Journal of Family Psychology

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CITATION

Katz-Wise, S. L., Godwin, E. G., Medzhitova, Y., Moore, L. B. M., Parsa, N., Hill, A., Oparah, N., Bogart, L. M., Rosal, M. C., Pullen Sansfaçon, A., Ehrensaft, D., Nishman, M. M., & Austin, S. B. (2024). Development of a family-level intervention for families with transgender and/or nonbinary youth: Lessons and recommendations.. *Journal of Family Psychology*. Advance online publication. https://dx.doi.org/10.1037/fam0001262

Development of a Family-Level Intervention for Families With Transgender and/or Nonbinary Youth: Lessons and Recommendations

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Family support plays an important role in promoting resilience and health among transgender and/or nonbinary youth (TNBY), but family members often experience barriers to supporting their TNBY, including minority-adjacent stress stemming from exposure to structural stigma and antitransgender legislation. TNBY and their families need effective family-level interventions developed using community-based participatory research (CBPR), which integrates community members (e.g., TNBY, family members, service providers for families with TNBY) into the intervention development process to ensure the resulting intervention is relevant and useful. Informed by findings from the Trans Teen and Family Narratives Project, we used CBPR to develop the Trans Teen and Family Narratives Conversation Toolkit, a family-level intervention designed to educate families about TNBY and facilitate conversations about gender. The toolkit was developed across 1.5 years (June 2019 to January 2021) using four integrated phases: (1) content development: digital storytelling workshop with TNBY; (2) content review: digital storyteller interviews and user focus groups; (3) content development: study team content synthesis and website development; and (4) content review: website review by TNBY, family members, and mental health providers, and intervention refinement. This article outlines the intervention development process, describes strategies employed to navigate challenges encountered along the way, and shares key learnings to inform future CBPR intervention development efforts.

Keywords: community-based participatory research, digital storytelling, intervention development, families, transgender youth

Transgender and/or nonbinary youth (TNBY), those with a gender identity different from the one societally expected based on their sex designated at birth, are becoming more visible in the United States (A. Brown, 2022). At the same time, legislation that restricts TNBY's rights and access to health care has been introduced and passed in numerous U.S. states, with 23 states considered to have the highest legislative risk for TNBY as of May 2024 (Reed, 2024). This legislation has created a hostile environment for TNBY and their families that negatively impacts TNBY's mental health and well-being (Abreu et al., 2022). A growing body of research indicates that TNBY in unsupportive familial and/or sociopolitical environments are at increased risk for adverse mental health compared to cisgender (nontransgender) peers (Wittlin et al., 2023). Family support can mitigate TNBY mental health concerns (C. Brown et al., 2020; Westwater et al., 2019), but family members may also need resources to enable them to support their TNBY. Online resources for families with TNBY can increase access to support for families for whom resources and support are difficult to access (Katz-Wise et al., 2022). This is particularly important for families residing in a U.S. state where they are actively targeted by antitransgender legislation and/or not receiving support on a community or structural level.

Family support for TNBY can represent general support, such as emotional support for challenging situations, or gender-specific support, such as using correct pronouns or helping TNBY access desired gender-affirming medical care. General and gender-specific family support, as well as family functioning (e.g., quality of communication within the family; Olson, 2011), contributes to TNBY well-being and positive youth development (C. Brown et al., 2020; Katz-Wise et al., 2018; Westwater et al., 2019). TNBY who perceive better family functioning and connectedness report better mental health (Katz-Wise et al., 2018; Veale et al., 2017). Conversely, a lack of family support and/or outright rejection is associated with adverse mental health among TNBY (Bosse et al., 2024; Grossman et al., 2021). Although most research has focused on caregiver support, siblings also play a critical role in providing general and gender-specific support to their TNBY sibling (Bosse et al., 2022; Godwin et al., 2024; Wheeler et al., 2019).

Family support is particularly important in the context of TNBY's higher risk for adverse mental health compared to cisgender peers. This elevated risk has been attributed to minority stress, the process by which stigma negatively impacts mental health of individuals with marginalized identity/ies (Hendricks & Testa, 2012; Meyer, 2003; Rood et al., 2016). Within the ecological systems framework, multiple developmental contexts influence TNBY mental health, including family, community, and institutional structures (Bronfenbrenner, 1979; Katz-Wise et al., 2022). Minority stress, which stems from a cultural context that marginalizes certain groups (e.g., TNBY), is also experienced at multiple ecological levels (Frost & Meyer, 2023).

Family members may experience a form of minority stress due to their TNBY family member's marginalization (Hidalgo & Chen, 2019), which may be experienced at multiple levels of the ecological system (Frost & Meyer, 2023), and affect their ability to support their TNBY. Family members may face additional barriers to supporting their TNBY, such as their own emotions and beliefs or their TNBY's level of communication with family (Matsuno et al., 2022). Where families live (e.g., rural places) may also affect access to support and gender-affirming mental health care (Katz-Wise et al., 2022). In the face of these experiences, family members may need support and tools to empower them to affirm their TNBY.

The creation of tools to support TNBY and families can benefit from a family systems approach. This approach recognizes individual family members as situated within the family system with experiences that cannot be considered independently from other family members and proposes any family member's transition can affect the family system (Cox & Paley, 1997; Minuchin, 1985). In families with TNBY, the TNBY's gender affirmation process may change the family system's functioning, which can affect individual family members' mental health. Our team's prior research found better family functioning (higher satisfaction with family and better family communication) from the TNBY's perspective was associated with better mental health among TNBY (Katz-Wise et al., 2018). As family functioning reflects the family system, family-level interventions may be more effective than individual-level interventions in supporting families with

TNBY. Quality of communication, a key aspect of family functioning (Olson, 2011), particularly communication about gender and related needs, is an important target for interventions to improve family members' ability to support their TNBY.

Family-level interventions are ideally developed in concert with families (i.e., community members) to ensure acceptability and appropriateness. Community-based participatory research (CBPR), which builds on community strengths and resources and facilitates collaborative community partnerships (Israel et al., 1998), empowers marginalized individuals by centering them in the intervention development process. Using CBPR to develop interventions for TNBY and families aligns with prior research calling for interventions designed to promote resilience among TNB people (Matsuno & Israel, 2018). At least one prior intervention for families with TNBY has been developed using community input, but this intervention is geared toward caregivers only (Matsuno & Israel, 2021). Our team's prior research recommends multiple family members (TNBY, caregivers, siblings) be involved in developing interventions, because each family member uniquely perceives family functioning (Katz-Wise et al., 2024). At the same time, the TNBY's perspective should be prioritized in family-level interventions because their perspective most directly relates to their mental health and well-being (Katz-Wise et al., 2018).

Narrative-based interventions, which use storytelling to promote attitude and health behavior change, may be useful for families with TNBY. These interventions have successfully reduced stigma and changed attitudes and health behaviors in marginalized populations (Conner et al., 2023; Hinyard & Kreuter, 2007). In these interventions, attitude and behavior change occurs through mechanisms of transportation (absorption into the story, identification with characters), persuasion, and modeling of desired behaviors such as positive communication (Bandura, 1997; Hinyard & Kreuter, 2007). Narrative-based interventions can also encourage perspective taking, which can decrease stigma against specific groups or conditions, such as mental illness (Conner et al., 2023). Digital storytelling is a narrative-based intervention aligned with CBPR that uses multimedia narratives (digital stories) to center community members' voices in the creation of stories representing personal experiences (Gubrium, 2009). Digital storytelling can empower individuals with marginalized identities, such as TNBY, by facilitating ownership over their experience in creating shared narratives and fostering understanding and behavior change among viewers of the digital stories (e.g., caregivers, siblings).

The aim of the present study was to use CBPR to develop a family-level intervention to support families with TNBY through (a) improving quality of communication by helping families engage in effective conversations about gender and what types of support TNBY need and (b) increasing family acceptance of their TNBY. Such an intervention can facilitate family members' ability to support their TNBY, which can ultimately improve TNBY's health and well-being. In this article, we describe the development of this intervention and lessons learned.

Method

Intervention

The Trans and Teen Family Narratives (TTFN) Conversation Toolkit (publicly available at https://www.ttfntoolkit.com) is an online toolkit with digital stories, discussion guides, tools and resources for families and mental health providers (MHPs; Table 1). The toolkit is designed for self-directed use by families with TNBY who have the skills to have productive conversations about gender or with the support of an MHP in the context of ongoing family therapy. Thus, the website has an initial landing page with two entry points (one for family members of TNBY, one for MHPs), which bring users to different versions of the toolkit. The MHP version is a replica of the family version, with MHP-specific resources. Each version has a "Before you begin" section with a toolkit description, who the toolkit is intended for, how it could be used, and considerations regarding family readiness and expectation setting. Families are encouraged to use their own judgement in using the toolkit and consult the Resources page for additional support. MHPs are advised to "provide psychoeducation about emotion regulation and distress tolerance skills and create opportunities to practice these skills" in a therapeutic setting before recommending self-directed toolkit use.

The cornerstone of the toolkit is eight digital stories and accompanying discussion guides to assist families in having conversations about gender among themselves or in a therapeutic context (Table 2). The discussion guides have common questions across all digital stories and specific questions for each story. General question examples include "What sorts of conflict came up in this video (if any)?" and "What's true at the beginning of the video versus at the end of the video? Did a situation change? Did a person's response to a situation change?" Video-specific question examples include: "Have you ever felt like 'everything is about transgender' in your own family?" (Video 4), and "How might the narrator's feelings about his family's religion have been affected by what happened at the family reunion?" (Video 5).

Table 1

TTFN Conversation Toolkit Components

Component	Shared (family version and MHP version)	MHP version only
Videos and discussion guides	X	
Fact sheet and glossary	X	
Resources for breathing exercises and mindfulness	X	
Resources for thinking about gender, sex, and sexuality	X	
Communication resources	X	
Family mapping activity		X
WPATH Standards of Care		X
Transgender Care Center		X
WPATH recommended reading list		X
Resources for supporting LGBTQ clients		X
Ideas for dysphoria-related self-care		X
Resources for finding words for your feelings		X
Additional resources	X	

Note. Additional resources included national resources in the following categories: educational resources; gender-affirming health care; gender expression resources; hotlines; legal resources; mental health resources; support groups; trans conferences, camps, and events. TTFN = Trans Teen and Family Narratives; MHP = mental health provider; WPATH = World Professional Association for Transgender Health.

Table 2
Digital Stories in the TTFN Conversation Toolkit

Story	Title	Storyteller	Topic
1	Family is a feeling	Seneca (they/them and he/him) identifies as Asian and White. He describes their family as a chosen family.	Adoption, disability, boundaries, chosen family
2	Iced coffee	Ysette[a] (she/her) describes her family as Hispanic and including herself and her two parents.	Communication, coping, identity development
3	Blue dream conditioner	Amari[a] (they/them) identifies as "mixed Afro-Panamanian." They describe their family as multiracial and both chosen and nonchosen.	Hair, race, housing instability, family rejection
4	Off the shore	Dylan[a] (he/him) identifies as White. He describes his family as large and inclusive of extended family.	Swimming, medical transition, boundaries, communication
5	Expectations	Coral[a] (she/her) declined to describe her race/ethnicity. She describes her family as including her mother and brother and as "traditional."	Tradition, expectations, socialization, communication
6	Hello, how are you?	Jasper[a] (he/him) identifies as White. He describes his family as including his parents and some extended family.	Religion, allyship, inclusion, communication
7	Birth certificate	Kai (they/them) identifies as White and describes their family as their parents, aunt, and themself.	Discomfort, familial control, boundaries, name-change, allyship
8	Have you met my son?	Phoenix[a] (he/him) identifies as White. He describes his family as adoptive and including his parents, his sister, and himself.	Adoption, expectations, communication, misconceptions about transness

Note. TTFN = Trans Teen and Family Narratives.
[a] These names are pseudonyms.

Intervention Development Approach

Phased Approach and Community Engagement

The toolkit was developed across 1.5 years (June 2019 to January 2021) using four integrated phases of content development and review: (a) content development: digital storytelling workshop; (b) content review: digital storyteller interviews, focus groups; (c) content development: study team content synthesis and editing, website development; and (d) content review: website review, intervention refinement. All study procedures were approved by the Boston Children's Hospital Institutional Review Board.

TNBY, their family members, and service providers for families with TNBY were integrated throughout the four phases of intervention development in several ways as community partners and study team members in intervention development, review, and refinement. First, one community partner, an MHP working with TNBY and families, collaborated on the intervention format based on her clinical experience. Digital storytelling workshop participants (Phase 1) were interviewed about their digital stories (Phase 2) and provided feedback on the toolkit (Phase 4). Third, focus group participants (TNBY, caregivers, siblings, MHPs who work with TNBY and families) reviewed the digital stories and intervention content. Fourth, several TNB adult study team members reflected on their own family experiences as TNBY to develop intervention content (Phase 3). Fifth, community partners (TNBY, their family members, and service providers for families with TNBY) and members of the scientific advisory board (academic professionals with clinical and research expertise in families with TNBY, community-engaged research, and intervention development, some of whom are also parents of TNBY) reviewed the toolkit (Phase 4).

Phase 1: Content Development—Digital Storytelling Workshop With TNBY Storytellers

The purpose of Phase 1 was to develop content for the intervention during a digital storytelling workshop. In a partnership with StoryCenter (https://www.storycenter.org), a nonprofit organization that promotes healing, growth, and social change by creating spaces for listening to and sharing stories, we held a 3-day in-person workshop in June 2019 with eight TNB young adults from the New England region of the United States, which yielded eight digital stories for the intervention (Table 2). Participants were purposively recruited from community organizations and clinics serving TNBY and families to represent diverse identities and lived experiences (Table 3). TNBY were eligible to participate in the workshop if they were TNB aged 15–21 years old. The target sample size was 10 based on StoryCenter's recommended maximum number of participants for an effective digital storytelling workshop. All participants provided written consent and signed a release form so that their digital story could be included on the intervention website. At the end of the workshop, each participant received $300 remuneration.

The digital storytelling workshop brought participants together in person at the researcher's offices to share and create videos. The workshop used StoryCenter's core digital storytelling methodology, a participatory media process that centers first-person stories, and their ethical practice protocol, which emphasizes storyteller well-being (StoryCenter, n.d.). Before the workshop, participants received prompts related to family experiences (e.g., "Tell a story about a time when you felt supported and/or unsupported in your gender identity by a family member") to ensure that the resulting stories would be relevant to the intervention.

On the first day of the workshop, facilitators introduced storytelling concepts and led a group story circle in which each storyteller verbally shared a story and received peer feedback. This was followed by one-on-one work to craft and record short story scripts and gather visual images. Participants received guidance that the story scripts should be 350–500 words in length and should emphasize significant moments that reveal insights and emotions. Facilitators also advised that digital stories be limited to 3 min in length and contain both audio (storyteller's voice, sound effects, music) and visual components (photos and/or videos).

Table 3

Sociodemographic Characteristics of Participants in the Digital Storytelling Workshop (N = 8, TNBY) and Focus Groups (N = 34, TNBY, Caregivers, Siblings, and MHPs)

Sociodemographic characteristic	Digital storytelling workshop TNBY	Focus group participant			
		TNBY	Caregiver	Sibling	MHP
Participant type, *n* (%)	8 (100)	10 (29)	8 (24)	7 (21)	9 (26)
Youth participant age, *M* (*SD*)	19.5 (1.2)	18.5 (2.5)	N/A	16.7 (2.5)	N/A
Gender modality, *n* (%)					
Transgender girl/woman	2 (25)	1 (10)	0 (0)	1 (14)	0 (0)
Transgender boy/man	3 (38)	6 (60)	0 (0)	0 (0)	0 (0)
Nonbinary	3 (38)	3 (30)	0 (0)	0 (0)	1 (11)
Cisgender girl/woman	0 (0)	0 (0)	7 (88)	5 (71)	8 (88)
Cisgender boy/man	0 (0)	0 (0)	1 (12)	1 (14)	0 (0)
Race and ethnicity, *n* (%)					
American Indian or Alaska Native	0 (0)	0 (0)	0 (0)	1 (14)	0 (0)
Asian/Pacific Islander	1 (12.5)	1 (10)	0 (0)	0 (0)	0 (0)
Black non-Hispanic	0.0 (0)	1 (10)	0 (0)	0 (0)	0 (0)
White Hispanic	1 (12.5)	1 (10)	0 (0)	0 (0)	1 (11)
White non-Hispanic	4 (50)	6 (60)	7 (88)	5 (71)	8 (88)
White, ethnicity not reported	0 (0)	0 (0)	0 (0)	1 (14)	0 (0)
Multiracial	1 (12.5)	1 (10)	0 (0)	0 (0)	0 (0)
Not reported	1 (12.5)	0 (0)	1 (12)	0 (0)	0 (0)
U.S. census region, *n* (%)					
Northeast	8 (100)	3 (30)	2 (25)	1 (14)	1 (11)
South	0 (0)	1 (10)	1 (13)	3 (43)	2 (22)
Midwest	0 (0)	5 (50)	5 (63)	2 (29)	4 (44)
West	0 (0)	1 (10)	0 (0)	1 (14)	2 (22)

Note. All nonbinary participants were designated female at birth. Youth age ranges = 17–21 years for digital storytelling workshop, 14–21 years for focus group. Gender modality is the relationship between sex designated at birth and gender identity (Ashley, 2022). Multiracial included White and Asian/Pacific Islander and Mixed Afro Panamanian. TNBY = Transgender and/or Nonbinary Youth; MHPs = mental health providers; NA = not applicable.

After this stage, facilitators offered a hands-on digital video editing tutorial. For the duration of the workshop and with facilitator support, participants produced their own videos. Draft stories were shared on the final day of the workshop to bring closure to the experience. Following the 3-day session, StoryCenter postproduced the stories and added captions for accessibility. We queried workshop participants' experiences creating digital stories through observation and note taking during the workshop, a group debriefing session, evaluation forms, and follow-up interviews with each workshop participant.

Phase 2: Content Review—Digital Storyteller Interviews and Focus Groups

The purpose of Phase 2 was to review the proposed intervention content during interviews and focus groups to inform further content development and to determine appropriateness in terms of fit and relevance of the digital stories for TNBY and families (Proctor et al., 2011). Follow-up interviews were conducted with all but one storyteller (*n* = 7) who was not available. During the interviews, storytellers were queried about their experience in the workshop and what they hoped viewers would take away from the digital story they created. Sample interview questions included: "Can you tell me about the digital story that you created and why you chose that story to tell?" and "How do you think you were impacted by participating in the digital storytelling workshop?" Interviews were conducted via Zoom secure videoconferencing or in private locations at the research site and lasted 15–45 min (*M* = 30 min). Prior to interviews,

all adult participants (age 18+ years) gave informed consent. Only one participant was younger than 18 years; he gave assent and obtained parental consent to participate. Each participant received a $20 Amazon e-gift card and a list of TNBY resources.

Intervention content was also reviewed during online focus groups with 35 participants representing four groups: TNBY (*n* = 10), caregivers of TNBY (*n* = 8), siblings of TNBY (*n* = 8), and MHPs working with TNBY and families (*n* = 9). Number of focus groups and sample size per group were determined based on recommendations for best practices for focus groups (Krueger & Casey, 2015) and available resources for the project. Focus group participants were recruited from community partners (e.g., support networks, gender clinics, gender conferences), referrals from prior study participants, and outreach to youth who were ineligible for Phase 1 but expressed interest in future opportunities. Recruitment materials asked for individuals to "provide feedback on a tool we are developing for families with trans youth. We believe this will help families be more supportive of their trans family members, and therefore will improve the health of trans youth." Sociodemographic characteristics of the focus group participants were collected at the timing of screening and are reported in Table 3. During focus groups, participants watched and discussed the eight digital stories to determine appropriateness of the digital stories for TNBY and families, including identifying and reflecting on topics featured in the stories and brainstorming additional content for the intervention, such as tools to support families in having conversations with their TNBY about gender. Sample focus group questions included: "Can you relate any of the videos that you watched to something your own family has talked

about or experienced?" (family members) and "For what kinds of families would this not be appropriate?" (MHPs). Focus groups were facilitated on Zoom. Prior to participating, all participants gave informed consent (age 18 or older) or assent (younger than age 18). Although a waiver of parental permission was granted by the institutional review board for the youth focus groups so that youth who were not "out" to parents as TNB could still participate, all six minor participants obtained parental consent. At the end of the focus groups, each participant received a $30 Amazon gift card and a list of resources tailored for families with TNBY.

Phase 3: Content Development—Study Team Content Synthesis and Website Development

The purpose of Phase 3 was to synthesize and modify content for the intervention to supplement the digital stories. After appraisal of the digital stories and Phase 2 interview and focus group data, the study team utilized their professional training (e.g., MHP) and lived experiences (e.g., TNB adult) to identify major topics for potential conversations to develop discussion guides (e.g., emotions, culture, gender roles, safety), identified existing tools that might facilitate those conversations (e.g., communication skills worksheets), created tools when existing tools were not sufficient for the purpose of the intervention (e.g., TNB glossary), and compiled national resources tailored to families with TNBY. The resources were vetted by the study team to ensure that they were appropriate and affirming for TNBY and families. One version of the toolkit was developed for family members of TNBY, and a second version was developed for MHPs, which included discussion facilitation resources and additional materials supporting evaluation of family readiness to use the toolkit (Table 1).

Discussion guides were developed for each of the eight digital stories, along with a general guide appropriate for use with all digital stories; development was shaped by psychodynamic and narrative therapy approaches, emphasizing self-reflection, verbal processing, and perspective taking. Specific discussion guides included open-ended discussion prompts reflecting unique topics conveyed in each video (e.g., extended family, familial expectations; Table 2), while the general guide included broader process prompts and topics shared by all videos (e.g., how the viewer related to the video). Supplemental tools and resources were selected to support family communication and emotional safety in preparation for, during, or after engaging with the digital stories. After creating content, the study team collaborated with a web developer with prior experience in designing public health interventions (e.g., sexual health intervention for adolescents) to create a host website.

Phase 4: Content Review—Website Review and Intervention Refinement

The purpose of Phase 4 was to determine acceptability, in terms of whether the intervention was agreeable and satisfactory, and appropriateness, in terms of perceived fit and relevance of the intervention for TNBY and families (Proctor et al., 2011). The first draft of the intervention website was reviewed by digital storytelling workshop participants, community partners, and the scientific advisory board. Reviewers were asked to try out the toolkit as if they were a user and provided feedback via email on the structure,

layout, and content. Reviewers sent suggestions to the research team, which were discussed and integrated into the intervention website. All reviewers' suggestions were adopted unless they required additional funding (e.g., expanding the toolkit to add more digital stories), which was outside of the scope and feasibility of the current project. Then the intervention website was finalized for pilot testing.

We reported how we determined our sample size, all data exclusions (none), manipulations (none), and all measures in the study. The study materials and deidentified data from this project are available with permission of the first author and within a formal data use agreement with Boston Children's Hospital. This study was not preregistered.

Results

Digital Storytelling Workshop

Digital stories from the workshop represented one or more topics that were highlighted in the intervention (Table 2). From a process standpoint, our team noted that participants were eager to connect with each other and grew closer over the 3-day workshop. Some participants shared that they did not have regular opportunities to spend time with other TNBY. Lunch breaks facilitated mutual support and community connection as participants freely discussed their experiences being TNBY and shared resources with one another. During lunch on the second day, participants exchanged contact information so that they could keep in touch after the workshop was over. The power of this community connection was reflected in participants' evaluation forms completed at the end of the workshop. Answers to "What did you like best about the workshop?" were nearly unanimous around the social aspects (e.g., "community," "meeting other trans people," "being with other trans youth"). During the group debrief, a trans young woman (race and ethnicity not reported) shared, "Sometimes, it gets, like, really lonely and meeting you guys kind of makes me feel less alone. Like I have a family sort of out there … and I kind of don't want it to end."

Multiple participants spoke about how axes of relative privilege and marginalization affected their experiences in the workshop, both positively and negatively. During the group debrief at the end of the workshop, a participant who identified as Asian and disabled shared gratitude that there were other TNBY of color in the workshop,

> Similar to how in a lot of spaces I'm the only trans person, in a lot of trans spaces, I tend to be the only not-white person. So, I appreciate that there are other people who can relate to my multiple identities.

For participants who identified as White and/or had very accepting families, the workshop gave them insight into other TNBY's experiences, as with this White trans young man who had experienced strong early support from his mother, who shared:

> Hearing some of the other stories, I felt very privileged, which I know I am. But. … I can't really describe it any way other than just empowering. Like it was amazing to listen to the stories of hope and faith in each other and, like, found families and just beautiful storytelling on the other participants' part.

A frustration shared by several participants, particularly young people of color, was about the requirement to limit their stories to 3 min long, as is typical in digital storytelling methodology. They believed nuance had been lost and their stories were made

"more flat," as a trans young woman put it, particularly about their experiences of multiple marginalization. Two nonbinary young people of color noted that they themselves were easily able to focus on longer videos about TNB people and opined that family members of TNBY should be able to do the same as a sign of support. As an Asian/White participant put it: "I mean, if you can't watch a three-minute video about trans kids, like what makes you think you're going to be a good parent to a trans kid?"

Focus Groups

Suggestions for Content

The focus groups yielded topics for each digital story and ideas for additional content for the rest of the intervention website; these suggestions differed by participant type. Siblings suggested finding ways to discuss how to handle invasive questions from peers about their TNBY siblings, whereas caregivers wanted resources for talking with extended family (e.g., their own parents) about their child's gender identity and for dealing with school environments. TNBY appreciated the value of the videos for educating family members but also wanted informational content aimed at TNBY, such as resources for coping with gender dysphoria and information about gender-affirming medical providers. Several TNBY also wanted more stories from TNBY designated male at birth and/or who were visibly marginalized on other axes (e.g., race, ability status). As one nonbinary young adult put it: "I noticed, like, while there were people of color, there weren't any dark people of color." MHPs wanted videos and resources that addressed neurodiversity and gender-expansive identities (e.g., agender, genderfluid).

Identification With Storytellers

During the focus groups, participants often connected their own experiences to the digital stories. For example, a video in which a trans young man said that he had been "girly" as a child resonated across all three family member focus groups (TNBY, siblings, and caregivers). One mother said, "it was really helpful that [the storyteller] pointed out that he seemed like a stereotypical girly child because that really resonates … because we just didn't know much about trans people." A 15-year-old sister to a trans young man empathized with the mother in the video and connected it to her understanding of TNB people based on watching videos online,

> When my brother was starting to come out, I was like, "This isn't the way it's supposed to be," just because I had only been exposed to one person having this one experience. So, that was just relatable for me, hearing what the mom [in the video] thought … like, "the signs weren't there."

A trans young man responded to this video by saying "it needs to be normalized that not all trans stories start from the day we were born, or when we're two or three years old."

Reception of the Intervention

Focus group participants of all types demonstrated enthusiasm about the digital stories and overall intervention concept. Several caregivers expressed the wish that they had been able to watch the videos earlier in their child's gender affirmation process. One mother said, "you guys just really hit the nail on the head with all

of these topics. I would have loved to have seen that video day one." Siblings spoke less about the value of the videos to themselves and more about their utility as educational resources for extended family or peers to relieve the burden of educational labor from themselves. TNBY appreciated the variety of experiences, identities, and ages of coming out that were portrayed in the videos. MHPs expressed enthusiasm not only for how they could use the toolkit with client families but also for the impact that the toolkit could have on families that may not explicitly seek out an affirming therapist. Interestingly, both TNBY and MHPs cautioned that the toolkit may not be appropriate for use with actively transphobic family members who may not be open to learning about and accepting TNBY and would be better used "in the context of ignorance with well-meaning relatives," as one TNBY put it.

Targeted Outcomes of the Toolkit

With respect to targeted outcomes, focus group participants expressed belief that the toolkit could improve communication in families with TNBY. One mother shared, "I would have loved to have these videos available when we were first going through this process because they do prompt discussion," while a father said, "I definitely could have used this six, seven months ago in a big way." Across all four groups, participants envisioned how the toolkit could spark conversations with extended family members and/or in structured settings like parent support groups or school gender and sexuality alliances. One MHP shared "Oh my god, I would be so excited. … It'd be easier to [give] access to those long-distance relatives and get them to watch [the videos]" while another said, "[I] think it could provide some nice conversations, much more useful than YouTube videos." One TNBY expressed gratitude for the toolkit and a belief that it would "be a wonderful resource for transgender youth in the future … having more of a stronger empathetic communication and relationship with their families."

Intervention Modifications

The original purpose of the toolkit was to support families in having conversations about the TNBY's own gender. Our prior research, as well as topics from the digital storytelling workshop and focus groups, indicated that family members' engagement with their own relationships to gender could be potentially supportive for TNBY. Thus, during the intervention development process, we expanded the intervention to facilitate family conversations about gender more broadly and about the gender of all family members. At the same time, the intervention was still centered on TNBY as they were the family member at greatest risk for poor mental health if not adequately supported by other family members.

Discussion

In the context of increasing U.S. legislation that restricts the rights and access to medically necessary health care for TNBY (Reed, 2024) and the importance of family support in mitigating mental health concerns of TNBY (C. Brown et al., 2020; Westwater et al., 2019), it is critical to develop interventions to provide support and resources to family members of TNBY to enable them to support their TNBY. This was one of the first studies to use a community-engaged

digital storytelling approach to develop a family-level intervention that will be relevant to and meet the needs of TNBY and their family members. In alignment with community-based participatory research principles (Israel et al., 1998) and the community-engaged approach that characterized the original TTFN Project on which this intervention is based (Katz-Wise et al., 2019), community members were engaged through all phases of the intervention development process, from designing the overall structure of the intervention, to creating and reviewing content, to reviewing the final website for usability (see Table 4). The inclusion of a range of community members helped ensure that the resulting intervention would be acceptable and appropriate for its target audiences. At the same time, community members felt empowered to collaborate on an intervention that spoke directly to their lived experiences and was designed to improve mental health and well-being of TNBY and their families.

Challenges and Navigation Strategies

During the intervention development process, we navigated several challenges and identified strategies to meet those challenges, which can inform future community-engaged intervention development efforts. In Table 5, we summarize our recommendations for community-engaged intervention development.

Insider/Outsider Status

Members of the research team held a range of identities, including nonbinary, transgender man, cisgender woman, queer, bisexual,

asexual, gay, straight, Indigenous, Latina, Middle Eastern, White, disabled, and first-generation immigrant. They also held a range of life experiences, such being TNB, being a parent in general or specifically parenting a gender diverse child, being adopted, and having a TNBY family member. However, during this study, the principal investigator was not TNB or the parent of a TNBY and was thus an outsider to the lived experiences at the core of this intervention. Therefore, it was critical to use a community-engaged approach, including having community members on the research team and directly involved in developing and reviewing content for the intervention to ensure community members' perspectives were represented in the final intervention.

Another relevant aspect of insider/outsider status is the comfort and openness that can accompany shared identity. We learned from our prior research (Katz-Wise et al., 2019) that it was often beneficial to pair cisgender interviewers with cisgender participants (e.g., caregivers, siblings) and to pair TNB interviewers with TNB participants, when possible, as this appeared to facilitate greater openness from participants. During the intervention development process, we were intentional during each phase in ensuring that TNB team members were present and cofacilitating each workshop, interview, or focus group that directly engaged TNBY. We believe that this led to participants being less guarded and more open. To address the issue of insider/outsider status in similar intervention efforts, we recommend that the research team meaningfully include community members for whom the intervention is developed, particularly if the principal investigator does not share the identities and experiences of that community.

Table 4

Application of Community-Based Participatory Research (CBPR) Principles in the Development of the TTFN Conversation Toolkit

CBPR principle	Application of principles in the intervention development process
1. Recognize community as a unit of identity.	Community member stakeholders were defined as TNBY, TNB adults, caregivers and siblings of TNBY, and mental health providers who work with families with TNBY.
2. Build on strengths and resources within the community.	Community members created content (e.g., digital stories) and reviewed content for the intervention.
3. Facilitate collaborative partnerships in all phases of the research.	Community members participated in study design, participant recruitment, study procedures (e.g., facilitating focus groups), creating and reviewing content for the intervention, and as authors on study publications.
4. Integrate knowledge and action for the mutual benefit of all partners.	This intervention will help to support families with TNBY, which can ultimately improve health and well-being of TNBY.
5. Promote a colearning and empowering process that attends to social inequalities.	Community members were empowered to create content for the intervention that directly reflected their lived experience and expertise to ensure that the resulting intervention would benefit the community of TNBY and families.
6. Involve a cyclical and iterative process.	We used a four-phase approach with community partners of content creation and review.
7. Address health from both positive and ecological perspectives.	Digital stories in the TTFN Conversation Toolkit represent both challenges and successes in families with TNBY. The resources available in the toolkit help families navigate systems outside of the family, such as gender-affirming health care and legal resources.
8. Disseminate findings and knowledge gained to all partners.	The TTFN Conversation Toolkit was shared with all community partners and is publicly available for use at https://www.ttfntoolkit.com.

Note. CBPR principles are adapted from "Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health," by B. A. Israel, A. J. Schulz, E. A. Parker, and A. B. Becker, 1998, *Annual Review of Public Health*, *19*(1), pp. 178–180 (https://doi.org/10.1146/annurev.publhealth.19.1.173). Copyright 1998 by Annual Reviews. Adapted with permission. TTFN = trans teen and family narratives; TNBY = transgender and nonbinary youth.

Table 5
Recommendations for Community-Engaged Intervention Development

Topic	Recommendation
Insider/outsider status	Include members of the community for whom the intervention is developed on the research team, particularly if the principal investigator does not share the identities and experiences of that community.
Supporting community members on research team	Make space and time for community partners on the research team to share and discuss their own experiences, engage with the research topic, and provide flexibility when research team members need to step away or not be involved in a particular part of the project because it feels too "close to home."
Participant safety	Be thoughtful about participant safety and have protocols in place to respond to any issues that arise to help ensure that the intervention development process does not cause harm to the community (e.g., through exposure to outing or stigma).
Flexible approach	Exercise flexibility during future community-engaged intervention development efforts to ensure that community feedback can be implemented whenever possible.

Emotional Burden

While the inclusion of community members on the research team has a clear benefit, it also required additional emotional labor by and support for the community team members at times when exposure to personally relevant content became difficult. We learned from our prior research (Katz-Wise et al., 2019) that it was important to create time to debrief participant interviews to ensure research team members—particularly TNB individuals—had the opportunity to discuss and receive support from the research team for the challenges of hearing anti-TNB content (e.g., a caregiver who consistently misgendered their TNBY during the interview) or processing the contrast between their own childhoods with those of TNBY being supported by parents. Similarly, during the intervention development process, we found that time to debrief was important both to support the research team and to reflect on the extent to which research team members' own experiences could both facilitate and/or interfere with a clear representation of participants' experiences. To support community members on the research team in future community-engaged intervention development efforts, we recommend creating reflective space for all research team members throughout the process, including sharing their own experiences with and feelings about the research topic, and providing flexibility when research team members need to step away (e.g., giving an interview transcript that contains anti-TNB content to a non-TNB coder).

Participant Safety Concerns

Based on the robust literature documenting adverse mental health outcomes among TNBY (Wittlin et al., 2023) and our prior research experience (Katz-Wise et al., 2019), we anticipated that safety concerns (e.g., harm to self) might arise for participants, particularly TNBY, during the intervention development process. Thus, we implemented safety protocols during each phase of intervention development. During the digital storytelling workshop, a licensed social worker with experience working with TNBY was physically present. For focus groups, because the primary risk was to confidentiality due to other participants, we added text to the consent form and the verbal consent process emphasizing the risk that participation could result in others learning they were TNB or had a TNB family member. In future community-engaged intervention development efforts, we recommend being thoughtful about participant safety and having protocols in place to respond to concerns that might arise, which can help to ensure that the intervention development process does not cause harm to the community.

Intervention Feedback Implementation

While feedback on functionality of the website and the addition of resources was relatively easy to implement, other feedback was not implementable due to funding limitations. For example, focus group participants wanted to see additional digital stories about other topics or from other family members' perspectives (e.g., caregivers or siblings). While we were not able to implement those suggestions with the current resources, we recommend this as an area for further development. Other recommendations from participants and reviewers were important in shaping the direction and functionality of the intervention. For example, participant feedback led to providing additional guidance for how the toolkit could be used by families and MHPs and inclusion on the website of printable and downloadable documents for families with less stable internet access, such as those living in rural locations. As the goals and direction can change through community feedback throughout the course of a project, we recommend exercising flexibility and budgeting funds accordingly during community-engaged intervention development efforts to ensure that community feedback can be implemented whenever possible. It may also be helpful to focus community feedback on aspects that are feasible.

Clinical Implications

As the need increases for MHPs to respond to the growing needs of TNBY and their families during a time of increased antitransgender legislation targeting these families so does the need for interventions that can be utilized clinically with TNBY family systems. In response, toolkit development was shaped by members of the intervention development team who are also licensed MHPs who considered clinical utility of the intervention. Several structural features of the MHP version of the toolkit support its clinical application, including content to support determining if, when, and how to use the intervention with families and additional discussion facilitation resources. The flexibility of the toolkit is central to its clinical utility; while the toolkit is intended to be expansive, its application is

not prescriptive. Videos, discussion guides, and/or supplemental resources can be used with any combination of family system configuration—including a single member, with siblings, or with extended or chosen family—based on what is most appropriate for a given client's or family's needs.

The diversity of emotional and narrative topics featured in the digital stories, and further supported by the discussion guides and supplemental resources, ensure that this intervention can be used to help address diverse clinical goals within family systems, including those related to communication, facilitating the family's process of acceptance, supporting the developmental phase in the family, and ultimately family connectedness. The digital stories that depict experiences that do not support dominant narratives about what is means to be a TNBY (e.g., a trans boy who was a feminine child) can help families challenge their own misconceptions about transnormativity (Lindley & Budge, 2024). In the current sociopolitical climate in which mis/disinformation about TNBY is prevalent (Lepore et al., 2022), the resources in the toolkit can be a source of vetted information for families. This might be particularly helpful in situations in which family members have differing opinions about what is best for their TNBY. Additionally, the digital accessibility of the toolkit supports use in both telehealth and in-person clinical settings and allows for use during clinical sessions or supported use outside of sessions.

While the intervention itself can help to support families with TNBY, the process of intervention development with community engagement can be considered another form of intervention to improve access to support and well-being. The digital storytelling workshop and focus groups provided an opportunity for participants to connect with others with similar experiences. The online caregiver focus groups were reminiscent of a support group as caregivers reflected with each other on their own family experiences as they watched and discussed the digital stories. Mutual support from others with similar experiences is a key avenue of support for marginalized youth and families (Asakura, 2017; Austin et al., 2020). For TNBY and family members, particularly those who live in parts of the United States with discriminatory policies toward TNBY, connecting with other families with similar experiences is important for helping families learn strategies for coping with minority stress and supporting their TNBY. Importantly, as described by focus group and interview participants, exposure to the digital stories—and participation in the digital storytelling workshop—helped reduce feelings of isolation even when viewed outside the context of a formal support group or clinical service. This accessible opportunity for connection may be particularly important for TNBY and their families who are socially or geographically isolated and/or are living in places with greater hostility toward TNBY (McInroy et al., 2019).

Limitations and Future Directions

This study was limited in its engagement of community members who represented families with TNBY with relatively higher levels of support for their TNBY and primarily identified as White (e.g., there was only one Black focus group participant). The focus group recruitment materials were also framed as developing a tool to help families be more supportive of their TNBY, which may have led to participation of more supportive families. Thus, the experiences of less supportive families and families with other sociodemographic backgrounds are underrepresented. Another limitation is that the digital storytelling workshop was held in person, limiting participation to TNBY who could travel to Boston. TNBY from other parts of the United States may have unique family experiences that are not represented in the digital stories.

Community member feedback during the intervention development process informs several future directions for this intervention. First, community members expressed hope that the collection of digital stories could be expanded to incorporate perspectives from other family members and to represent perspectives of TNBY experiencing other axes of marginalization (e.g., autistic TNBY, TNBY from less accepting regions of the United States). Individuals experiencing multiple marginalization may benefit from the opportunity to create a longer digital story to enable them to fully describe their experiences across multiple intersecting identities. Digital stories—or other videos—could also depict family members in conversation about gender to model how these conversations could be held productively. Second, community members had ideas for using the intervention in settings beyond individual families or within family therapy, such as showing the digital stories in educational settings.

An important next step for this work will be to obtain additional funding to expand the intervention to incorporate community member feedback and test the intervention with a diverse sample of families to determine its effectiveness in supporting families with TNBY. It will be particularly important to incorporate perspectives of multiple family members from across the United States who represent various levels of support for their TNBY and reside in different sociopolitical climates regarding TNBY rights and access to care. Future research testing implementation of this intervention should examine feasibility and effectiveness in changing targeted outcomes such as quality of communication about gender and acceptance of TNBY. Such research could also test the effects of participating in the intervention development (e.g., creation of digital stories) on mental health outcomes such as self-esteem and internalized stigma.

Conclusion

This study highlights the importance of engaging community members during each step of the intervention development process, including as members of the research team. Through the development of digital stories and other content for the intervention, community members engaged in skill building and coconstructing knowledge, to ensure that the resulting intervention would be both relevant to and beneficial for TNBY and families. Within the current U.S. sociopolitical context of increased antitransgender legislation, the development of interventions for families with TNBY using community engagement is critical for supporting the health and well-being of TNBY and their family members.

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