportive peer relationships, being exposed to mixed-gender groups and bonding with their therapist represented the kinds of healthy relationships that some had never experienced before.

According to satisfaction surveys, 94% of participants interviewed were either satisfied or extremely satisfied with services (13% and 81%, respectively), and 100% of staff were either satisfied or extremely satisfied with services (29% and 71% respectively). Among referral sources (organizations or individuals who referred prospective participants to THRIV), 67% were “extremely satisfied” with the referral process, while the remainder were “satisfied” with the referral process. Similarly, 71% of THRIV staff were “extremely satisfied” with the referral process. Among participants, 89% of those interviewed were “extremely satisfied” with the intake process, while the remainder were “satisfied.” Similarly, one-third of staff were “extremely satisfied” with the intake process, while the remainder were “satisfied.”

**Challenges to implementation:**
Among the numerous successes of the program, there also were several challenges. During the planning phase, the primary challenges were organizational shifts causing administrative and contract delays, followed by the onset of the global COVID-19 pandemic, which coincided with THRIV’s plan to begin service delivery. Challenges related to COVID-19 and organizational policies initially prevented remote service delivery, made community outreach impossible, and made it more difficult to keep prospective participants engaged. In time, remote working conditions prompted program staff to create new protocols and workflows and to use an array of digital platforms and technology.

THRIV also encountered challenges unrelated to the pandemic—namely, capacity limitations resulting from operating with only one clinician. Because of this restriction, THRIV was operating at full capacity early on, which led to the program halting outreach and recruitment for some period. As a result, there was a consistent waitlist from internal referrals alone.

A part-time social work intern joined the team in September 2021 for a period of nine months which helped ease the backlog, and the addition of a full-time Program Associate allowed for the primary clinician to take on more clients as she transferred some non-clinical responsibilities.

Additional challenges included the fact that THRIV staff did not reflect participants’ identities, finite additional services in the community to
which THRIV clinicians could refer participants, the time-limited nature of the program, trans-specific patient challenges during the COVID-19 pandemic, and an inability to hire an outreach coordinator as planned due to the pandemic.

**Recommendations:**
Based on our findings, we have several key recommendations for THRIV and other programs of its kind to consider:

- Create more trans-focused, gender-affirming, trauma-informed treatment programs created to meet the demands of transgender and gender non-binary individuals.
- Hire and onboard staff who are a good fit for the program, including clinical staff who reflect participants’ identities.
- Create a participant-to-staff pipeline specifically to address the lack of representation of TGNB individuals working in healthcare and to ensure staff reflect participant identities.
- Take a nuanced and comprehensive approach to healing, recognizing that (1) the trauma and marginalization of being trans can permeate all facets of life, but also that (2) trans people are more than just their gender identity.
- Provide staff with the support and resources to receive trainings. Once staff gain more expertise, provide them with the opportunity to spread that knowledge by conducting trainings themselves.
- In order to meet the needs of the transgender community, make programming flexible and individualized, meeting the specific clinical and logistical needs of each participant.
- Help trans individuals not only to heal their trauma, but also (1) increase visibility for the trans community and (2) educate family members of trans individuals – and society at large – on the reality of the trans experience.
- Develop strong foundations in infrastructure and clear administrative processes and procedures early on to ensure a speedy and smooth service rollout and address any significant administrative issues prior to beginning service delivery.

**Conclusion:**
Although these results were based on a small initial sample, they indicate that THRIV was a vital program with promising potential to improve the experiences and outcomes of transgender and gender non-binary individuals. As such, these findings highlight the need for expanded THRIV programming, supporting the growing momentum toward trauma-informed and gender-affirming approaches to service provision for the transgender community.
| **THRIV IN NUMBERS** |
|-------------------------|----------------|
| (numbers below refer to the period of June 2020 - July 2022) | |
| **105** | Individuals referred |
| **66** | Intakes conducted |
| **61** | Individuals received services |
| **1457** | Individual therapy sessions conducted |
| **63** | Structured group therapy sessions conducted |
| **102** | Non-clinical group therapy sessions |
| **10** | Trauma trainings delivered by THRIV |
| **391** | Mount Sinai employees attended a THRIV trauma training |
| **4** | Speaker series events |
| **127** | Satisfaction Surveys completed |
| **360** | Days average in the program |
THE THRIV PROGRAM

PROGRAM DESCRIPTION

The THRIV initiative was designed to increase access to trauma-focused, gender-affirming therapy for transgender and gender non-binary (TCNB) survivors of crime, interpersonal violence, and trauma. The initiative was funded by the Manhattan District Attorney’s Office through the CUNY Institute for State and Local Governance. This program was initially a collaboration between the Mount Sinai Center for Transgender Medicine and Surgery and the Crime Victims Treatment Center (CVTC), but it was transferred to the Institute for Advanced Medicine (IAM) when CVTC separated from the Mount Sinai Health System. The evaluation team is housed under the Icahn School of Medicine at Mount Sinai and has no connection to the CTMS or IAM.

SERVICES

THRIV services included individual therapy (offered in both English and Spanish languages), structured group therapy, a peer support group, a creative expression group, and educational speaker events focused on issues pertinent to the trans community. Participants were able to take part in one, some, or all services.

In terms of structured groups, the following modalities were offered at different points in the program: (a) 12-week cycles of Seeking Safety, a modality that used cognitive behavioral principles,[4] psycho-education, and encouraged the development of safe present-

[4] Cognitive behavioral therapy: Interventions which focus on challenging and changing distorted or unhelpful thoughts and behaviors, improving emotional regulation and developing personal strategies for solving current problems.
focused coping skills.[5] (b) 8-week cycles of STAIR group therapy, a cognitive-behavioral oriented Complex PTSD skills group that focused on developing skills related to processing and coping with trauma including breathing techniques, (c) a Dialectical Behavioral Therapy (DBT)[6] group that emphasized emotion regulation skills and interpersonal effectiveness, and (d) Inner Resources Skills Group that focused on resilience and coping skills.

In terms of non-clinical services, the creative expression group—named the Creative Collective—was developed in September 2021. Participants used visual and/or written mediums to express their emotions and imagine the future as a key component of trauma recovery and community building. In addition, THRIV also consistently offered a Peer Support group whereby participants could drop in and discuss any issues pertinent to the community.

EDUCATION AND TRAINING

THRIV staff were eager to further engage participants beyond individual and group therapy and created opportunities to build a sense of community through education. To do this in the context of social distancing, THRIV developed a virtual speaker series that included four, one-hour speaker presentations in February and March 2021. Topics were pertinent to the trans community and were generated by participants including mindfulness meditation, Autism and Gender Dysphoria, sleep, and nutrition. These events also served to progress the goal of including an education component in the THRIV program. Events were publicized through email blasts, social media, emails to external agencies, and MyChart messages to program participants. Events were open to the public as well. Over the course of four events there were a total of 36 attendees. All attendees were either Sinai employees (29) or THRIV participants (7).

In addition, THRIV staff also delivered ten trainings to a total of 391 hospital employees. Topics of trainings included trauma-informed care, transgender mental health, the impact of racial and gender-based oppression on complex trauma, and providing adequate care to transgender patients in the emergency department.

[5] Safe coping planning: Identifying healthy and non-harmful behavioral and cognitive strategies to manage overwhelming emotions. Strategies include but are not limited to: distraction, grounding, breathing techniques, thought stopping, and asking for help.
[6] Dialectical behavior therapy (DBT) is a modified type of cognitive behavioral therapy (CBT). Its main goals are to teach people how to live in the moment, develop healthy ways to cope with stress, regulate their emotions, and improve their relationships with others.
PARTICIPANT PATHWAY THROUGH THRIV

Below is an overview of how individuals were referred to, enrolled in, and participated in the program:

**REFERRAL**
When referring an individual, the referral source directly contacted the THRIV Project Coordinator/Primary Clinician usually via email or EPIC (Mount Sinai’s internal electronic medical record system). Within approximately a day, the THRIV clinician responded confirming receipt and either contacted the individual to schedule an intake or placed them on the waitlist if the program was full. Notably, if the program was full, the THRIV clinician would contact the referred participant to inform them that they were going to be placed on the waiting list and invited them to participate in any of THRIV’s group programs in the meantime if that was of interest to them. THRIV’s waitlist was only for individual therapy; no group service ever reached capacity such that clinicians needed to turn people away or create a waitlist. All referrals were internal except for one self-referral.

**INTAKE**
Following referral, the Project Coordinator/Primary Clinician reached out to the referred individual to schedule an intake meeting. At the intake meeting they explained the program and obtained informed consent. As part of the intake process, they conducted a biopsychosocial assessment including questions regarding demographics, family, trauma, school/work, substance use, and physical and mental health (both a history over their lifetime and current presenting concerns). They discussed treatment goals and decided what type of services would best suit them (e.g., individual therapy, group therapy, etc.). If the client was deemed ineligible (e.g., did not have a trauma history or had a trauma history but was not interested in exploring this in therapy) for the program, they were referred elsewhere.

**SERVICES**
THRIV participants created their own experience by choosing the services in which they wanted to participate, including individual therapy, structured group therapy, or non-clinical groups (e.g., peer support drop-in and creative expression groups). For example, though most participants received individual services, some joined the program solely to participate in group services offered. The program did not have a set duration; therefore, participants were permitted to terminate at any time.

THE THRIV TEAM

Below is a description of THRIV team staff positions and their roles within the program:

**Project Coordinator/Primary Clinician:** THRIV’s Project Coordinator and Primary Clinician was a licensed social worker who handled the
program’s day-to-day management responsibilities. They also handled all clinical aspects of the program including conducting intakes and therapy, developing individualized treatment plans, and monitoring participants’ progress. In addition, they created and delivered trauma-informed trainings to other hospital personnel and coordinated and organized educational events. They reported to the Social Work Director, from whom they also received administrative support. They also received weekly clinical supervision from the Clinical Supervisor.

**Program Associate:** THRIV’s Program Associate, a TGNB-identifying individual, facilitated two weekly, non-clinical groups: the peer support drop-in group, which fostered a positive and supportive environment for TGNB patients, and the Creative Collective, which encouraged artistic endeavors as a positive release for many of the patients. In addition, the Associate provided additional support and resources, such as conducting daily check-ins with certain participants, finding referrals (e.g., addiction specialists, housing organizations, out-of-state mental health services), creating monthly event calendars, assisting participants with Medicaid or navigating other medical needs, promoting the completion of satisfaction surveys, and helping the Project Coordinator and social work team as needed.

**Social Work Director:** The Social Work Director, a licensed social worker, helped guide program development and provided administrative support to the Project Coordinator/Primary Clinician.

**Clinical Supervisor:** The Clinical Supervisor, a licensed psychologist and also the Director of Behavioral Health Services, provided weekly clinical supervision to the Project Coordinator/Primary Clinician.

**Administrative Support:** The Director of HIV Care Treatment, who was also responsible for numerous other programs across the IAM clinics, provided administrative support to THRIV. Initially, this support entailed helping the program transition from CVTC into IAM and coordinating with the Sinai data team to set up the external databases for the evaluation. Later, this support included program development and hiring assistance.

**Social Work Intern:** The Social Work Intern, a graduate level student in social work, was supervised by the Project Coordinator and Primary Clinician. They provided individual therapy to a small caseload of approximately five individuals for the duration of their internship.
EVALUATION METHODOLOGY

Using a mixed method approach, the Center for Child Trauma and Resilience at Mount Sinai began conducting a process evaluation beginning in March 2019, with formal data collection occurring between March 2019 and July 2022, the results of which are included in this report. Key objectives of the evaluation included (1) documenting the degree of implementation fidelity to the THRIV model and curriculum; (2) assessing participants’ level of access, use, and satisfaction with THRIV, focusing on client characteristics, usefulness, barriers to access, and strategies to minimize the impact of those barriers throughout the process evaluation; and (3) providing consultation regarding program design and content.

RESEARCH QUESTIONS

This evaluation was designed to answer the following questions:

1. Is the program being implemented as expected? Are referrals, intakes, and services being provided as expected? Has a comprehensive referral system, including strategic partnerships with community organizations, been developed? What services is THRIV currently providing, and with what frequency? Has THRIV conducted sufficient community outreach?

2. How well is THRIV meeting its established program goals? Are program goals being met in terms of (1) number of clients, (2) target population served, (3) referral and intake processes, and (4) the extent to which services are culturally appropriate and satisfactory? Are referral agencies, program staff and service users satisfied with the referral process, intake process, and services?

3. What areas are most ripe for improvement, including but not limited to participant recruitment, retention, organizational policies, and staffing?

4. Based on the above areas of improvement, what changes or solutions did the program make? Did the evaluator and program identify any changes to be made? Was consultation provided? Were clear steps for change identified? Were timeframes or deadlines set for changes to be made? Did the changes lead to real improvements?
QUALITATIVE DATA SOURCES

The following sources of qualitative data were used for this evaluation.

Program Meetings and Observations: Initially, the evaluation team intended to be onsite regularly to observe and support the program. However, due to the pandemic, program observations took place remotely. Throughout the course of the program, we attended bi-weekly program meetings (50 total) during which we received progress updates, consulted on issues relating to measurement, tracking, data, program design, and trauma trainings, and discussed success and challenges and brainstormed solutions. We informally conducted Plan-Do-Study-Act\(^7\) cycles in response to challenges in order to implement and assess the effectiveness of modifications to programming and processes. We also used meetings to communicate feedback from both participant focus groups and referral agency interviews to the THRIV team in order to address concerns or consider suggestions in a timely manner. Additionally, evaluators attended training events and community engagement events.

Focus Groups and Interviews with Participants: We recruited participants for six remote focus groups: the first, fourth and fifth of which each had three participants, the fourth of which had two participants, and the second and third of which each had one participant and, thus, can be considered individual participant interviews. In total, 12 program participants participated in these research activities. We asked participants about (1) their satisfaction with the program, (2) the impact of the program relating to trauma, coping skills, emotion regulation, help seeking, relationships, engagement with services, and crime reporting, (3) suggestions for improvements, and (4) how culturally appropriate and relevant the program was. Discussions were conducted by one interviewer and one note-taker. Participants received a $20 Amazon gift card for each focus group or interview they attended.

Semi-structured Interviews with THRIV team: We conducted nine interviews with the five primary THRIV staff members (three in 2020, two in 2021 and four in 2022) regarding their general experience with the program, their satisfaction with THRIV, challenges encountered, suggestions for improvements, their perception of how impactful and effective the program was, and whether they felt supported in the work. Interviews were conducted by one interviewer and one note-taker.

[7] The Plan-Do-Study-Act (PDSA) is a useful tool for documenting a test of change. The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).
We also conducted six interviews (four in 2021, two in 2022) with five internal referring clinicians: two mental health social workers with CTMS, a fellow for transgender psychiatry at CTMS, a clinician at Mount Sinai’s Downtown Comprehensive Health Clinic, and a psychologist for the Institute for Advanced Medicine. The THRIV Project Coordinator/Primary Clinician provided contact information for staff members in the broader Mount Sinai system that most frequently refer individuals to THRIV. There were no referrals from sources external to Mount Sinai. The interviews included questions regarding (1) how well they thought THRIV was running and (2) whether program staff were responsive to the referrals, followed up within a reasonable timeframe, worked with them to ensure successful referrals, and informed staff about referral outcomes. In addition, we asked about the process by which referrals were made, suggestions for improving the referral process and the program more broadly, and the approximate number of referrals to date at the time of the interview. We also used program data to track how effectively the program received and followed up with referrals to the point of accepting the referred individual into the program.

Overall, we conducted nine staff interviews, six referral agency interviews, and six participant focus groups/interviews between October 2020 and July 2022. To analyze these qualitative data sources, we recorded and transcribed responses, and then we coded them using thematic analysis. Three independent coders identified relevant themes that emerged for each question and used Excel to identify the frequency of recurring themes. Final findings were reviewed by each coder, and any inconsistencies were discussed as a team. The findings were limited by the small sample size and, therefore, should not be generalized broadly.

[8] One person was interviewed twice: once in 2021 and again in 2022.
QUANTITATIVE DATA SOURCES

The following quantitative data sources were used in this evaluation.

Program data:
This evaluation accessed program data (including intake data) stored in the program’s secure databases—REDCap and EPIC—each quarter. The program data includes information such as source and number of referrals, type and frequency of services provided, and attendance rates for each service. Program data also includes demographic information about participants and information about attendance at training and educational events. For the period of June 2020-July 2022, this data included a sample of 61.

Satisfaction Surveys:
Participants were asked to complete weekly or monthly, 10-item surveys in which they rated how satisfied they were with the program, listed ways in which the program was useful/helpful, and gave suggestions for improvement. Providing a name on the survey was optional. These surveys were stored in REDCap and were accessible to the evaluation team. 127 satisfaction survey responses were collected.

SATISFACTION SURVEYS: REFINING THE FEEDBACK PROCESS

We quickly learned that obtaining regular responses to the weekly satisfaction surveys would pose a challenge. Two months after service delivery began, despite having more than 20 participants, the program averaged only about four survey responses each week. The evaluation team worked with program staff to change the day and time the survey was distributed each week, which proved ineffective. We then used focus groups to get feedback directly from participants, who informed us that many messages regularly get buried in their inboxes and/or that they tend to ignore emails that don’t seem targeted to them. We suggested editing the email that was sent out to make it more personal and to remind participants that the purpose of the survey was to improve services. Unfortunately, these solutions did not bring about significant changes in response numbers.

The evaluation team then suggested changing the survey to be monthly, rather than weekly. This change resulted in an average of six or seven monthly responses—not a significant increase from the original four weekly. In another round of focus groups, participants expressed that it was difficult to fill out the survey if too much time had passed.
since their last session. The evaluation and THRIV teams then discussed introducing the survey on the day of a participant’s session. In response, one week per month, the clinician sent the survey via email directly following individual therapy sessions, and also put the link to the survey into the chat box at the beginning of groups that same week each month. Again, this failed to substantially increase response rates. When the Program Associate joined the team, he started administering the survey to participants during appointment reminder phone calls, which slightly increased completion numbers. However, overall, only 127 responses were obtained over the course of the data collection period.
FINDINGS

SUMMARY

The THRIV program faced several COVID-19-related and non-COVID-19-related challenges when getting off the ground, including a significant organizational shift when the original grantees—the Crime Victims Treatment Center (CVTC)—separated from the Mount Sinai Health System, administrative and contract delays, and delays in service delivery in response to city-wide pandemic shutdowns. With respect to COVID-19-related issues, rather than allowing the delay in service delivery to slow down the program’s progress, the THRIV team used that lag time to lay the groundwork for the program’s launch, which resulted in a streamlined and successful implementation phase.

The data gathered during the course of the process evaluation demonstrate that the THRIV program was implemented largely as intended by its planners and in accordance with the program plan. There were some departures from the program plan due to organizational restructuring at Mount Sinai, the global pandemic, and staffing limitations/clinical capacity, which will be further discussed in the “Challenges” section. Participants and staff reported extremely high levels of satisfaction with the program and numerous perceived impacts that have profoundly improved the lives of participants.
REFERRALS TO THE PROGRAM

There were 105 individuals referred to THRIV during the period of June 2020 to July 2022, 61 of whom enrolled in the program and ultimately received services. Initially, the THRIV program intended to advertise and outreach to external organizations in the community to recruit participants. However, before service delivery began, a large volume of internal referrals were made, and the program reached full capacity soon thereafter. For this reason, the THRIV team were hesitant to advertise the program and conduct outreach, given they would not be able to accept and treat referrals. As such, referrals to the program were exclusively generated from internal sources including the Institute for Advanced Medicine (IAM) psychiatrists, social workers, and other clinicians at Mount Sinai. Referral sources indicated that they made a referral to THRIV when a client seemed as though they would benefit specifically from trauma-focused and/or trans-specific therapy. THRIV had a consistent waiting list, beginning in August 2020 with two individuals and growing to a waiting list of 17 individuals by May 2021 from internal referrals alone, at which point the Program Coordinator stopped taking new referrals. As spaces became available, people on the waitlist were contacted and offered services—all participants who enrolled after this point were sourced from the waitlist.

Referrals: Feedback and Satisfaction

Both quantitative and qualitative data indicate that the THRIV program was a much needed and unique program that fills a gap in services for TGNB individuals that have historically been both disproportionately exposed to violence and crime and have experienced barriers to accessing mental health care. Referring clinicians reported being very satisfied with the referral process and stated that the THRIV clinician was extremely responsive. Specifically, referral sources said, "there's hardly any programs where I can refer a patient and then I trust that the patient is going to receive a phone call to be scheduled ... but it's nice to know that with [the clinician], I know that she's going to call them."
One suggestion was to incorporate an update into the process whereby the THRIV clinician would inform the referring clinician of the status or outcome of the referral. As a result of this feedback, the THRIV clinician modified this process to close the loop with referring clinicians.

One participant expressed they were so satisfied with the THRIV program that they referred as many individuals as possible: “I just try and direct every single trans person I know to CTMS to the programs that are there, including THRIV.”

One staff member noted:

“I love working with the clients so far that I’ve met. Everybody is super invested in the work. And maybe the referrals were good referrals, like people that were at the right place in their journeys for therapy, but people are eager to address their trauma. They’re eager to get support.

**Referrals: Challenges and Solutions**

The primary challenge encountered was operating with just one clinician, which affected program capacity and prevented access to care for partners and friends of participants.

Despite the high volume of referrals, ongoing need for a waitlist, and acknowledgment of the dearth of trans-specific services within the mental health industry overall, THRIV staff expressed gratitude for the program’s reasonable caseload expectations, with the Program Coordinator stating:

“I’ve worked in places where I’ve been expected to see twice the number of clients that I see now and have not been able to provide adequate trauma focused work due to my own capacity as a human and what I can manage. I think aiming for twenty-five patients is important in order to maintain my own wellness, so that I can have that energy to really get people through some things.”
THRIV’s Program Coordinator described:

“The recurring challenge is that, well, I’m only one person. There’s no external pressure to take on more—there’s my own pressure to be like ‘I need to help more people,’ but also knowing that if I draw myself too thin, then I’m not being helpful to anyone.”

Within six months, the program had reached its target goal of serving 25 individuals per year and a waitlist had developed by August 2020. With only one clinician providing services and high retention rates, wait times were approximately 4-6 months by the mid-point of the program. Ultimately, the THRIV team stopped conducting outreach to recruit referrals soon after the program started, because they did not have capacity to provide services to additional people. In addition, there were several instances where having just one clinician on the team meant that services could not be provided for some referred individuals for ethical reasons—for example, the clinician could not provide services to the partner or friend of a current participant.

Efforts were made to reduce the waitlist and provide services to the maximum number of people by inviting individuals to attend any of THRIV’s clinical groups, including but not limited to the peer support drop-in group, while they awaited individual therapy. THRIV staff reported that, upon reflection, they could have promoted this option sooner, stating “it should have been something we did earlier. I think that would have benefited people for a long time.” Additionally, to increase capacity, the Program Coordinator connected with an intern placement program at Mount Sinai and THRIV became a training site for social work trainees. As a result, a social work intern joined the THRIV team for the 2021/22 academic year providing individual therapy and helping to reduce the waitlist.

All staff members indicated a need to increase the number of clinical staff to meet the demand for services for those already referred and waiting for services and to potentially expand recruitment to include external referral sources.

Lastly, participants felt strongly about the importance of THRIV having more visibility and being more publicized, outlining in focus groups several creative and thoughtful ideas around how to do so.
One participant described:

“We should have more engagement to social media to increase the volume of clients and educate the public on how to keep transgender and gender nonconforming and non-binary people visible. It’s important that we stay visible and are continuously heard. We can’t just be silenced and erased.”

Another questioned:

“How can you reach the population more, other than just patients at Mount Sinai coming in? Is THRIV advertised? Are you engaging with clients on social media? Is there enough sharing about these programs for trans people? How do you really reach the population?”

However, participants’ and staff’s mutual desire to serve more clients was constrained by the inherent capacity limitations of the program.

**Intake and Characteristics of Program Participants**

Of the 105 individuals referred to THRIV, 66 participated in an intake, 61 of whom ultimately enrolled in the program. Due to space limitations in the program, the average length of time between referral and intake/service provision was 58 days; initially, intakes were conducted as soon as a referral occurred, but once the waitlist grew, intakes were conducted only when space was available.

Participants and program staff reported high levels of satisfaction with the intake process. On a 5-point Likert scale, with 5 being “very satisfied” and 4 being “satisfied,” staff gave the intake process an average rating of 4.6. In addition, all focus group participants reported that they were overall happy with the intake process, with several referring to it as a “smooth process” and stating they felt “very comfortable.”

One participant explained:
I was like, nervous, but I was very pleased with the intake itself because I didn’t feel like pressure at all. And that was like really cool to just get to know the person who might be providing my care...it felt very like comfortable.

Several participants cited THRIV’s Program Associate as a key component of their satisfaction with the intake process, with one describing, “when I talked to [him,] that was the best. It was like talking to a long-lost friend,” and another stating, “he walked me through every step – I’m not sure I would’ve been able to figure it out [without him].”

**Participant Sample and Characteristics**

The evaluation sample includes all participants enrolled in the THRIV Program between June 2020 and July 2022. The sociodemographic profile of participants is based on demographic data that THRIV staff collected during intake interviews and is based off a sample size of 61.

**Gender:** The majority of program participants identified as transgender, specifically transgender women (71%), transgender men (16%), or gender nonconforming/gender queer (13%).

**Race/Ethnicity:** One-third of participants were white (38%), roughly one-third were Black or African American (31%), with the remaining one-third being either Hispanic or Latinx (18%) or Asian/multiracial/other (15%).

**Age:** Participants ranged in age from 19 to 61 years with a mean age of 35.
Figure 1
Program Data: Participant Sample and Characteristics

**GENDER**

- Gender Non-Binary/Gender Queer: 13%
- Transgender Man: 16%
- Transgender Woman: 71%

**AGE**

- 18-21: 30%
- 22-29: 55%
- 30-39: 15%
- 40-49: 13%
- 55+: 5%

**RACE/ETHNICITY**

- Black or African American: 31%
- Hispanic or Latinx: 18%
- Asian or Pacific Islander: 5%
- Multiracial or Other: 10%
- White: 38%
Primary Diagnoses: Primary diagnoses of THRIV participants were based on the clinical judgment of the THRIV clinician after conducting an intake. The primary clinical issue facing the greatest number of participants was post-traumatic stress disorder (PTSD: 53%) followed by major depressive disorder (MDD: 40%), and generalized anxiety disorder (GAD: 31%).

Table 1
Participant Mental Health Diagnoses

<table>
<thead>
<tr>
<th>Mental Health Diagnosis</th>
<th>Number of Participants</th>
<th>Percent of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>32</td>
<td>53%</td>
</tr>
<tr>
<td>Major Depressive Disorder (MDD)</td>
<td>24</td>
<td>39%</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder (GAD)</td>
<td>19</td>
<td>31%</td>
</tr>
<tr>
<td>Bipolar/Mood Disorder</td>
<td>14</td>
<td>23%</td>
</tr>
<tr>
<td>Substance Use Disorder (Active)</td>
<td>11</td>
<td>18%</td>
</tr>
<tr>
<td>Cognitive Disability</td>
<td>8</td>
<td>13%</td>
</tr>
<tr>
<td>Attention Deficit Hyperactivity Disorder (ADHD)</td>
<td>8</td>
<td>13%</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>7</td>
<td>12%</td>
</tr>
<tr>
<td>Personality Disorder</td>
<td>7</td>
<td>12%</td>
</tr>
<tr>
<td>Psychotic Disorder</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Seasonal Affective Disorder (SAD)</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>2</td>
<td>3%</td>
</tr>
</tbody>
</table>

Trauma Histories and Justice-Involvement:

The participants in THRIV had extensive histories of trauma, with half having experienced childhood emotional abuse, and more than a third having experienced childhood sexual abuse, childhood physical abuse, intimate partner violence, or sexual assault. More than a quarter reported a history of non-affirmation or childhood neglect, and almost a third endorsed experiencing family rejection and bullying. The majority of participants (84%) reported having been the victim of a crime, while a third had also experienced harassment by law enforcement and another third had experienced harassment by
a service provider. In addition, almost a third reported a history of criminal legal system involvement—in this case, having been arrested for or convicted of any crime in their adult life.

THRIV staff administered a standardized measure of trauma, the PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013), to evaluate trauma symptomology among THRIV participants at baseline and at 3-month follow-up intervals. A subset of 36 of the 61 total participants completed this at intake. Follow-up surveys were conducted where clinically necessary, with 12 participants completing the measure three months later, and six completing it six months later. Of the 36 participants who completed baseline surveys, the average score was 46, and two-thirds had scores in excess of the threshold of 33 indicating a likely PTSD diagnosis. To put this in perspective, the lifetime prevalence of PTSD among the general population is between 4-10% (Harvard Medical School, 2007), highlighting just how elevated trauma symptomology was in this transgender sample.

Table 2
Participant Victimization and Trauma Histories

<table>
<thead>
<tr>
<th>Trauma Type</th>
<th>Number of Participants</th>
<th>Percent of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim of a crime (yes/no)</td>
<td>51</td>
<td>84%</td>
</tr>
<tr>
<td>Specific experiences of trauma (yes/no; see below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood emotional abuse</td>
<td>31</td>
<td>51%</td>
</tr>
<tr>
<td>Childhood sexual abuse</td>
<td>25</td>
<td>41%</td>
</tr>
<tr>
<td>Childhood physical abuse</td>
<td>23</td>
<td>38%</td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td>23</td>
<td>38%</td>
</tr>
<tr>
<td>Substance use disorder/dependence</td>
<td>22</td>
<td>36%</td>
</tr>
<tr>
<td>Sexual assault/rape</td>
<td>22</td>
<td>36%</td>
</tr>
<tr>
<td>Bullying in childhood</td>
<td>20</td>
<td>33%</td>
</tr>
<tr>
<td>Family Rejection</td>
<td>20</td>
<td>33%</td>
</tr>
<tr>
<td>Sexual assault/rape</td>
<td>22</td>
<td>36%</td>
</tr>
<tr>
<td>Bullying in childhood</td>
<td>20</td>
<td>33%</td>
</tr>
<tr>
<td>Experience</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Childhood neglect</td>
<td>16</td>
<td>26%</td>
</tr>
<tr>
<td>Non-affirmation</td>
<td>16</td>
<td>26%</td>
</tr>
<tr>
<td>Physical assault</td>
<td>11</td>
<td>18%</td>
</tr>
<tr>
<td>Community violence</td>
<td>10</td>
<td>16%</td>
</tr>
<tr>
<td>Family substance use in childhood</td>
<td>10</td>
<td>16%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>8</td>
<td>13%</td>
</tr>
<tr>
<td>Hate crime (identity-based assault)</td>
<td>6</td>
<td>10%</td>
</tr>
<tr>
<td>Foster care</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>Religious trauma</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>Police aggression</td>
<td>4</td>
<td>7%</td>
</tr>
<tr>
<td>Medical trauma</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Employment trauma</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Incarceration trauma</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Military trauma</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Immigration trauma</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Figure 2**

*Participant Criminal Legal and Service System Experiences*

- **84%** Have been the victim of a crime
- **33%** Reported harassment or victimization by law enforcement
- **28%** Have had criminal legal system involvement
- **33%** Reported harassment by a service provider

*Note:* “Criminal legal system involvement” in this measure was defined as having been arrested for or convicted of any crime in their adult life.
EXPERIENCES IN PROGRAM SERVICES

The 61 individuals who received services from THRIV participated in the program for an average of 360 days. THRIV individual services were offered in both English and Spanish; two of the 61 THRIV participants received individual services in Spanish. Out of all the survey responses received (see appendix for survey questions), almost all responses were overwhelmingly positive. Eight of the ten questions were rated on a 5-point Likert scale, meaning the maximum rating the program could receive is 40 points. Out of 127 survey responses, the average score was 33.9, and half of the responses rated the program a 35 or above.

Additionally, one question asked participants if they had used any other medical, social, or other community services outside of the THRIV program in the past week, and approximately 60% of respondents reported using additional external support services. Participants reported that they felt more “open” to and “capable” of seeking and engaging with other services—one participant explained:

“When you step foot into the medical arena to get care there is a gigantic learning curve in how to self-advocate…And that is a struggle, it can really wear you down. There is an inherent fear in talking and asking other people for things…because they feel like the person who they’re interfacing with doesn’t understand them, sees somebody completely different, hears somebody completely different…this [program] has helped to alleviate that kind of fear and remember what’s important, which is your self-advocacy.”

Stakeholders expressed overwhelmingly positive feedback regarding the services, quality of care, and the observed impacts of the program. Focus group members described the program as “life changing,” “freeing,” “so helpful,” and “insightful.” Highlights included having a safe space to connect with a diverse community of trans people, experiencing corrective healthy supportive relationships with staff and peers, feeling respected in a medical setting for the first time, learning skills, and healing from trauma.
**Figure 3**
*Summary of Weekly/Monthly Survey Responses Regarding Program Experiences*

![Survey Responses Diagram]

**Type and Frequency of Services Provided**

THRIV services included weekly trauma-informed and trauma-focused individual therapy (offered in both English and Spanish languages), structured group therapy including (a) 12-week cycles of Seeking Safety, a modality that uses cognitive behavioral principles and psychoeducation, and encourages the development of safe present-focused coping skills. (b) 8-week cycles of STAIR group therapy, a cognitive-behavioral oriented Complex PTSD skills group that focuses on developing skills relating to processing and coping with trauma including breathing techniques. (c) a Dialectical Behavioral Therapy (DBT) group that emphasizes emotion regulation skills and interpersonal effectiveness, and (d) an Inner Resources Skills Group that focuses on resilience and coping skills.

THRIV also offers a weekly peer support drop-in group, and a creative expression group called the Creative Collective. Participants may take part in one, some, or all services. In addition, THRIV offered a four-part speaker series over the course of two months in Spring 2021. The series focused on issues pertinent to the trans community that might not be discussed at length within therapy.
Between June 2020 and July 2022, THRIV conducted 1,457 individual therapy sessions, 73 peer support groups, 63 structured groups, and 29 Creative Collective groups. The main treatment approaches used in individual sessions were Empathy and Listening[^10] (97%), Cognitive Behavioral Therapy[^4] (30%), Safe Coping Planning[^5] (29%), and Psychodynamic Therapy[^11] (24%); and the most common presenting issues in sessions were past trauma/post-traumatic stress disorder (52)% and relationships (25%).

**Figure 4**
*Treatment Approaches Engaged In, as Reported by Clinicians (December 2020-August 2022)*

- Empathy and Listening: 97%
- Cognitive Behavioral Therapy: 30%
- Safe Coping Planning: 29%
- Psychodynamic Therapy: 24%
- EMDR: 16%
- Narrative Exposure: 11%
- Mindfulness: 4%
- Dialectical Behavior Therapy: 3%
- Psychoeducation: 3%
- Interpersonal Psychotherapy: 2%

*Note: Clinicians were able to report multiple different approaches used in a session. The percentage indicates the percentage of sessions in which an approach was used.*

[^10]: Empathy and listening: Sensing or imagining another person’s internal experience through attuned listening and demonstrating an understanding of their experience through accurate verbal and nonverbal responses.

[^11]: Psychodynamic therapy: The psychological interpretation of mental and emotional states which aims to address the foundation and formation of psychological processes.
Table 3
Presenting Problems (from December 2020 to August 2022, a total of 1,134 sessions)

<table>
<thead>
<tr>
<th>Presenting Problem</th>
<th>Number of Sessions with Presenting Problem</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Trauma/PTSD</td>
<td>592</td>
<td>52%</td>
</tr>
<tr>
<td>Relationships</td>
<td>281</td>
<td>25%</td>
</tr>
<tr>
<td>Depression</td>
<td>173</td>
<td>15%</td>
</tr>
<tr>
<td>Workplace/Employment Difficulties</td>
<td>132</td>
<td>12%</td>
</tr>
<tr>
<td>Family Problems</td>
<td>72</td>
<td>6%</td>
</tr>
<tr>
<td>Gender Dysphoria</td>
<td>57</td>
<td>5%</td>
</tr>
<tr>
<td>Surgery</td>
<td>45</td>
<td>4%</td>
</tr>
<tr>
<td>Suicide Ideation</td>
<td>30</td>
<td>3%</td>
</tr>
<tr>
<td>Systemic Oppression</td>
<td>16</td>
<td>1%</td>
</tr>
<tr>
<td>Anger</td>
<td>15</td>
<td>1%</td>
</tr>
</tbody>
</table>

1 Having compassionate, sensitive, non-judgmental, and clinically competent staff was key to creating a safe space and enhancing healing.

All focus group participants cited program staff as a key component of their high satisfaction with THRIV. As participants shared the various ways the program had benefited them, they repeatedly – unprompted – attributed these positive changes to the staff with whom they had worked. Participants described their clinicians as warm and inviting and said they felt respected by them and felt that they could genuinely trust them. When asked how happy they were with their therapist, one participant remarked, “If this were a zero to ten it would be a ten, hands down.”
One participant shared that THRIV’s Program Coordinator was,

“The first therapist [with whom] I felt like I could give a specific detail about a hard time that I was anticipating, and trust her with that information, so I didn’t have to deal with it alone, and not re-trigger myself while sharing that with her. She had set up a very calming space to share.

Another participant shared "I just have much better coping strategies now...I’m just generally able to better manage as things come up, and I think a lot of that has come through the sessions with [THRIV’s Program Coordinator]."

As detailed in the “Education and Training” section of this report, THRIV’s Program Coordinator attended several trainings to expand her knowledge of trans healthcare and deepen her therapeutic practice, even conducting several trainings to share the expertise she was gaining. The fruits of these efforts did not go unnoticed by participants. One participant shared that they appreciated the clinician’s honest commitment to serving transgender individuals saying:

“There have also been times when [the Primary Clinician] didn’t know how to speak to an issue that I face as a member of the trans community, and she was like, ‘I’ll get back to you on that. And she would take the week before our session to do some research with her coworkers and then give me feedback on it.

Another participant described,

These staff are some of the most professional people I’ve ever encountered. They’re very culturally competent. They have really good listening skills. I think they are amazing - some of the best people that I’ve ever interacted with. I really appreciate them.
THRV was a safe space to share and hear personal experiences - as well as accurate medical information - regarding sexual health and the biological reality of transitioning.

Given that the growing field of trans healthcare is presently limited in capacity and scope, participants turned to THRIV not only for psychological support, but also to exchange and receive information regarding their physical health and the biological process of transitioning. One participant described, "The emergency medical information is the most important thing. Sometimes I have shots that are weird... testosterone injections have really weird side effects. To be able to just text [a THRIV staff member] being like, 'what is going on' has been really helpful."

This exemplifies one major benefit of having staff who are themselves trans: while anyone can become educated in trans healthcare, there's an extra layer of security in being able to receive both psycho-educational information and anecdotal support from program staff with lived experience.

Though THRIV had only one trans person on staff, all staff worked to cultivate a safe, judgment-free space for participants to share these details. One participant described, "when I talk to my counselors or my therapist, I can talk to them about anything – from relationship problems to sexual health – and I don't feel like I'm being judged." This safe space transcended individual therapy, as participants opened up during group sessions to provide one another with peer support regarding their respective biological experiences. One participant shared:

"For me, transitioning is such a biological [thing]... there's so many parts of it that are humiliating, or just so personal. In no other part of my life would I [be able to say], 'this is a body thing that I'm dealing with.' It takes a lot for me to be that comfortable... or for anybody to be that comfortable. So, the fact that they were able to create a space like that is honestly a little mind blowing."
Given that THRIV’s participant population included people at various stages of their transitioning processes, participants were able to learn from one another’s past experiences and feel reassured regarding next steps in their respective journeys. One participant described:

“This has been a safe space for giving advice, taking advice, and getting insight on gender affirming procedures. I had a lot of questions about the future. I always like to look ahead before I take a step. It’s really good being with people in the process, people that have completed their processes, and still continuing to complete themselves.

Despite the benefits of peer support, and all of the information they were able to receive, the experience of transitioning always comes with difficulties, and participants were able to support and console one another as they shared these hardships.

One participant described:

“There’s another girl that’s transitioning at the same time as I am. So, to even have that shared experience of being like ‘well, we don’t have all the medical advice, but, at least we’re both like miserable,’ so that you might be miserable together, is honestly pretty great.

Overall, interviewed participants remarked on how unique the program was and how meaningful it had been to them:

“I had never known that resources like this program exist, and I have a feeling of the limited resources that do exist for trans people in need. Like, not everyone wants you to know about them. So I’m very glad that there are people that like do want to help trans people who are going through things alone. So that really made me more hopeful.
Another participant shared, “To me personally, [it's] such a huge luxury to be able to have this kind of care. I really cherish it a lot.” An additional participant also described the THRIV program as a luxury saying, “I mean, it really is [a luxury] to be able to have that safe space, talk about what’s going on and feel accepted, especially as a trans person. What more can I say? Like, you can’t get any better than that.

3 Flexibility of programming was important.

Program staff also noted the program’s unique features such as being free for participants, flexibility of programming, and being co-located within a larger system resulting in a streamlined approach to services:

“The need is there. And so I love that the program exists. I love that it’s funded and people don’t have to worry about insurance. Like, people are so excited about that.

I think the ability to sort of be flexible with the services that we provide, individual offering groups, doing drop-in sessions, it’s something that is not necessarily done at a lot of places. And I think CTMS is really uniquely situated to do it. I think also just being co-located with all of these other services makes it a very streamlined approach for anyone who wants services, but also wants to be connected to other types of care within the whole IAM system, and then also within the Mount Sinai health system, it’s very streamlined.

One participant noted how THRIV was particularly useful to them because of the variety of services offered:
I feel like this program has been really helpful for me beyond [more of] like a standard like therapy program with just an hour a week; I find that the extra [group] sessions have been really helpful ... I feel like it’s been a great supplement.

THRV provided many participants with their first-ever positive experience within the healthcare system, resulting in corrective therapeutic relationships and enhanced abilities to self-advocate in the future.

Many THRIV participants arrived at the program having had extremely negative past experiences within the healthcare system. Some participants had worked with providers who weren’t adequately trained to help trans patients. One participant described, “when I came out as trans, I kind of like lost trust in my medical providers, because they weren’t necessarily trained in trans competency.”

Other participants had been in programs with providers who weren’t just ill-equipped to help them – they were transphobic, working against their patients’ efforts to transition. One participant explained “Before THRIV, when I first wanted to transition, I was gatekept from meds for practically six months. I wasn't believed to be trans. I had to get letters in order to get hormone therapy.” Another participant described, “A lot of programs are sort of couched in a pseudo-Christianity kind of thing.” As a result of experiences like these, many THRIV participants had developed a skepticism for the healthcare system and its providers. “I kept a lot of things bottled up inside for many years,” described one participant, “Even when I was attending therapy, I didn’t really open up about everything.”

THRV marked a turning point in many participants’ healthcare experiences, wherein they regained trust in the system and were able to build a true therapeutic alliance with clinicians.
I'm a lot happier than I even expected to be with it ... Even from the first meeting, it kind of like surpassed my expectation about what good healthcare means for trans people. I really do feel respected in my therapy sessions, which is something that I haven't been feeling in my previous [experiences]. It has been helpful not only for my personal therapy needs, but also for helping me redefine what a healthy therapeutic relationship looks like for me.

Other participants echoed this sentiment: "This has been a chance to actually feel safe regarding talking to doctors," described one participant. "It's been really helpful." Another participant who had struggled with past providers described “to not have any of those past experiences occur at all in this program has been really good. It's just a world of a difference.” THRIV participants’ newfound ability to self-advocate in care settings was also demonstrated in the survey data. Almost two thirds of participants reported connecting with and engaging with other services outside of this program in the prior month.

Yet another participant explained how THRIV stands out from all other programs they’ve been involved with, stating:

Trans healthcare has very high inertia. It's very difficult to get timely treatment. I've totally not had that problem with THRIV. In fact, I almost feel like everyone goes out of their way to make sure that things are stable, [for example], making sure that everything's fine with a medication. There's constantly this process going on [wherein THRIV staff] make sure that everything is sorted and taken care of [for their participants]. There haven't really been any problems at all.

Many participants felt that this corrective experience had influenced their ability to navigate the healthcare landscape with more confidence and competence going forward. One participant described:
One of the really difficult things about transitioning is learning how to self-advocate in the healthcare industry: learning to - not quite demand care, but, you know, really fight for it. [THRIV has] made it so much easier, mentally, to be able to do that...It makes it a lot easier, when searching for other forms of care, to take that strength with me, in terms of any other medical thing that might come up, or advocating for my hormone therapies, or seeking out future surgeries, or helping other trans or GNC people in the community to find refuge in this like barren wasteland of trans healthcare...It carries forward to the other paths I have to walk to get to where I want to be in my transition.

SERVICES: CHALLENGES AND SOLUTIONS

1. Organizational changes contributed to administrative and contract delays.

The initial program grant was awarded to the Crime Victims Treatment Center (CVTC; which was then part of Mount Sinai) in December 2017. Approximately one year later, the CVTC formally separated from Mount Sinai, and the grant was transferred to Mount Sinai’s Center for Transgender Medicine and Surgery (CTMS), which is housed within the Institute for Advanced Medicine (IAM). This led to administrative complications in terms of clarifying which services had been agreed upon and delivered, as well as what deliverables—if any—had been completed. Any services that had been provided prior to this organizational shift had not been tracked in a systematic manner and had not been entered into the EPIC database (Mount Sinai’s electronic records system). Furthermore, due to constraints of the Health Insurance Portability and Accountability Act (HIPAA), patient records could not be transferred to CTMS.

The official contract between THRIV and DANY was finalized many months after the planning phase of the program commenced. However, money had already been drawn down to fund the early stages of program development. When CVTC left
Mount Sinai, IAM inherited the responsibility of tidying up the financial aspects in order to clarify prior expenditure and the budget going forward. This was a time-consuming and frustrating process, which led to staff recommending that for future projects, the planning and implementation phases should not commence until contracts are finalized. Despite setbacks, the administrative staff worked diligently to successfully untangle these issues without causing further delays.

2 Some participant identities were not reflected in program staff, even after THRIV hired a trans Program Associate.

THRIV’s approach to treatment took into consideration how the TGNB population engages with services, the types of issues that specifically impact the trans community, the process of physical change and medical intervention, and the barriers to care that this population experiences. Clinical staff made a concerted effort to engage in diversity trainings to enhance competence; however, for the first 12 months of the program, the trans community was not reflected in the identities of THRIV staff. On several occasions THRIV staff were told by prospective participants at the referral stage that they would prefer to work with a trans clinician. THRIV’s Program Coordinator, a white, cisgender woman, shared: “There definitely were folks that got referred to me that met me that were like ‘actually, no offense, but I want to work with a trans person of color.’ And I get that.”

This reflects a broader issue of a lack of TGNB representation in the healthcare professions. In a recent study of TGNB-identifying health professionals, almost a third cited barriers when applying to medical school and residency on the basis of their gender identity, and approximately half reported a fear of disclosure of their identity (Dimant et al., 2019). Of those that did go on to study, train, or work in the medical field, more than two thirds heard derogatory comments about TGNB individuals and a third witnessed discriminatory care of TGNB patients.

Recent data estimates that just 0.7-1.4% of graduating physicians in the US identify as TGNB, indicating a dire need to increase the pool of TGNB-identifying prospective health care providers in order to improve the services and experiences for
TCNB patients (Association of American Medical Colleges, 2018; Eliason, 2011).

In THRIV’s case, as the program developed, staff expressed a need to add a trans community member and person of color to their team to better align with their trauma-informed and diverse program values and to provide better clinical care for those participants with a preference for working with clinicians with shared identities.

In order to partially address this issue, THRIV created a full-time role for a Program Associate who identified as a member of the trans community. There were considerable delays in the hiring process due to an organizational hiring freeze in response to the pandemic; however, the position was eventually filled, and the Program Associate began work in July 2021, serving as a peer advocate, providing administrative support to the program, leading groups (including founding the Collective), and contributing their perspective to the team on program-related issues.

Staff and participants alike felt that having a member of the trans community on staff was a fantastic shift for the program. THRIV’s Program Coordinator described how, while her therapeutic relationship with participants was sometimes inherently limited by her being cisgender, participants’ relationships with THRIV’s Program Associate were often less inhibited:

“My relationship with people is kind of boundaried, whereas [THRIV’s Program Associate] has described the peer support group [which he runs] as a lot more fluid and comfortable. [Him leading the group] has really allowed for connecting on a different level. Trauma recovery is just a tiny piece of therapeutic intervention, and is so much about community, connection, giving back and those kinds of things.

Furthermore, THRIV’s Program Coordinator really appreciated being able to learn from the Program Associate’s lived experience, describing, “I love that I’ve been able to form relationships despite not being of their community.”
Even with a trans Program Associate on staff, many THRIV participants still didn’t have their identity reflected in program staff. THRIV’s Program Associate identified as a trans man, whereas 71% of THRIV participants are trans women. Furthermore, both THRIV’s Program Associate and Coordinator are white, whereas 62% percent of THRIV’s participants are BIPOC. “[THRIV] could have benefited from more involvement from peer staff,” described the Program Coordinator. “I’m grateful to have gotten a job, but [it would have been great] having [more people] from the community, [and/or] a person of color.” This lack of representation among THRIV staff reflects a broader dearth of trans and BIPOC clinicians within the field. THRIV’s Program Coordinator described how it was difficult to get people the help they were seeking: “Unfortunately, even referring people to other clinicians [with gender or race identities] they’re looking for – it’s hard to do. There’s not that many folks out there.” Additionally, she speculated, it’s possible that the demographic breakdown of THRIV’s participant population was in part dictated by the identities of the program’s staff:

I wonder how things would have been different if I looked different, or if I had a different background, myself. A lot of my caseload are mostly white trans women. Probably half are not, but a full half are white women, which I think is that way because they connect with me in that way, or because other people don’t feel comfortable? That’s just a thing that is always something to think about.

THRIV staff and participants wanted longer session lengths, as well as a longer overall program duration.

Limited Session Length
The number one recommendation for improvement that we received from participants and staff alike was, in short, “more THRIV.” Many participants wanted more time in group meetings, with one describing:

We should have longer group meetings, to allow us to expand a little bit more, or give people a little bit more time to share things, if necessary. If the extra time isn’t needed, we should be able to close. And if it is needed, [we should be able to] expand from one hour to maybe an hour and a half.

Another participant echoed this desire, describing how although staff did occasionally allow sessions to run over, this intermittent flexibility didn’t feel sufficient:

[I wish we had] more time. Sometimes, we would go over [time], but we just didn’t know the cutoff point. Just more time, more time to just really let everyone feel like, ‘okay, it’s done.’ And then if you’re done early, you’re just done early.

Though the program was unable to formally expand the amount of time designated for each group, THRIV’s Program Associate worked to ensure participants felt heard and attended to by providing frequent phone check-ins – in some cases daily – with those participants who were interested. These check-ins resonated, especially with participants who were experiencing particularly depressive episodes. One participant described: “just having like four check-ins a week, so people are monitoring me... it’s like kind of lifesaving.”

Limited Program Duration
THRIV’s program end date was November 2022. On average, participants were engaged in services for approximately a year, indicating a significant level of commitment and need for longterm services. While all participants were aware that it was a grant funded project with a firm end date, it inevitably meant an interruption and discontinuity in care. The THRIV program was perhaps the only service that was trauma-informed, trauma-focused, flexible, and gender-affirming in New York City, meaning that when it ended, transgender participants may have experienced a lapse in care without an alternative referral. At worst, it is possible that participants may once again have encountered negative and prejudicial experiences in a healthcare system as they had prior to joining THRIV or receive inadequate services. Of note, many participants also expressed disappointment and sadness about the time limited nature of
The program, and all expressed a wish for the program to continue beyond the projected end date. One participant elaborated:

“I hope that it continues, and that the program is successful and that you’re able to continue to get funding. I just want you to know that it’s important. I’m sure many feel like it’s important to their lives and whether it continues or not.”

Another participant stated:

“I’m extremely happy. I’m praying that they don’t get rid of it … We need this program a lot. My opinion is I’m hoping that it stays and if they try to take it away, I’ll fight and do whatever I can to change that.”

In attempts to ease the emotional and logistical upheaval of terminating therapeutic relationships, THRIV staff made sure to give participants ample warning regarding the program’s projected end date. They worked as best as possible to bring their in-session discussions to some sort of comfortable conclusion and tried to connect participants with ongoing care. However, as discussed in the section above, care of this trans-specific nature is extremely limited.

4. THRIV staff needed to expand skills curricula to address participants’ needs.

Finally, among the suggestions for improving the program, several participants asked for trauma-informed skills beyond the 12-week Seeking Safety skills group. To accomplish this, the Project Coordinator/Primary Clinician sought out additional training to offer different skills-based groups, including Skills Training in Affective and Interpersonal Regulation (STAIR), Dialectical Behavioral Therapy (DBT), and an Inner Resources Skills Group. In addition to this, the clinician completed intensive training in Eye Movement Desensitization and Reprocessing (EMDR)\(^{13}\) therapy to better address participant’s needs with respect to trauma healing.

\(^{13}\) EMDR is an evidence-based, structured therapy that encourages a focus on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and emotional distress related to the trauma memories.
SERVICES: CREATIVE COLLECTIVE FEEDBACK AND SATISFACTION

THRV’s creative expression group—named the Creative Collective—was developed by the Program Associate in September 2021. Participants used visual and/or written mediums to express their emotions as a key component of trauma recovery and community building.

Participants used this creative space as an incubator to imagine - and to create - a future for themselves.

THRV’s Program Associate, who designed and facilitated the Creative Collective, oriented the group around the framing question of, ‘where do you see yourself in the future,’ revisiting this topic each session. The future can be a difficult thing to imagine for trans people who have startlingly high mortality rates when compared to cisgender peers, with trans individuals of color faring most poorly. According to the recent national U.S. Transgender Survey (Herman et al., 2015), transgender individuals are at significantly greater risk of experiencing and dying from violence, health problems, and substance use, and have a lifetime suicide rate nine times higher than that of the general US population. Creative Collective participants described their own difficulties in future-oriented thinking stating, “I thought my life expectancy was like ... another month, or a year” and “I just had not even entertained the idea of a future— let alone five or 15 years in the future. It always just feels so present when you’re trans.”

Throughout their creative sessions, THRIV’s Program Associate helped participants make sense of their past as a means of envisioning their respective futures. The Creative Collective served not only as a space for participants to - sometimes for the first time ever - imagine a future for themselves, but also as an incubator to design this future. After discovering their shared passions and complementary skillsets, two participants used the Collective as a jumping off point for forming their own nonprofit organization together. One participant described:

“[Another participant] and I, just through the course of the Creative Collective, realized that we both had non-profit goals,
and had very similar [skillsets] that could work together. So, we’re forming a non-profit. Not only has the Creative Collective done so much to just help all of us heal, but it’s also kind of like an incubator—something incredible is coming out of it.

Another participant also used the Collective as a career launchpad, honing their artistic skills into a livelihood after previously struggling to gain employment. They described:

> Not to be dramatic, but [the Creative Collective] has literally been a lifesaver. I was in such a dark place. [THRIV’s Program Associate] sent me grant information...Before the Collective, I didn’t do art at all, and now it’s my primary source of income. It’s so crazy.

The Collective allowed participants of varied backgrounds to be unified by a shared creative experience, ultimately enhancing creativity and healing.

Given art’s capacity to cultivate personal healing and systemic change, creativity and oppression often go hand in hand. As such, several Creative Collective participants had prior experience in the arts - one attended art school, one had a background in graphic design, and one had worked as a model, among others.

“There was this just amazing feeling when you’ve got a bunch of people together and they all have different backgrounds – we’re all working on different things, but we all have this unified experience,” shared one participant. Another participant shared, “It’s so amazing to see everyone’s different talents all come together and create this wonderful artistic expression. I could gush for hours about how amazing it is.”

Another participant shared how the Collective reinvigorated a part of themselves they thought they had lost, and ignited a healing journey:
[The Collective] re-introduced creativity – I had a sense that it was something I was losing. It was an amazing opportunity for me to have some momentum in some new creative works. The opportunity to be able to share with other people really motivates me. It was everything I really needed to get back into bigger projects. My mindset has shifted more towards appreciating how much creativity has helped me with healing. I had never realized how deep that connection can run, and it’s so important to me now.

These unifying creative moments fostered enhanced openness, transparency and healing among participants. One participant described how as the group shared their respective experiences, they expanded one another’s minds and perceptions:

I was already an artistic person, but [fellow Collective participants] opened my eyes a bit more. It helped me to not only see things creatively from my perspective, but also to continue to see that there’s many different people around me, and that I should appreciate all of it – whether I agree or disagree.

Another participant described the power of sharing this experience with a diverse group of individuals:

When I think about [the Creative Collective], I think of when a light shines through a crystal and then you can see every color; that’s what was present— every color, gender— it was diversity in gender and art and expression. And it was a beautiful thing, because to me, that’s what life is— this is what’s happened, this is what is happening. And this is the real deal. We were exposed to each and every one of our realities. I just appreciate it. this is the real deal. We were exposed to each and every one of our realities. I just appreciate it.
The Collective’s founder and facilitator cultivated a fluid and safe creative space.

Each participant who spoke about the Collective cited its leader - THRIV’s Program Associate - as a foundational component of why it was such a healing and transformative experience. Participants felt he was able to encourage and facilitate discussion without dictating it too directly. One participant described:

“I think he was able to strike an excellent balance between letting the group carry itself, and then, when our momentum wasn’t there, he would always come up with some amazing story or some sort of experience that he had that would reinvigorate the group and we would get back into it.”
This unstructured approach was intentional – THRIV’s Program Associate described, “To some degree, I mediate, but I learned that being more flexible and letting them kind of run with it has done wonders with them opening up.”

Additionally, THRIV’s Program Associate aided in participants’ creative healing journeys by disclosing parts of his own journey as a trans man. One participant described: “Having him talk about his experience and how his previous creative work has influenced his life helped us understand our futures. Even if we didn’t know where to go, he gently nudged us in the right direction” Others simply appreciated the perspective of a trans masculine voice to which they had limited prior exposure. THRIV’s Program Associate was aware of how transformative his voluntary self-disclosure could be for program participants, describing, “It’s interesting how we all have an effect on someone’s growth, whether directly or indirectly. And that’s powerful – that’s really more powerful than any type of therapy, almost.”

EDUCATION AND TRAINING

THRIV developed a virtual speaker series that included four, one-hour speaker presentations in February and August 2021. Topics were pertinent to the trans community and were generated by participants including mindfulness meditation, Autism and Gender Dysphoria, sleep, and nutrition. Over the course of four events there were a total of 36 attendees; all attendees were either Sinai employees (29) or THRIV participants (7). Feedback from participants was positive, with one stating that, “I really do appreciate it, the diversity of the talks, they’re just really cool. I’m really appreciative of them,” and staff reported that although it was a significant amount of work to organize and coordinate, they viewed it as a success.

In addition, THRIV staff also delivered ten trainings to a total of 391 hospital employees, including surgeons and therapists for vocal therapy and surgical procedures, and residents at the Institute for Family Health and psychiatry didactics. Topics of trainings included trauma-informed care, transgender mental health, the impacts of racial and gender-based oppression on complex trauma, and providing adequate care to transgender patients in the emergency department. Feedback from attendees was overwhelmingly positive with one physician attendee stating,
“This was the best talk I’ve ever attended and should be mandatory for all medical staff.” Several attendees noted that they had not previously had any training regarding working with transgender individuals and found it extremely eye-opening and helpful. As a result of attending a THRIV presentation, several departments reached out directly to THRIV to arrange further trainings for their departments, including a 3-part training series on trauma-informed care for the non-clinical surgery team, a grand rounds training for social workers titled Complex Trauma and Oppression: the Insidious Impacts of Racism, Heterosexism and Cissexism, and a training for emergency department staff, titled Transgender Patients in the Emergency Department: Overcoming Barriers and Trauma-Informed Care.

THRIV staff were also able to attend several trainings throughout the duration of the program to expand their clinical practice and expertise in trans healthcare. THRIV’s Program Coordinator completed an intensive Eye Movement Desensitization Reprocessing (EMDR) training over several months which she was later able to integrate into THRIV’s service offerings – 121 THRIV individual sessions ended up focusing on this therapeutic practice (16% of all sessions). THRIV’s Program Coordinator also attended a conference on trans-specific mental health care called “TransForMations.”

**IMPACT OF COVID-19**

1. Organizational policies hindered remote service delivery.

Following the delays outlined above, a Project Coordinator was hired to lead the program exclusively within CTMS and IAM in March 2020. Unfortunately, just two weeks after her official start date, the COVID-19 pandemic spread to the United States, and New York City effectively shut down. The pandemic caused several new challenges for the THRIV Program. While the project had planned to commence service delivery in March 2020, this was not possible to do remotely due to a pre-existing Mount Sinai policy. Mount Sinai requires that social workers...
meet a client in person for at least one session prior to seeing them virtually, which presented a major challenge given COVID-19 restrictions preventing any in-person meetings.

However, rather than let the delay in service delivery slow down the program’s progress, the THRIV team took that time to lay the groundwork for the program, including developing workflows, setting up databases, advertising the program, developing trainings and establishing regular meeting times. For example, the Project Coordinator used this lag time to coordinate with a data specialist team to create an external database so that the evaluation team could easily access the deidentified data for all THRIV participants. Additionally, while waiting to begin delivering services, the Project Coordinator/Primary Clinician spent as much time as possible seeking out additional trainings pertaining to transgender trauma-informed care, so that she could complete them before beginning service delivery.

As a system, Mount Sinai worked to lift restrictions that required social workers to see clients in person for an initial session before moving to remote work, which ended up coinciding with the date on which in-person visits were approved again (June 2020), allowing service delivery to begin. Once service delivery began, the program hit full capacity within two months.

2 Administrative delays made keeping prospective participants engaged more difficult.

The COVID-19 pandemic also presented other challenges. For example, some patients had been waiting for a therapist for many months due to the administrative delays, and others had been referred just prior to New York City shutting down. The Project Coordinator/Primary Clinician worked to keep prospective clients engaged by conducting phone check-ins to ensure that they knew she was invested, provide referrals if needed, and to inform them of the approximate wait time before she would be able to begin seeing them for therapy.

3 Not being able to hire an outreach coordinator as planned led to a shift in staff responsibilities and the staffing structure.
Prior to the pandemic the THRIV program intended to hire an outreach coordinator; however, this was paused when mandated social distancing was introduced in March 2021. It was unclear when or how community outreach would be resumed, and there was a hiring freeze while hospital resources were directed towards coping with the COVID-19 pandemic. The Project Coordinator/Primary Clinician addressed this issue in the short term by reaching out via email to numerous community organizations, and more successfully, by advertising the program within the Mount Sinai system. She received a steady stream of referrals from internal sources and quickly reached capacity in her case load. When the hiring freeze was lifted there were several discussions regarding the utility of hiring an outreach coordinator in light of the large volume of internal referrals and the developing waitlist. Instead, the team made the decision to hire a Program Associate who identified as a member of the trans community to assist the Project Coordinator/Primary Clinician.

The pandemic created unique trans-specific patient challenges related to surgery, housing, and safety.

COVID-19 affected the trans community in unique ways. All elective surgeries, including gender-affirming surgery, were postponed, because they were deemed non-essential. Unfortunately, this meant that many transgender individuals were told that a surgery they had been waiting for would now be postponed. The mental health consequences resulting from this decision were severe. Beyond the issue of surgery, the COVID-19 pandemic was destabilizing for many transgender individuals in other important ways. For example, homeless shelters felt unsafe because of how quickly and easily the virus can spread among people in close proximity indoors. As a result, individuals living in shelters were forced to try to find alternative housing accommodations. Similarly, many participants of the program who reported already poor or estranged relationships experienced exacerbations in isolation with inadequate support systems during the pandemic period. During this time, therapy sessions primarily focused on acute issues such as these to help assist the participant in coping with these setbacks or until the participant was in a stable environment.
Remote services meant that the program ultimately served a geographically broader range of participants than it would have been able to otherwise.

The fruits of the Program Associate’s outreach efforts, coupled with the remote nature of services imposed by the COVID-19 pandemic, led to the program being able to serve a geographically more diverse range of participants than it would have been able to otherwise. THRIV’s Program Coordinator described:

“We have a wider reach now. Some of the outreach that [our Program Associate] did—[our participant base] now includes people that are in upstate New York who attend groups, who would otherwise not be involved. I have clients that live in all parts of the city and in Westchester.”

Furthermore, THRIV staff speculate that despite the initial challenges of Zoom and a desire for many to meet in person, remote video meetings allowed some participants located outside of Manhattan who otherwise would have been unable to commute, to regularly attend sessions. THRIV’s Program Coordinator described:

“I wonder if [THRIV’s participants living outside of the city] would still be attending meetings if they had to travel down here each week, right? So, all these things I think have led to longevity and a solid relationship building opportunity.”

Some participants felt safer and more comfortable attending THRIV meetings virtually, or even found it healing experiencing the program from their own homes.

Though some staff and participants described wanting to resume at least some portion of services in-person, there were also some unanticipated benefits to virtual services. On the most
basic level, staff found that, “some people prefer the flexibility of doing things virtually.” The convenience of jumping onto the computer for individual or group therapy removes the barrier of having to leave the house and travel to receive services. On a more complex level, staff found that some participants found virtual services not only more convenient, but more comfortable, stating, “I think there’s something that I’m learning around comfort in the community – and gender dysphoria – that makes trans folks prefer virtual.”

This, of course, was not the case for all participants. Especially for those who were in unsafe living situations, staff acknowledged that they might prefer the opportunity to attend services outside of the home, stating, “I think there are folks that would say ‘my environment is what’s not healthy and I want to get out of it.’”

However, staff observed that many participants found the efficacy of their services amplified by transpiring inside of their home, making it easier to enact what they learned in therapy into their daily practices:

People have told me that there was something about healing while in their own environment that is beneficial to them. For some people, they’re in stable living situations and to be able to integrate work that we’re doing into their life, it actually happens a lot more easily when they’re in that space and doing the work. I wouldn’t have known about possible benefits to that.

Additionally, some THRIV staff felt that one-on-one therapy sessions were not diminished in their efficacy by taking place virtually, describing, “I think that video therapy works just as well, to be honest, as in-person therapy.”

Some staff found benefits in remote work, with the minor drawback of a diminished collegial community.

The pandemic, and the widespread implementation of remote work that resulted from it, allowed mental health workers the
opportunity to assess both the benefits and drawbacks of this paradigm shift. Following the initial adjustment period, some THRIV staff came to discover that they preferred remote work. Especially given the emotionally intensive nature of providing therapy, having the flexibility and solitude of an at-home work environment proved advantageous:

“I think [remote work is] beneficial [for me]. On a personal level, I’m someone that needs my downtime between sessions in order to have the energy to do the next one. And so, I enjoy being at home for that reason. [Even on days when I’m in the office], I’m now in the habit of, ‘I’ll just stay to myself until maybe lunchtime.’ But to me, that’s something that was normalized [by the pandemic] that benefited my ability to have the energy and capacity to continue holding the spaces for people.

Additionally, the shift to remote work led to an increased efficiency of meetings, which staff also enjoyed:

“I think meetings are more efficient than they ever were before. When they’re virtual, it’s just like ‘do do do.’ We’re not really going to chit chat, because nobody can speak over each other and stuff. I’m kind of all about that.

However, this shift was not without its downsides, with staff recognizing that “a drawback is [a lessened] sense of community in the office and with colleagues” especially for new team members.

Despite the necessity and effectiveness of Zoom-mediated services in a post-pandemic world, “there’s still nothing like in-person group sessions.”

Despite the many benefits of remote sessions enumerated in the points above, there were still some drawbacks. Transitioning to virtual programing initially presented several challenges for
the THRIV program. There were technical issues, such as unstable Wi-Fi connections, video glitching interrupting therapy, or participants not having video enabled smartphones. Additionally, there were engagement issues: specifically, some participants did not attend the virtual group because they preferred to meet in person. Ultimately, technical issues were mostly resolved as both staff and participants became more adept with technology over time, and some participants became more willing to receive services remotely when it became apparent that the impact of COVID-19 would be long-term. However, even once THRIV’s virtual groups had garnered consistent attendance, staff and participants alike both expressed that they would have preferred to have some services in-person. THRIV’s Program Associate described:

"COVID changed the landscape for groups — for all types of group therapy, group support and engagement. From years of being in therapy myself, or in group support, there is no doubt about it that in-person group is magical. It’s just a magical space of healing. It comes to the surface. There’s something powerful about groups being in person. Maybe I’m old school—but there is still nothing like in-person…it’s just a night-and-day experience with people who are too isolated."

Despite longing for the “magic” of in-person services, THRIV staff acknowledged that video services are not just effective, but essential for meeting the exponentially growing need for therapeutic services. In short: even if some services return to in-person, Zoom is here to stay. “I think we’re forever changed,” said THRIV’s Program Associate—“It’s beyond COVID—the demand is so large for needing psychology support, therapy—it’s so big and no one provider can tackle it without video."

Meeting in-person would also have been a meaningful way to increase visibility for participants, and for the trans community more broadly. One participant said: “Whenever we get through [the pandemic], there should be in person. It’s more intimate and more realistic. [We should be] going out in public spaces – we must stay visible.”
Additionally, Creative Collective participants expressed a desire to showcase their work in an in-person setting as a means of increasing visibility and awareness for the group, and to celebrate their work, stating:

“I think it would be really cool if we had a showcase of the arts that came out of the Creative Collective. I think that might be a cool way to get more people into it. Being able to show everything that came out of it to other people – I think would go a long way to convince them of how great it is.”

PERCEPTIONS OF IMPACT

Participants noted numerous positive impacts of the program with respect to self-concept, self-esteem, processing trauma, competence with coping skills, relationships, and empowerment.

“It’s a comprehensive program. I don’t think there is a facet of my life that hasn’t been positively impacted by the program. It’s everything from like being able to grapple with my daily PTSD-based ruminations on traumatic events that just sort of float into my head uncontrollably, or...if I’m finding myself in a situation where I need to advocate for myself, or asking for help or realizing what abusive behavioral patterns look like in a relationship. It really has changed a lot in my life. It’s, in some sense, saved our lives.”
From learning to notice signs of depression, to developing and implementing safety skills, THRIV was, for many participants, “lifesaving.”

During focus groups, several different participants used the term “lifesaving” when describing the profound impact that THRIV had on them. Some participants were struggling without having a community of fellow trans people to bond with, with one describing, “I just started transitioning, which was kind of lonely by myself. So, it’s been really, kind of lifesaving to be able to talk to people.” Other participants who struggled with depression and suicidal ideation expressed tremendous gratitude to THRIV, stating: “I think the program has literally saved my life. I was in a very bad place and this program helped bring me out of it. I really cannot thank Mount Sinai enough.” Additionally, staff empowered participants experiencing depression to identify their own signs and symptoms in order to enact necessary coping strategies:

“[From] talking to my counselors, I’m [now] able to realize when I’m slipping into my depression. And so, when I’m able to realize, ‘OK, you’re lying in bed all day, it’s going on another day, get up and move around.’ I learned ways to kind of shake the depression off, instead of just letting it sit on me for weeks, like how I used to do. I learned better ways to cope with my depression.

In addition to helping participants learn lifesaving mechanisms to cope with depression and suicidality, THRIV’s skills groups helped participants to navigate the world more safely and maintain appropriate vigilance in public spaces. This is particularly pertinent given the high rates of violence towards the transgender/GNI community – 88% of participants in this program reported being the victim of a crime, more than two-thirds reported experiencing intimate partner violence and sexual assault, a fifth reported being the victim of a physical assault, and 10% reported specifically experiencing a hate crime on the basis of their gender-identity.
It’s already difficult navigating the world as a trans person. Not everyone has that problem. I’ve learned how to continuously think about my safety. I want to live, and when it comes down to safety, I think about the crime rate against trans people... I’m a Black trans woman, and it’s just not so easy for us. It can be very difficult if you don’t fit the society’s expectation of what appears to be a woman or a man. [I’ve learned to ask], if I’m dealing with people, how can I always maintain my safety in public spaces?

Participants discovered a newfound sense of self-worth, empowerment, and ability to self-advocate.

Several individuals highlighted a newfound sense of self-worth and enhanced self-image after having participated in THRIV. This represents a marked change from feelings of low self-worth prior to the program. One participant said: “I feel empowered. I feel like my voice matters. My humanity matters. And that’s only gotten exponentially stronger, that feeling, [since] I joined the THRIV program.”

Similarly, several participants reported a decrease in self-blame and increases in self-esteem, self-compassion, and self-care. These changes, in addition to working on self-advocacy in groups, enabled participants to feel more secure asking for their needs to be met, including seeking out specific services as needed. Survey responses indicate that approximately 85% of participants were better able to ask for help when they needed it since starting the program, and approximately 60% had utilized other services, including housing and legal assistance, within the past week. One participant noted,

“Having that topic [self-advocacy] talked about in the THRIV program has given me new ideas on how to strategize, asking for help with care, asking for help with rent if I need it ... just having that kind of capability, learning that capability and learning how to self-advocate.
Some participants remarked on the empowerment they now feel as it pertains to their relationship with their body and their new community that they had not experienced previously:

“[The Project Coordinator/Primary Clinician] caught me at a really pivotal moment [and helped bring] me to this place in my life ... to this place of feeling integrated with my body for the first time,” and “I just feel like I have a place where I can go to an oasis where I can feel a sense of integration with myself and with others in the community, and then we can all lift each other up.

Whereas, others reflected on their enhanced feelings of empowerment across all areas of their lives stating,

“I absolutely found who I am, and you know, I’m a strong woman now. I stand up for myself. Yeah, I totally, totally, you know, love who I am now.” and “[I am] walking away from the program feeling empowered in so many aspects of my life, about every aspect of my life.

Participants developed more confidence, empathy and openness, eventually becoming a support system for one another.

THRIV staff noted that while it was rewarding to watch each participant grow individually, it was especially moving to watch them grow as a group, eventually coming to care for one another.

Upon joining the program, many participants were - understandable - focused on grappling with their own individual journeys. One staff member described, “At the beginning [of treatment], you're self-absorbed, you're scared, you're angry at other people, you're jealous, you’re envious, you can't see beyond the things that you’re hurt from.” Furthermore, many participants hadn’t previously been a part of a community of fellow trans people and felt uncomfortable in the space. Staff observed this discomfort, noting, “Between talking, they used to hide. Their body language was almost scared —very scared and very withdrawn.” With time in the program, this
discomfort gave way to confidence. "Now, they fully talk. They share empathy as well. It's mind boggling to watch." This staff member elaborated:

When a patient that's been embedded in trauma can share and give space to someone else and give empathy and give acknowledgment - it is such a master moment of psychology. Watching the patients care for the other patients – even if they're experiencing completely different pain that could even trigger them – it's been really powerful to watch. What's so magical is when you care about the person, you're invested. So, they care about each other now in a newer, in a deeper way.

Of one specific participant, the staff member noted:

[This participant] has been amazing- an incredible photographer, but also kind of like a trans mom in a way. [They] take care of the other ones if they have questions about surgery, they will provide advice or, you know really care for the other patients and show empathy. It's just really so sweet. [They] ask a lot of questions to them, like, 'how are you feeling today?' And that's all growth.

Participants, too, expressed the value of having this safe space to be open and vulnerable about their shared struggles with supportive, judgment-free peers. Several members noted the significance of connection with the trans community, saying:

I think being able to connect with members of the community has been an important part of the healing process for me. I feel like I wouldn't have been able to like, be this vulnerable with other people outside of the program. And it's nice getting to explore the kind of underlying feelings and issues that I'm facing in my recovery with mental health as a trans woman with other trans women. Because it's a hard thing to talk about and having the space set aside, it's been really great.
I really, really appreciate the voices that show up to the group meetings and the different perspectives from all of the participants who come from like a wide range of ages and backgrounds and different struggles that we all had separately, but we all, somehow every week come together and ... although we all have these different backgrounds, there's something that still connects us all. And I think that [the clinician] is able to really help call that out and, you know and help us work through issues that we may face together in a really holistic way. So, it feels really good.

The experience of being a part of and witnessing healthy supportive relationships in a therapy context had a ripple effect in participants’ relationships outside the program also. Some members explained:

I socialize with people better. The anxiety, that used to keep me from connecting to others has diminished so that I can be more present with them and build healthy relationships in a way that I feel like I wasn’t able to before.

I feel like it's benefited me, especially in my life making these connections with other people. When I'm often too scared and vulnerable to connect with others in normal settings, the therapy is a nice steppingstone in that healing process.

I think it's made it a lot easier for me to connect with other people. Some of the people in my life have said that they've noticed a change in the last five months or so.

Participants learned to set healthy boundaries and assert needs within their relationships.
Participants noted that they now feel comfortable setting healthy boundaries with other people in their lives and that they feel able to be assertive about those boundaries and their needs. One participant explained that the therapy works around their boundaries, meaning they don’t feel forced to discuss anything they aren’t ready to discuss:

“
My therapist was very wonderful about making sure that like, we didn’t need to jump into anything before, like we established like a good relationship ... I feel like she actually kind of cares about me as a patient. But also, what’s going on in my life.

Some participants explained how the program had helped them to set appropriate boundaries with their family members:

“
Specifically relating to my family, [I’ve] also recently been able to not let situations that would normally affect me in like a triggering or toxic way alter me. Like if I was in a good mood, [they don’t] bring me down to the lowest that it could have been.

Others expressed the impact in terms of an increased ability to ask for and accept support from trusted friends and family:

“
I do feel a lot safer asking the people in my life who care about me, to lean on their shoulders when I’m having like a mental health crisis.

“
I feel like I know how to communicate to people better and assess whether or not they’re able to be there for me to meet my needs at the time. Because I didn’t always [recognize] how other people aren’t always able to take care of me, but knowing myself and knowing what others can offer in the moment, has improved [my relationships] and [my ability] to ask for things.
Many participants described how working through their traumatic experiences helps them more easily identify situations that don’t serve their mental health needs. One participant explained how leaving a toxic housing situation felt different by explaining, “I [feel] like I can healthily remove myself from situations without avoidance.”

Participants developed tangible coping skills including communication, social, relaxation, grounding, and problem-solving skills.

Several participants described that being in the THRIV program allowed them to develop and work on communication, social, relaxation, breathing and grounding coping skills that serve them in many different situations. One participant shared:

“I feel like I have more coping tools now to deal with the times when I’m anxious or when I’m depressed or when I’m having a flashback, I think I have more language for what is going on and that makes it easier to deal with.”

Another participant described the skills they learned from the Seeking Safety groups saying:

“I feel like the cognitive reframing exercises were a helpful skill... just identifying some negative thoughts that were common to our experience with PTSD and how we can turn an unhealthy thought into a healthy one, or a negative one into like a less negative, more realistic one.”

Similarly, others reported successfully incorporating mindfulness skills and grounding techniques into their daily lives:

“I think that’s really the big takeaway for me, at least, of like being able to recognize what’s happening, be more aware, be able to ground myself, be able to have a proper response to a situation that allows me to feel strong and empowered and heal.”
Overall, participants felt more equipped to deal with distressing situations and challenges given the communication, social, relaxation, breathing and grounding skills they had developed competency with through THRIV programming. Additionally, they also felt empowered to use those skills on a regular basis in order to improve themselves and their wellbeing, as explained by one participant:

“...I’m finding myself really going in and using those tools that were given to us. [A tool] that really stood out was problem-solving. You know, identifying the problem, knowing the facts, setting your goals, having possible solutions, and choosing: what’s going to be the best solutions or best ways to go about solving the problem and then going into action? Am I actually moving this thing forward? An evaluation... I just love that whole thing... really it’s common sense. This can really help us to look at it through a magnifying glass and really how to break things down...and just really break things down and try to take corrective actions for your own well-being and self-improvement.”

Many participants were able to gain housing, employment, and more stability in their lives overall.

In addition to the personal healing and coping skills that THRIV facilitated, many participants were also able to gain housing and/or stable employment during the program. This was a significant concern for participants – 10% of individual sessions were focused specifically on workplace/employment difficulties (see Table 3: Presenting Problems) and 13% of participants had a history of homelessness (see Table 2: Trauma Histories). THRIV staff described:

“There’s just been very clear cases of successes and people coming to get jobs, or do things that they’ve been working towards but felt held back from, due to the things they’ve been through, or just an internalized sense of, ‘it’s not possible for me,’ and now feeling like, ‘it is
possible for me to be successful or achieve these things or have a full-time job,’ or whatever it is.

One THRIV staff member described the case of a specific participant who was able to gain a stable job, move into a new apartment and receive better health care as a result of support from THRIV and participant commitment:

“One particular participant basically didn’t miss a meeting – I think maybe she had one missed meeting in a year. She worked so hard. She comes from a heavy background, and just kept plugging along, listening to what [her therapist] would say, working in group, always. She even would come even if [she wasn’t] feeling well. Throughout the months, she got on a better path. We kept encouraging her, and she just moved into a new apartment. She got a really great job that knows about her history and allows her the opportunity to take care of her mental health—which is like… you cannot ask for a better situation than for her to get off Medicaid and to have a full-time job. She works from home, and she has a new apartment. She has done amazing.

Participants began to heal from trauma.

A central focus of the THRIV program was supporting transgender individuals while they navigated healing from trauma, both acute, single-incident traumatic events and histories of chronic, prolonged, and complex trauma. All individuals in the program had experienced some form of trauma, whether in their childhood or more recently (see Table 2). Participants noted that the program had taught them tangible coping skills to deal with trauma symptoms (e.g., “I feel like I’m able to cope with flashbacks better. I have grounding exercises that are helpful”), whereas other participants highlighted the value in simply being able to process trauma in a safe space, which had led to profound breakthroughs:

“I never wanted to tell anybody [about my trauma] because I felt it was my fault because I believed it. I really did. And it wasn’t my fault at all.
And I think that breakthrough was probably my shining moment [at THRIV]. I mean, that’s a big deal.

Others noted the value of processing trauma in a group setting:

“...

I think for the open support group ... going back and reviewing trauma in a safe space, but with [Project Clinician] support and with like affirmation and validation from the other community members that were there, it was really helpful. It’s a really special experience and I’m glad that I had it.

As previously mentioned, the PCL-5 was administered at baseline and at 3-month follow-up intervals to evaluate trauma symptomology among THRIV participants. At baseline, THRIV participants had an average score of 46, indicating high levels of trauma symptoms. At the first and second follow-up intervals, participants had average scores of 42 and 44, respectively, indicating slightly reduced PTSD symptomology among THRIV participants that had completed a follow-up PCL-5. Despite this reduction, this should be interpreted with caution given the small sample size.

Participants experienced a complex but curative journey in having a mixed-gender group of participants, and multi-gendered staff.

THRIV was a mixed-gender program: transgender women made up 71%, transgender men, 16%, and gender nonconforming/gender queer, 13%. THRIV groups were offered to participants of all gender identities, so many sessions included trans men, trans women and non-binary individuals. Staff observed that some participants initially found this mixed-gender space difficult. One staff member described:

“One of the things I learned is that there's often a difficulty with putting trans women and trans men in one group space. I say that carefully, because there's a lot of reasons for it, and it’s not always the case, but it is sometimes the case. There’s a lot of emotions and triggers.
Over half of THRIV participants had histories of abuse, some of which were perpetrated by men.

“These are specialized patients that had severe trauma and were struggling from a violent background with triggers that often dealt with their body or men in general,” explained the staff member, “so, a lot of the time, as I’m learning, [mixed-gender groups are] a more difficult thing to have, but that’s what we could offer [with our resources].

With time, staff observed how participants came to learn and grow from the difficulty of this space, describing,

Amazingly, it kind of molded itself into a really amazing safe space, where we had a few hiccups early on, but now every time we conclude a meeting, everybody just says how profoundly thankful they are for everyone in this group, and it’s made all of us better listeners.

THRIV’s Program Associate, who led peer support groups and founded and led the Creative Collective, noticed how participants’ relationships with him, specifically, evolved and allowed them each to grow, despite initial difficulties:

Even their relationship with me has been powerful. My interactions with them have changed. At first it was so hard... because I knew someone felt uncomfortable around me in group. That’s natural... But I then learned that trust and seeing me as a nice person, a caring person changed opinions. So, it’s interesting how we all have an effect on someone’s growth, whether it’s directly or indirectly. And that’s powerful. That’s really more powerful than any type of therapy. It’s almost like just seeing someone that you thought you didn’t like because of their gender, but then they are caring, and your mind just has to wrap its head around that, you know?
Participants, too, noted how transformative this experience was, describing:

“...I really like the trans male perspective because I have not had a chance to get to know trans men before, and now I know two trans men, and it’s awesome. I think I wasn’t able to really relate with masculinity, personally, as a trans woman, and I think that unfortunately just colored my lens of the male perspective. And so being able to actually have this excellent sort of perspective from [male staff] and [male participant] - it’s all mixed together, and I think that’s a big part of the reason why it was so special.
Not only participants, but also staff, themselves, felt very moved and impacted by the program. Like participants, staff, too, felt extremely moved and impacted by the program. THRIIV’s Program Associate described:

“

No doubt about it, [THRIIV has been] life-changing and very rewarding for me as a person. I was a patient, you know, six years ago—one of the first patients at CTMS. Honestly, to be where I am now, and to have learned so much through the patients as well, it's just been so rewarding. It's a very special and unique program that I think I will forever look back on. I hope there's other future trauma-based programs, for sure.

Similarly, THRIIV’s Program Coordinator stated: “it's definitely my favorite job I've ever had. Being able to do really meaningful work impacts me personally, in a way of feeling satisfied and fulfilled and liking what I do.”

**Figure 5**
Description of the THRIIV program by participants
1. Create more trans-focused, gender affirming, trauma-informed treatment programs.

There is a scarcity of mental health programs that are trauma-focused, trauma-informed, and designed specifically to meet the needs of the trans community, resulting in an unmet need for high-quality, tailored care. At best, this means there are long waitlists for appropriate services for trans individuals. At worst, this means that trans individuals are forced to receive care from people who lack adequate understanding and knowledge of the unique experiences and challenges of the trans community. In the case of THRIV, the program filled to capacity—from internal referrals alone—within two months of introducing services. It also maintained a lengthy waitlist, reinforcing the magnitude of the trans community’s unmet need for trauma-focused psychological services. THRIV’s Program Coordinator described:

“It sucks that [when fellow clinicians] asked me, ‘oh, are you taking patients?’ I was like ‘well, maybe in a few months,’ and now, it’s like ‘oh, we have three months before the program ends, so we’ll see.’ But yeah - [it would have been great] expanding [THRIV,] just because the need is huge.
Many trans individuals have had negative experiences in healthcare systems, with approximately 33% of THRIV participants reporting harassment by a healthcare provider (see Table 7: Participant Justice-Involvement Histories). In stark contrast to the healthcare system at large, THRIV’s trauma-informed approach yielded extremely positive participant experiences. Many reported that the trauma-informed approach at THRIV allowed them to begin the healing and transformative process towards feeling respected and integrated in their bodies. For some, this was their first time ever experiencing a healthy relationship within a healthcare setting. Although we did not conduct a formal outcomes evaluation, as a result of THRIV’s success, participants and staff described emphatic support for trauma-informed and gender-affirming approaches to service provision for the transgender community.

2. Hire staff who are experienced, passionate, respectful, organized, and reflect participant identities.

From both an administrative and clinical perspective, having staff who are experienced, passionate, knowledgeable, organized, efficient, warm, and respectful is extremely important in order to cultivate a streamlined program and ensure positive participant experiences. Every participant interviewed listed their therapist as a vital component of their positive healing process, citing characteristics such as warmth, trustworthiness, respectfulness, empathy, listening skills, and knowledge of trans-issues. THRIV staff’s advanced organizational skills and proactive nature enabled the program to consistently and efficiently grow and progress. In addition, several THRIV participants shared that the staff within the broader organization of IAM had always been kind and pleasant to work with. They feel confident that staff will not misgender them and will use their correct name and pronouns.

3. Create a participant-to-staff pipeline specifically to address the lack of representation of TGNB individuals working in healthcare and to ensure staff reflect participant identities.
There are significant barriers to education and employment on the basis of gender identity, making it difficult for TGNB-identifying individuals to receive the education, training and professional experience required to find clinical and non-clinical work in healthcare. Seventy seven percent of TGNB individuals report verbal or physical harassment in school, with almost a fifth of those dropping out as a result, and drop-out rates for those identifying as TGNB individuals of color as high as 39% (James et al., 2016). Negative experiences continue into higher level education with as many as 50% of transgender women dropping out of college in response to harassment and transphobia (James et al., 2016). Similarly, rates of unemployment are three times higher for TGNB individuals than the general U.S population, and TGNB individuals are three times as likely to have an income below $10,000 (James et al., 2016). It is vital for programs serving TGNB individuals to create participant-to-staff pipelines that will provide opportunities for participants to develop professional skills and avail themselves of training and work experience opportunities to increase the pool of qualified TGNB individuals in the healthcare field.

Although THRIV participants noted high levels of satisfaction with the Project Coordinator/Primary Clinician, many staff members and referral sources suggested the program would benefit from bringing on staff who reflect the transgender, gender non-conforming, LGBTQIA+[^14] and BIPOC[^12] identities of participants. The Project Coordinator/Primary Clinician noted that some participants initially had assumed that their therapist would be trans.

Additionally, several participants of color expressed concern that a white therapist might not be able to understand or relate to their experiences. In an effort to bridge this gap, the clinician and participants openly discussed their differing identities and the impact this had on the therapeutic relationship. One person declined to participate in THRIV when they discovered that the Project Coordinator/Primary Clinician did not share their identities. Bringing on more clinical staff members whose identities reflect those of the participants that the program serves would help services to better align with the trauma-informed and inclusive values it aims to embody.

[^14]: LGBTQIA+ is an acronym used to describe the community of people who don’t identify as heterosexual, straight, and/or cisgender. The letters of the acronym stand for lesbian, gay, bisexual, transgender, queer (or questioning), intersex and asexual. The “+” signifies members of the community who identify with a sexual orientation or gender identity that isn’t included within the LGBTQIA acronym.
Take a nuanced and comprehensive approach to healing, recognizing that (1) the trauma and marginalization of being trans can permeate all facets of life, but also that (2) trans people are more than just their gender identity.

Each THRIV participant came to the program with their own individual trauma history—more than 80% of participants had been the victim of a crime, over half of participants had experienced childhood abuse in an emotional, sexual and/or physical capacity, nearly a third reported harassment or victimization by law enforcement, and nearly a third reported harassment by a service provider (see Table 2: Participant Trauma Histories, Table 7: Participant Justice-Involvement Histories). However, one common thread that emerged was that many of them had also experienced pervasive societal and systemic marginalization and discrimination beyond those formal reported traumas. Coming to the program, discrimination and stigma had already permeated so much of their lived experience and realistically will continue to touch their lives going forward. As such, it’s key for programs like THRIV to focus not only on addressing current symptomology, but also allowing them a space to process the pervasive oppression that they have and will continue to encounter, and the cumulative impact of that discrimination and stigma. One THRIV staff member described:

“

What I love about the program is that it really targets the primary issue that many—I venture to say all people who are transgender—face. And that’s that history of trauma and oppression and discrimination. I’ve worked with people who are transgender for years, going back to probably the nineties, when I was a therapist in community medicine. At a time when it was—we talk about marginalized—I mean really marginalized. And I think [THRIV] really targets the main issue of how to cope with all that comes with trauma and the hypervigilance that they experience, and the expectation that they’re going to be discriminated against.”
Part of the work of programs like THRV should be to provide participants with a space to both reflect on and handle the daily tumult of facing discrimination within bureaucracies and systems that continue to work against them. The staff member continued:

“We need to be] helping them with that sense of being marginalized, which sometimes brings on aggression when they’re dealing with bureaucracies or they’re dealing with hospital systems or dealing with financial systems—that it’s kind of ingrained in them. What’s great about this program is helping somebody manage with that...manage all the symptoms of trauma.

In addition to providing participants with a space to process the trauma and discrimination they experience moving through the world as trans, programs also need to allow participants the space to process and discuss the parts of themselves that are not as intimately tied to their trans identity. In short: programs for trans people can and should be a space for them to feel like they are more than just their gender identity. One THRV staff member described:

I love [that] people’s trans identity doesn’t have to be the main thing about them in the work that we do. For a lot of folks, they’re like ‘yeah I’m trans, but like I’m working on sexual assault’ or something. I wasn’t an expert in transgender mental health care before I worked here, and I don’t even know if I would call myself an expert now, but I think for a lot of people, they would go into doctor’s offices and kind of be ‘the trans patient,’ and that was the first thing about them. Whereas I love that we have a space that is not like that for them. Our program is built into a safe space, in so many ways for people. I hear people just [are] able to feel comfortable in ways that they weren’t before.
Provide staff with the support and resources to receive trainings. Once staff gain more expertise, provide them with the opportunity to spread that knowledge by conducting trainings themselves.

THRV staff were able to attend several trainings throughout the duration of the program to expand their clinical practice and expertise in trans healthcare (e.g., EMDR). These trainings ended up benefiting THRV participants quite directly – 121 THRV individual sessions ended up using EMDR (16% of all sessions). One staff member described:

“I feel very, very lucky and grateful to have this job. So many social worker friends I have are like, ‘what is this job? You kind of do your own thing, but you’re not running your own private practice, but you get to do these trainings.’ One of the huge supports of the program was supporting my training in EMDR in the last year. It’s also another thing that my colleagues will be like, ‘your job is paying for that? Like what?’ And I’m so lucky. Not only cost-wise, but that I attend trainings and do consultations and things. Usually it’s not weekends or evenings – it’s built into the way that I schedule my days. And I’m really grateful, because I think it directly benefits the patients, but also directly benefits my own practice and ability to grow as a clinician.”

Furthermore, once they gained expertise from attending trainings and working with THRV participants on a day-to-day basis, staff went on to conduct trainings for other health system employees to educate others about trauma-informed care, transgender mental health, the impacts of racial and gender based oppression on complex trauma and providing adequate care to transgender patients in the emergency and surgical departments.
These trainings benefited the hospital system by expanding the understanding of trans issues, mental health, and trauma for both clinical and administrative employees who are in many cases totally unfamiliar with these topics, thus broadening the positive impact of a program like THRIV. It also improved morale among program staff, significantly contributing to their satisfaction with the program and their professional development more broadly. One staff member described:

“That’s a really cool part of the job that also, was never like my strong suit -- speaking in public. Honing those skills... I’m really feeling like I definitely went from ‘I don’t know what to say,’ to like feeling like, ‘yeah, I am an expert in this topic. I can deliver things to surgeons; I can talk about this and offer them something new.’ So that’s been a huge success personally as well.

6 Ensure flexibility of programming to secure participant success.

In addition to offering several types of services, the THRIV program also worked in a flexible manner to meet the needs of the transgender community. The program was not “one size fits all,” so participants could tailor the program to meet their individual needs. Some participants only took advantage of individual sessions, whereas others participated in both individual services and one or more group sessions, and some participants were referred solely for group participation. The program took into account the daily lives of participants in terms of scheduling. For example, speaker series events were recorded so that if someone was unable to attend a given event, they could watch a recording of the event when it was convenient for them.

Another way the program provided flexibility for participants was by continuing to offer either in-person or remote sessions depending on the individual’s needs. When on participant was recovering from gender reassignment surgery, they were unable to sit for extended periods of time and needed to be able to lay down. As such, they benefited significantly from the ability to receive remote therapy. Moreover, remote options made it possible that participants didn’t have to miss an indivi-
idual or group session when transportation or weather issues arose. Finally, the Project Coordinator/Primary Clinician worked to schedule administrative and supervisory meetings during days and timeframes at which participants were available. By prioritizing the availability of program participants, the Project Coordinator/Primary Clinician took caring for the participants to a level of attentiveness they hadn’t experienced elsewhere.

In addition to providing flexibility of services, staff also worked to establish communication patterns that were tailored to participants’ specific preferences. In some cases, that meant daily contact; THRIV’s Program Associate described, “On a daily basis, I’m checking in on—I would say—five patients that need extra support. I just check in; see how they’re doing.” Other participants wanted much less frequent contact, or even no check-ins at all from THRIV’s Program Associate. “Some people never contact me back,” he described, “they’ve said one or two words to me. They can only handle the therapy that [THRIV’s Program Coordinator] provides. They can’t handle anything else.” These communication patterns were flexible. “Other patients, at first, needed more support only in the initial months,” he described. “And then I had one or two patients that told me that they no longer needed to check-in or anything like that.”

These shifting patterns were exemplified by participants successfully assessing/asserting their own needs and boundaries—both of which were key skills that THRIV worked to instill during therapy sessions. THRIV’s Program Coordinator described:

“It doesn’t always roll off their tongues easily, but they’re learning what the key here is—they’re learning to communicate their needs. They are learning what they need in life and what they need support for. That is really what [THRIV] was all about: giving them trauma-based therapy, but also coping mechanisms of how to communicate with other people, how to survive. So, it’s actually a compliment when they do tell me ‘I don’t need you this week’ or ‘I don’t need any more check-ins.’ Whereas other patie-
nts need you to text them to attend meetings. Sometimes, we’ll get a patient that is really proactive in group for three months, and then they decide not to be in group.

As such, in programs like THRIV, it is especially essential for staff to listen to the needs and boundaries participants are communicating and meet them where they are, so that they can cultivate a positive feedback loop that will encourage participants to continue to model these newfound skills in their other relationships.

THRIV staff made sure to keep track of participants’ individualized needs in a systematic way. One staff member described, “I keep detailed Excel sheets of different times I’ve reached out, and then I make little comments, so I remember where they’re at.”

Staff should also provide individualized support for participants based on the specific problems they are facing in their daily lives, for example, helping them to find additional services when necessary:

“Sometimes they have problems with their insurance, or if they need me to walk them through anything that becomes an obstacle in their daily life; I’ve researched addiction specialists, ongoing group support for them. If one of our patients moves out of state, I’ve done research with where they can find additional support in a group of people. Of course, it’s rare to find, as we know, group support anywhere. But that’s kind of my job.

7 Create more programs that not only help trans individuals to heal from their trauma, but also that (1) increase visibility for the trans community and (2) educate family members of trans individuals – and society at large – on the reality of the trans experience.
Much of the feedback we received from participants and staff alike described how no matter how much THRIV was able to help them heal individually, their daily interpersonal interactions—both with friends and family, as well as with strangers in their day-to-day lives—remained difficult due to the deep-seated transphobia that permeates much of society.

One recommendation we received from several participants was to publicize THRIV—and programs like it—more heavily on social media in order to increase visibility for the trans community: “[I’d like if the program could] reach out more on social media. You know, making us more publicly visible to everyone, so people can know about these different programs. Reaching out to families, even.”

Another recommendation many participants shared was creating more programs for educating families and friends of trans individuals so that they may aid in the healing journey of their loved ones, rather than hindering it. One participant described:

“[Growing up], sometimes I had a very supportive, nurturing environment, and then other times it was just not the most nurturing environment. I almost died in foster care because my foster mother hated the fact that I was trans... And I’m sitting here in a skirt today [as a trans person]. So, for me, it throws us mentally when we have to deal with family or people that just don’t have the willingness to open up and allow us to just grow as humans. So, there’s a need for that: continuing to educate these families on TGNB people. It’s healing—it’s really helpful, and it’s healing, and it’s very progressive. It helps people to progress.

Another participant echoed this need, stating:

“There is a need for family services. A lot of us are broken because we have to run from our families or leave our families, or we’re not in healthy environments. So, this is a part of it all: family and rebuilding.”
8 Develop strong foundations and clear processes in order to facilitate a speedy and smooth service rollout.

Developing clear processes and laying the foundations of the program prior to commencing service delivery resulted in a streamlined and efficient rollout for THRIV. Having time dedicated to focus on developing program infrastructure (including workflows, record keeping practices, data flow, databases, trainings, tracking systems, and clear role responsibilities) meant that there was a smooth and quick transition to services and a very short time frame from starting service provision to reaching capacity. In the case of THRIV, although the delay of service delivery was due to the pandemic, it allowed time to develop processes and procedures that otherwise would have had to have been established at the same time as rolling out services, placing an additional burden on the clinical and administrative staff. Every staff member suggested that it would benefit programs to have time set aside for establishing program- and grant-specific procedures prior to program roll-out and prior to beginning service delivery.

9 Address administrative issues prior to beginning service delivery.

With any program like THRIV, administrative delays can set back the start of service delivery, have negative impacts on staff and participants, and result in further administrative issues once the program begins. With THRIV, there was confusion over who would execute the contract when the original grantee organization left the broader institution, and there were early invoicing mistakes that continue to require resolution. These hiccups created a need for additional administrative work, time, and effort. Although some issues and delays cannot be anticipated, foundational aspects of the program should be as prepared and streamlined as possible prior to commencing service delivery. When challenges are unavoidable, as was the case with THRIV moving from CVTC to CTMS within IAM, every effort should be made to open lines of communication between the program and administrative staff in order to ensure as smooth a transition as possible.
References


Figure 6
Presenting Problems as Reported by Clinicians (from December 2020 to August 2022)

- Past Trauma/PTSD: 52%
- Relationships: 25%
- Depression: 15%
- Workplace/Employment Difficulties: 12%
- Family Problems: 6%
- Gender Dysphoria: 5%
- Surgery: 4%
- Suicide Ideation: 3%
- Systemic Oppression: 1%
- Anger: 1%
**Table 4**  
*Participant Demographic Characteristics – Gender Identity*

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>Number of Participants</th>
<th>Percent of Participants</th>
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<tbody>
<tr>
<td>Transgender Woman</td>
<td>43</td>
<td>71%</td>
</tr>
<tr>
<td>Transgender Man</td>
<td>10</td>
<td>16%</td>
</tr>
<tr>
<td>Gender Nonconforming</td>
<td>8</td>
<td>13%</td>
</tr>
</tbody>
</table>
Table 5

Participant Demographic Characteristics – Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number of Participants</th>
<th>Percent of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>23</td>
<td>38%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>19</td>
<td>31%</td>
</tr>
<tr>
<td>Hispanic or Latinx</td>
<td>11</td>
<td>18%</td>
</tr>
<tr>
<td>Multiracial or Other</td>
<td>6</td>
<td>10%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>3</td>
<td>5%</td>
</tr>
</tbody>
</table>
### Table 6
Participant Demographic Characteristics – Age

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Number of Participants</th>
<th>Percent of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-21</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>22-29</td>
<td>18</td>
<td>30%</td>
</tr>
<tr>
<td>30-39</td>
<td>23</td>
<td>28%</td>
</tr>
<tr>
<td>40-49</td>
<td>8</td>
<td>13%</td>
</tr>
<tr>
<td>50+</td>
<td>9</td>
<td>15%</td>
</tr>
</tbody>
</table>
Table 7
Participant Justice Involvement Histories: Criminal Legal and Service System Experiences

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Participants</th>
<th>Percent of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report prior criminal legal system involvement</td>
<td>17</td>
<td>28%</td>
</tr>
<tr>
<td>Report harassment or victimization by law enforcement</td>
<td>20</td>
<td>33%</td>
</tr>
<tr>
<td>Report harassment by a service provider</td>
<td>20</td>
<td>33%</td>
</tr>
</tbody>
</table>
Table 8
Participant Satisfaction Survey Results

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Number of Participants who endorsed &quot;Agree&quot; or &quot;Strongly Agree&quot;</th>
<th>Percent of Participants who endorsed &quot;Agree&quot; or &quot;Strongly Agree&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a greater understanding of my emotions and internal experiences.</td>
<td>115</td>
<td>91%</td>
</tr>
<tr>
<td>I have a greater understanding of how my emotions and behaviors are connected to one another.</td>
<td>109</td>
<td>86%</td>
</tr>
<tr>
<td>I am better able to ask for help when I need it.</td>
<td>108</td>
<td>85%</td>
</tr>
<tr>
<td>I am better able to cope with life's challenges.</td>
<td>97</td>
<td>76%</td>
</tr>
<tr>
<td>I am better able to deal with the memories and reminders of traumatic experiences.</td>
<td>84</td>
<td>66%</td>
</tr>
<tr>
<td>I have better relationships with family/friends.</td>
<td>64</td>
<td>50%</td>
</tr>
<tr>
<td>This month, the program deals with issues that were relevant to me.</td>
<td>113</td>
<td>89%</td>
</tr>
<tr>
<td>Overall, I am satisfied with the program this month.</td>
<td>119</td>
<td>94%</td>
</tr>
</tbody>
</table>
Table 9
*Treatment Approaches Engaged In, as Reported by Clinicians (from December 2020 to August 2022, a total of 1,134 sessions).*

<table>
<thead>
<tr>
<th>Treatment Approach</th>
<th>Number of Sessions Used</th>
<th>Percent of Sessions Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy and Listening</td>
<td>1,097</td>
<td>97%</td>
</tr>
<tr>
<td>Cognitive-Behavioral Therapy</td>
<td>343</td>
<td>30%</td>
</tr>
<tr>
<td>Safe Coping Planning</td>
<td>326</td>
<td>29%</td>
</tr>
<tr>
<td>Psychodynamic Therapy</td>
<td>275</td>
<td>24%</td>
</tr>
<tr>
<td>EMDR</td>
<td>186</td>
<td>16%</td>
</tr>
<tr>
<td>Narrative Exposure Therapy</td>
<td>128</td>
<td>11%</td>
</tr>
<tr>
<td>Mindfulness</td>
<td>40</td>
<td>4%</td>
</tr>
<tr>
<td>Dialectical Behavior Therapy</td>
<td>34</td>
<td>3%</td>
</tr>
<tr>
<td>Psychoeducation</td>
<td>29</td>
<td>3%</td>
</tr>
<tr>
<td>Interpersonal Psychotherapy</td>
<td>18</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Note: Clinicians were able to report multiple different approaches used in a session. The 'Percent of Sessions Used' column indicates the percentage of sessions in which an approach was used.*
THE THRIV
CREATIVE COLLECTIVE

EVERY THURSDAY 5:30PM-6:30PM * VIA ZOOM
MERGING ART & PRIDE. ALL FORMS OF CREATIVITY WELCOME.
COMING SHARE WHAT INSPIRES YOU. FUTURE GUEST SPEAKERS & ARTISTS.
EMAIL: lukas.greyson@mountsinai.org TO SIGN UP!

ILLUSTRATIONS BY ARIEL DUNITZ-JOHNSON
PHOTOGRAPHY BY LUKAS GREYSON
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GREYSONIMAGES.COM
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GREYSONIMAGES.COM
THRIV - Participant Satisfaction Survey (5-point Likert):

Since beginning to participate in the therapy program, how much do you agree or disagree with the following statement?

1. I have a greater understanding of my emotions and internal experiences
2. I have a greater understanding of how my emotions and behaviors are connected to one another
3. I am better able to cope with life’s challenges
4. I am better able ask for help when I need it
5. I am better able to deal with memories and reminders of trauma from my past
6. I have better relationships with family/friends

This week:

1. The program deals with topics/issues that were relevant to me
2. I used any medical, social, or other community service outside of this therapy program (For example, I met my doctor, had a case management appointment, talked to a lawyer, used a housing service, etc.)
3. Overall, how satisfied were you with the program this week?
4. What suggestions do you have for improving our service to you?
THRIV Focus Group Questions:

1. How happy/unhappy are you with THRIV?
2. How happy/unhappy are you with the various parts of THRIV
   a. Referral
   b. Intake
   c. Each service – groups, individual
   d. Events
3. How happy/unhappy are you with the program staff?
4. Do you feel like the program overall has been helpful/unhelpful to you? How?
5. What were some of the highlights of the program?
6. What suggestions do you have to improve the program?
7. For the closed groups, open groups, individual sessions, were there any sessions that were particularly helpful or memorable? Any that were just not helpful to you?
8. Would you recommend the program to others?
9. Are there situations you would handle differently now that you’ve been in the THRIV program?
10. Are you more willing to file a report if you were to be victim of a crime? Why or why not?
11. Are you more willing to seek out other support services that might help you improve yourself or your life, for example housing support services, legal services, medical services?
12. Are you more willing to ask for help in general?
13. Anything else you wanted to share that I didn’t ask about?
THRV Staff Interview Protocol:

1. Tell me about your experience with THRIV Program
2. What is your role?
3. Talk me through a typical day in your role
4. How has COVID-19 impacted your role?
5. How has COVID-19 affected service delivery?
6. How were any challenges encountered due to COVID addressed?
7. What do you think normal program engagement looks like (post-pandemic), as opposed to program engagement during COVID-19?
8. Tell me about the challenges of the THRIV Program (unrelated to COVID).
9. What do you like about the program?
10. What do you dislike about the program?
11. Do you feel supported by the program in being able to do your work? Why or why not?
12. Do you have any suggestions for how to improve the program?
13. Do you feel like you are making a real difference in the lives of these participants? Describe any changes in the clients since starting the treatment, including with respect to coping strategies, trauma symptoms, help-seeking, relationships, emotion regulation, and engagement with other services (e.g. housing, medical, legal etc.). Share a success story.
14. How satisfied are you with THRIV overall? (5-point Likert)
15. How satisfied are you with the various part of THRIV (referral, intake, services, events)? (5-point Likert)
   a. Referral
   b. Intake
   c. Services
   d. Events and outreach
16. Was the consultation process to identify, implement, and review changes with the evaluation team productive/helpful? What were some of the ways you adapted your approach in response to the process? What suggestions do you have to improve the process?
17. Anything else you wanted to share that I didn’t ask about?
THRV Referral Agency Protocol:

1. How do you make a referral to THRV? In what circumstances do you make a referral to THRV?
2. How many individuals have you referred to date?
3. Are program staff responsive to your referrals? Do they get back to you within a reasonable timeframe?
4. Do they work with you to make sure that the referrals come through?
5. Do they let you know whether the referred person makes it into the intake process or the program as a whole?
6. Do they call you for help when a participant appears to have dropped out of their program?
7. Have you heard any feedback from the people that you’ve referred? Do they seem to like the program or have any complaints?
8. Do you have any suggestions for improving the referral process?
9. Do you have any suggestions for improving the program in general?
10. How satisfied are you with the referral process to THRV? (5-point Likert)
11. Anything else you wanted to share that I didn’t ask about?