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The Queer-Affirmative Approach Inventory Scale (QAAIS): A Culturally Responsive Measure Using an Exploratory Sequential Design

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Abstract

This study created and validated the culturally based Queer-Affirmative Approach Inventory Scale (QAAIS) to assess Filipino mental health professionals' queer-affirmative competence. Exploratory sequential mixed-methods was used. In-depth interviews with licensed Filipino psychologists and guidance counselors revealed five main themes: Respectful Engagement, Affirming Communication, Safe and Empowering Spaces, Counselor Reflexivity and Growth, and Advocacy and Systemic Support. The initial 35-item QAAIS pool was based on these concepts.

The quantitative step included pilot testing and large-scale validation with licensed practitioners. EFA determined factor structure, and CFA assessed model fit and structural validity. With adequate goodness-of-fit indices, the studies supported a coherent and parsimonious factor structure. Internal consistency was good in maintained domains after reliability testing.

Results show the final QAAIS is culturally relevant and psychometrically sound. Through qualitative insights and quantitative validation, the scale mirrored Filipino practitioners' lived experiences and culturally anchored methods. QAAIS simplifies Philippine LGBTQ+-affirmative mental health care, research, policy development, and training.

Keywords: queer-affirmative counseling, LGBTQ+ mental health, scale development, mixed methods, exploratory sequential design, Sikolohiyang Pilipino, Philippines

Chapter 1
Introduction
Background of the Study

LGBTQ+ individuals in the Philippines experience significant mental health disparities due to unique stressors stemming from persistent stigma, social marginalization, and cultural expectations (Abesamis & Alibudbud, 2024). Recent data indicate alarming rates of mental health issues among Filipino LGBTQ+ youth, with nearly 75% reporting suicidal ideation and one-third having attempted suicide (Reyes et al., 2024). The Filipino cultural context adds complexity to these stressors, incorporating deeply ingrained values such as kapwa (shared identity), hiya (sense of shame), pakikiramdam (empathic sensitivity), utang na loob (debt of gratitude), and profound religious influences that often reinforce heteronormative

expectations, potentially exacerbating psychological distress among LGBTQ+ individuals (Enriquez, 1992; Alibudbud, 2023).

Despite progressive legislative measures like the Philippine Mental Health Act of 2018—which explicitly prohibits discrimination based on sexual orientation, gender identity, and expression, also known as SOGIE—many clinicians continue to employ problematic practices, including the discredited and harmful approach of conversion therapy (PAP, 2020). Instances persist where mental health professionals advise families to seek conversion therapies, underscoring gaps in professional, ethical compliance, and cultural competence (Alibudbud, 2023; Manalastas, 2016). Research by Reyes and colleagues (2024) highlights how discriminatory and non-affirmative practices among clinicians correlate with poorer mental health outcomes among LGBTQ+ Filipinos, including increased anxiety, depression, and suicide risk.

Currently, professional organizations like the Psychological Association of the Philippines (PAP) and the Philippine Guidance and Counseling Association (PGCA) have strongly advocated against such harmful practices and emphasized the urgent need for culturally competent and affirming counseling approaches (PAP, 2020; PGCA, 2021). However, there are still many obstacles to practical support and intervention due to the pervasiveness of biased attitudes and insufficient training among Filipino mental health professionals, underscoring the urgent need for culturally appropriate tools and resources (Manalastas & Torre, 2016).

The accuracy and efficacy of mental health assessment tools are seriously hampered when they are not culturally sensitive. The distinctive characteristics of Filipino society are frequently overlooked by tools created in Western contexts, which can result in incorrect diagnoses, inappropriate interventions, and even worsening stigma and client alienation (Bidell, 2015). For instance, existing Western instruments typically neglect indigenous concepts such as family honor (hiya), community interconnectedness (kapwa), and subtle emotional understanding (pakikiramdam). This misalignment significantly hinders accurate client assessments and effective counseling interventions, negatively impacting the therapeutic alliance (Alibudbud, 2023; Manalastas & Torre, 2020).

A substantial gap thus remains in the availability of culturally responsive and psychometrically sound tools to measure Filipino clinicians' queer-affirmative competencies. No comprehensive local instrument specifically addresses the Filipino socio-cultural and psychological dimensions relevant to LGBTQ+ affirmative counseling practices (PGCA, 2021; Manalastas & Torre, 2020). This absence weakens the potential efficacy of clinical interventions and hinders initiatives to enhance training programs and policy execution within mental health practices in the Philippines.

Establishing this gap holds substantial social value. This study aligns with national and international objectives to promote mental health equity and reduce social disparities by developing the Queer-Affirmative Approach Inventory Scale (QAAIS). The study endorses explicitly the National Unified Health Research Agenda (NUHRA, 2023-2028), highlighting the mental health and well-being of vulnerable populations, and makes substantial contributions to the United Nations Sustainable Development Goals (SDGs)—notably Good Health and Well-being (SDG 3), Gender Equality (SDG 5), and Reduced Inequalities (SDG 10) (ILGA World, 2024; UNDP, 2023).

A structured dissemination plan is necessary to ensure that the information is helpful and has a lasting effect. The final QAAIS instrument and its findings will be disseminated to essential professional organizations, such as the PAP and PGCA, for incorporation into counselor education curricula, continuing professional development (CPD) initiatives, and standardized counseling methodologies. Strategic partnerships with government agencies like the Commission on Higher Education (CHED) and

the Department of Health (DOH) will help policy advocacy and institutional support even more, improving mental health services for LGBTQ+ people all over the Philippines. Additionally, dissemination efforts will extend internationally, fostering collaborations with Southeast Asian counterparts confronting similar cultural and mental health challenges.

Worldview and Theoretical Lens

Mental health practitioners—including psychologists, guidance counselors, and advocates—are essential in creating inclusive, culturally sensitive, and affirming environments for LGBTQ+ clients. In this study, the acronym "LGBTQ+" is consistently used to refer to individuals whose sexual orientation, gender identity, or gender expression diverge from heteronormative norms. The term "queer" is deliberately introduced as an inclusive academic umbrella term, emphasizing fluidity, intersectionality, and resistance to the rigid categorization of gender and sexuality (Jagose, 2020; Wenzel, 2023). In order to improve queer-affirmative counseling practices, this research aims to create a culturally grounded assessment tool that considers the particular cultural nuances and stressors that LGBTQ+ people in the Philippines face.

This study takes a pragmatic approach, prioritizing workable, doable solutions that successfully tackle real-world issues. Since theoretical insights must eventually result in functional, practical outcomes, pragmatics emphasizes knowledge as experiential, actionable, and context-dependent (Kelly et al., 2020; Legg et al., 2024). The pragmatic inquiry positions this study as action-driven, aiming to improve mental health services effectiveness and cultural sensitivity for Filipino LGBTQ+ populations.

The researcher recognizes, as a pragmatist, that queer-affirmative counseling practices among Filipino mental health professionals are varied and context-specific. The methods used by Filipino practitioners can differ significantly depending on their education, cultural values, and work experiences. Some practitioners emphasize culturally embedded values such as kapwa (shared identity and interconnectedness), while others rely heavily on pakikiramdam (empathetic intuition). The cultural nuances, including strong familial bonds, religious beliefs, and unique expressions of gender diversity, necessitate a flexible, culturally responsive queer-affirmative counseling tool rather than adopting a rigid, Western-centric framework. A culturally sensitive assessment tool is crucial because it addresses specific cultural realities directly and improves practitioners' competence and clients' counseling experiences.

This research is guided by two primary theoretical frameworks: Minority Stress Theory (Meyer, 2003) and the Affirmative Counseling Framework (APA, 2012), supported by Queer Theory (Butler, 1990; Sedgwick, 1990) and Sikolohiyang Pilipino (Enriquez, 1992). Each framework provides critical insights and justifications for this study's methodological and theoretical directions.

Minority Stress Theory is selected as a primary theoretical lens because it articulates how systemic discrimination uniquely impacts LGBTQ+ populations through chronic stressors. These stressors include external elements such as stigma, discrimination, and institutionalized biases, as well as internalized issues like self-stigma and identity concealment. By directing items intended to evaluate practitioners' competencies in identifying and responding to these stressors, an understanding of these stressors directly informs the development of the scale. It is crucial for identifying and validating the lived experiences of LGBTQ+ Filipinos.

The **Affirmative Counseling Framework** complements this by offering clinical guidelines explicitly designed to validate LGBTQ+ identities, reject pathologizing perspectives, and proactively address discrimination within therapeutic settings. This framework outlines clear, affirmative competencies—such as using inclusive language, culturally attuned practices, and advocating for clients—which will directly

inform the indicators developed for the Queer-Affirmative Approach Inventory Scale (QAAIS). Thus, the Affirmative Counseling Framework provides a structured foundation for ensuring that the developed tool accurately assesses ethical responsiveness and affirmative practices.

The theoretical and cultural foundation of the study is further enhanced by the supporting frameworks. **Queer theory** promotes a more inclusive, flexible view of identity by challenging binary and fixed ideas of gender and sexuality. In order to ensure that the tool represents a variety of intersectional and diverse identities that are relevant in the Philippine context, the scale items use Queer Theory to prevent inadvertently reinforcing heteronormative assumptions.

Similarly, the **Indigenization Framework rooted in Sikolohiyang Pilipino** ensures cultural validity by grounding the scale explicitly in Filipino cultural contexts and values. Sikolohiyang Pilipino emphasizes the centrality of indigenous Filipino concepts—such as *kapwa*, *hiya*, *utang na loob*, and *bayanihan*—in shaping social interactions and psychological experiences. By integrating these culturally significant elements, the QAAIS will be sensitive to Filipino cultural realities and reflect authentic local practices in queer-affirmative counseling.

These theoretical frameworks are collectively integral in shaping the Queer-Affirmative Approach Inventory Scale. Minority Stress Theory and the Affirmative Counseling Framework provide psychological and clinical foundations, identifying essential elements practitioners must understand and respond to. Queer Theory and Sikolohiyang Pilipino further contextualize and culturally ground the tool, ensuring it captures the nuanced experiences of Filipino LGBTQ+ individuals. This integrated theoretical approach ultimately improves Filipino mental health professionals' capacity to offer LGBTQ+ clients affirming and culturally sensitive care by ensuring that the QAAIS is both culturally relevant and empirically sound.

In this study, Figure 1 synthesizes the study's guiding perspectives by mapping the intersection of substantive theories—Minority Stress Theory, Affirmative Counseling Framework, Queer Theory, and Sikolohiyang Pilipino—with the study's inquiry worldview of pragmatism. The overlap underscores the researcher's subjective commitment to translating these frameworks into a culturally grounded, queer-affirmative assessment tool for Filipino mental health practice.

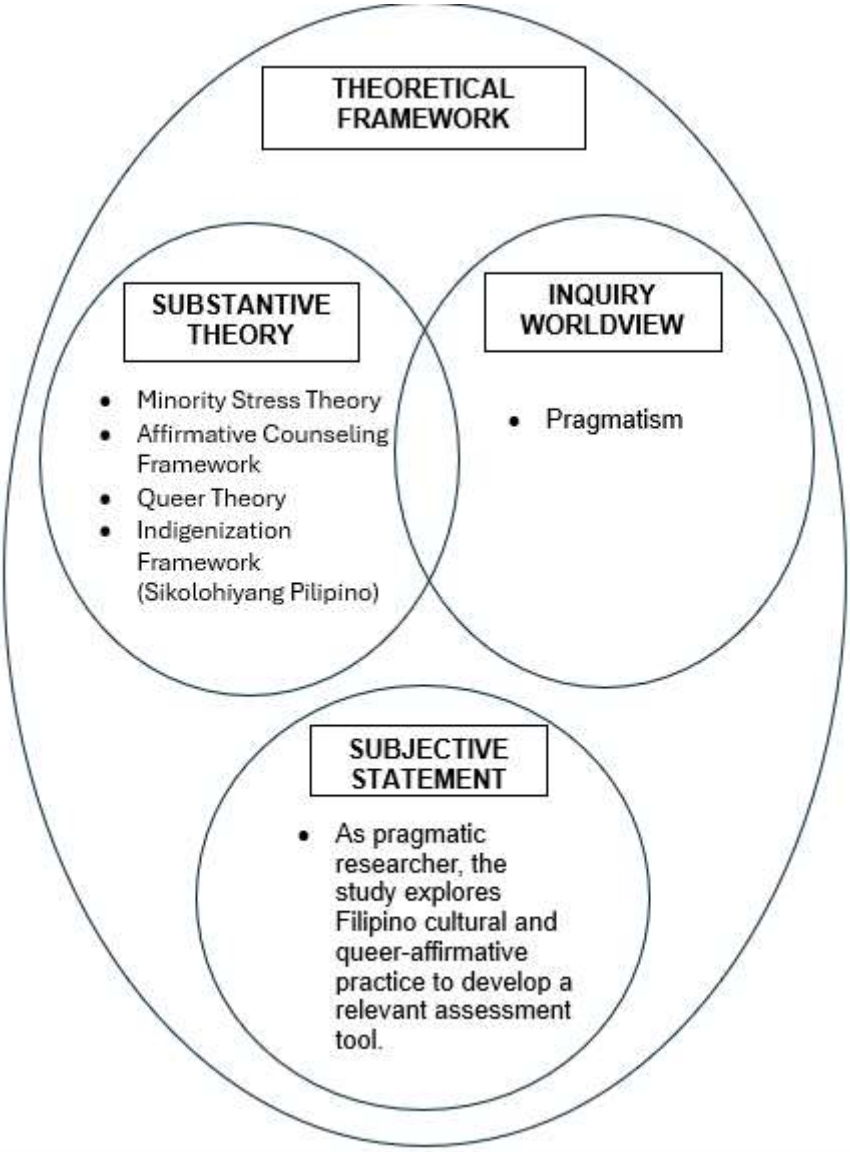
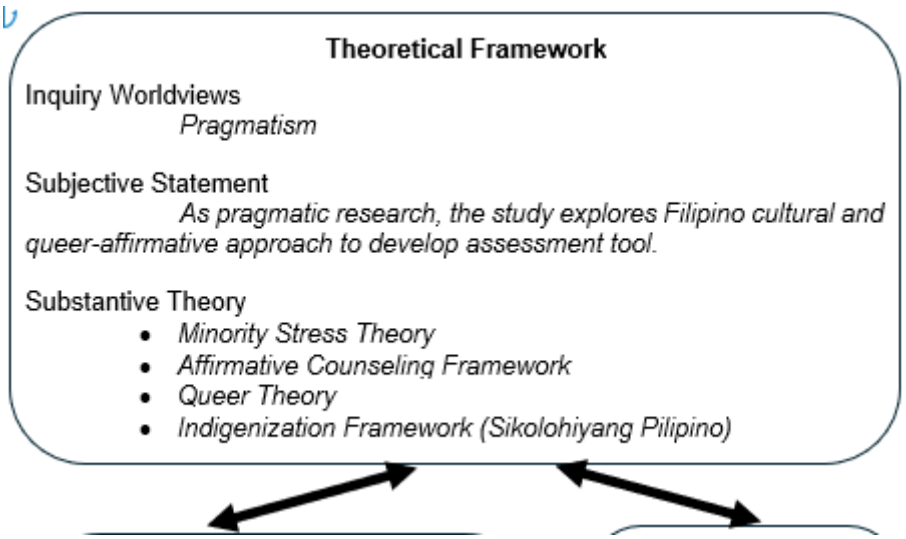


Figure 1. Theoretical Framework of the Study



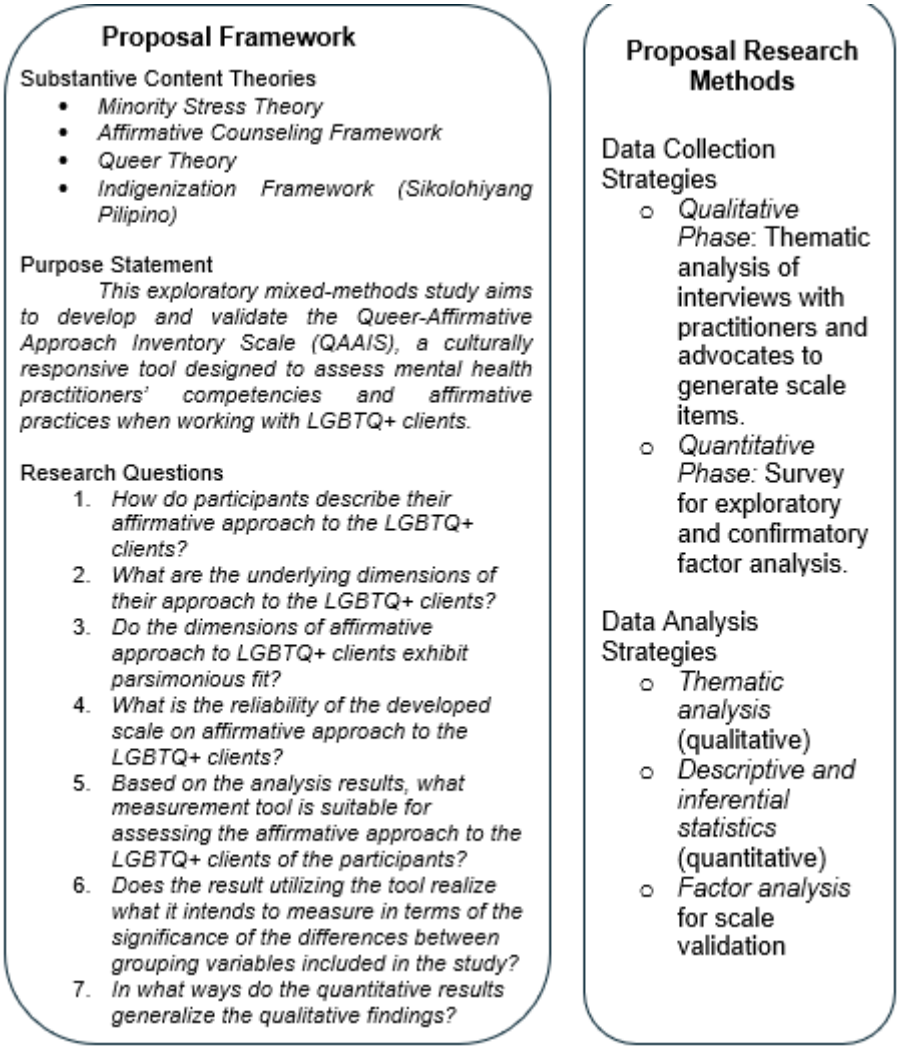


Figure 2. Mixed Methods Research Framework

Audience

This study is designed to serve multiple audiences whose roles are critical in improving the delivery of queer-affirmative mental health care in the Philippines. Each stakeholder contributes to ensuring that the Queer-Affirmative Approach Inventory Scale (QAAIS) is methodologically sound, ethically grounded, culturally sensitive, and socially responsive.

The primary users of the QAAIS will be Filipino mental health practitioners—particularly registered psychologists and licensed guidance counselors—who are directly involved in counseling LGBTQ+ clients. Their participation in this study's qualitative and quantitative phases ensures that the scale reflects the realities of clinical and counseling practice in the Philippine context. As Alibudbud (2023) and Reyes et al. (2024) noted, many practitioners face challenges in navigating cultural and religious values while remaining affirming. This study aims to equip them with a tool to guide more inclusive, ethical, and culturally grounded mental health care.

Institutions such as the Psychological Association of the Philippines (PAP) and the Philippine Guidance and Counseling Association (PGCA) will benefit from this study by accessing a validated measure that can inform training standards, licensure frameworks, and ethical guidelines. Policymakers in mental health can use the findings to advocate for systems-level improvements and to institutionalize culturally sensitive

practices within national mental health programs. The Philippine Mental Health Act (2018) already mandates non-discriminatory care, but enforcement mechanisms remain lacking—this tool can support those policy intentions through implementation.

Scholars in psychology, counseling, gender studies, and related disciplines will find the QAAIS helpful for applied and theoretical purposes. By incorporating indigenous Filipino values and local constructs such as kapwa, pakikiramdam, and hiya, the scale contributes to the growing body of culturally responsive psychological tools rooted in Sikolohiyang Pilipino (Enriquez, 1992). It also provides a model for adapting queer-affirmative practices in non-Western contexts, which can be replicated or critiqued in future studies.

The UIC-EC gives ethical reviews, which is very important for protecting the rights, welfare, and dignity of LGBTQ+ participants. Their guidance makes sure that data collection follows ethical standards, especially when working with people who might be vulnerable. The Philippine Health Research Ethics Board (PHREB) says that the QAAIS should be developed through processes involving the community and the people using it. The QAAIS was developed through community-informed and participatory processes that adhere to the ethical guidelines set forth by the Philippine Health Research Ethics Board (PHREB).

Findings from this study can inform curriculum development in psychology and counseling. By integrating insights from the QAAIS into training modules and practicum experiences, educational institutions can better prepare future mental health professionals to support LGBTQ+ clients using queer-affirmative and culturally rooted approaches.

By tailoring the dissemination of the scale and its findings to these groups—through conferences, professional workshops, academic journals, and institutional partnerships—this study aims to advocate for sustainable improvements in queer-affirmative mental health care in the Philippines. Through the QAAIS, this research envisions a practical, culturally attuned tool that reinforces inclusivity, psychological safety, and respect for human dignity in Filipino mental health settings.

Purpose Statement

This exploratory sequential mixed-methods study will aim to develop and validate the Queer-Affirmative Approach Inventory Scale (QAAIS), a culturally responsive tool that will assess mental health practitioners' competencies and affirmative practices in working with LGBTQ+ clients.

Research Questions

1. How do participants describe their affirmative approach to the LGBTQ+ clients?
2. What are the underlying dimensions of their approach to the LGBTQ+ clients?
3. Do the dimensions of affirmative approach to LGBTQ+ clients exhibit parsimonious fit?
4. What is the reliability of the developed scale on affirmative approach to the LGBTQ+ clients?
5. Based on the analysis results, what measurement tool is suitable for assessing the affirmative approach to the LGBTQ+ clients of the participants?
6. Does the result utilizing the tool realize what it intends to measure in terms of the significance of the differences between grouping variables included in the study?
7. In what ways do the quantitative results generalize the qualitative findings?

Review of Related Literature

This review presents recent scholarly literature to support the development and validation of a queer-affirmative approach inventory scale for mental health practitioners, grounded in the Philippine context. This layered review (1) defines and contextualizes LGBTQ+ affirmative approaches in counseling; (2) explores the underlying dimensions of these approaches; (3) examines the psychometric concept of

parsimonious model fit; (4) reviews reliability evidence from existing scales; (5) assesses the suitability and cultural relevance of current measurement tools; (6) explores how group differences may affect tool outcomes; and (7) discusses how quantitative findings may generalize insights from qualitative data. Emphasis is placed on Filipino and Southeast Asian contexts, and culturally grounded constructs to ensure relevance, validity, and applicability.

Affirmative Approaches to LGBTQ+ Clients

Affirmative counseling for LGBTQIA+ clients is defined as a validating, strengths-based form of therapy that explicitly recognizes and advocates for the needs of sexual and gender minorities (Hinrichs et al., 2017; Alibudbud, 2023). In practice, counselors describe such an approach as one that explicitly acknowledges minority stress and the impact of stigma, actively challenges heteronormative assumptions, and supports clients' self-acceptance and resilience. Alibudbud (2023) observes that LGBTQ+ clients in the Philippines benefit when practitioners oppose identity change attempts and affirm diverse genders and orientations. Affirming therapists are advised to incorporate the clients' identities into treatment, normalizing everyday stressors (e.g., family rejection) and validating the strengths of the client's community (Proujansky & Pachankis, 2014; Craig et al., 2021). Clients emphasize the importance of genuine, affirming, and respectful communication from providers, which helps build trust and engagement in care (De Torres et al., 2024). In short, an affirmative approach involves creating a caring environment free of judgment, where the counselor embraces [the client's] shared identity and genuinely cares for one another, as Sikolohiyang Pilipino would emphasize (the Filipino value of kapwa, or shared identity). Filipino psychologists and counselors thus articulate their approach as one grounded in empathy, cultural sensitivity, and active advocacy for LGBTQ+ clients.

Philippine cultural context further shapes these descriptions. Despite legal commitments to gender equality, Filipino society remains heteronormative, and many mental health providers hold biased views (Thoreson, 2023b; Alibudbud, 2023). Alibudbud (2023) also notes that even some Filipino psychologists have publicly endorsed conversion practices, illustrating why an affirmative stance must be intentional. In this context, the practitioners often report the need to counteract societal stigma by integrating Sikolohiyang Pilipino values (e.g., pakikipagkapwa, solidarity, and respect) into therapy. For example, promoting "culturally and gender-sensitive care" that accounts for local social, cultural, and political factors is highlighted as a key goal (De Torres et al., 2024). Consequently, therapists emphasize authenticity, nonjudgment, and empowerment when describing their approach, aligning with queer-affirmative principles that reject pathologizing LGBTQ+ identities. The literature suggests that Filipino counselors conceptualize their affirmative approach as one that advocates for LGBTQ+ identities, leverages cultural strengths, and deliberately counters discrimination (Alibudbud, 2023; De Torres et al., 2024).

Dimensions of Affirmative Practice

Affirmative practice is not monolithic; it encompasses multiple dimensions of therapist attitude and behavior. In existing scales and models, these dimensions often include "affirmative practices" such as validation, advocacy, and the absence of harmful behaviors. For instance, Ebersole et al. (2024) identified two key components in their Sexual Minority Affirmative Practice Scale: Affirmative Practice (behaviors that support client identity) and Harmful Practice (behaviors like stigmatizing language). Similarly, Turpin et al. (2024) found two subscales for LGBTQ+ practice: a "Commitment to Continued Learning" (reflecting ongoing education and self-improvement) and "Affirmative Practices" (active support of clients). These findings align with broader theory: affirmative counseling frameworks emphasize

components such as (1) positive therapist attitudes (self-awareness and nonprejudicial beliefs), (2) inclusive behaviors (using correct names/pronouns, integrating LGBTQ+ issues), (3) knowledge/skills (understanding minority stress, relevant resources), and (4) advocacy/empowerment (encouraging pride, supporting community connections) (The Lancet Psychiatry, 2022; Li et al., 2022; Turpin et al., 2024).

In the qualitative literature, these dimensions emerge as themes when therapists describe their practice. For example, counselors often mention normalizing the impact of minority stress, decreasing avoidance, restructuring minority stress cognitions, and empowering the unique strengths of LGBTQ+ individuals as core principles (Proujansky & Pachankis, 2014; Alibudbud, 2023). Filipino therapists similarly emphasize respect for the client's context – such as recognizing the client's family and religious background – alongside affirmation of identity. Intersectionality further informs the dimensions: counselors note that Filipino LGBTQ+ clients' experiences vary by ethnicity, religion, and regional culture, so dimensions of practice must include cultural competence and holistic understanding (e.g., being aware of Muslim or indigenous beliefs in Mindanao vs. Catholic norms in Luzon). Thus, the underlying dimensions of the affirmative approach extend beyond general affirming behaviors to include cultural responsiveness. The emerging themes from participants' descriptions likely form dimensions akin to those identified by Ebersole et al. – affirming vs. harmful behaviors – but infused with Filipino cultural values of kapwa, hiya (shame) awareness, and community orientation.

Factor Structure of the Affirmative Approach

Parsimonious fit refers to how well a measurement model captures underlying constructs using a minimal number of variables or factors while retaining explanatory power. In psychometric scale development, achieving a parsimonious fit involves ensuring that each item contributes meaningfully to a coherent factor structure (Kline, 2021).

Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) are standard methods used to test this. Crisp (2021) confirmed a three-factor structure in the Gay Affirmative Practice (GAP) scale—attitudes, knowledge, and behaviors—showing a clean model fit using RMSEA, CFI, and TLI indices. Similarly, Bidell (2020) validated the SOCCS using EFA and parallel analysis, reporting a parsimonious model explaining over 60% of the total variance.

In the Philippines, Manalastas and Torre (2020) highlighted challenges in adapting Western tools due to cultural misalignment, suggesting that excessive factor loadings and item redundancy hindered good model fit. This underscores the importance of culturally grounded item generation in local scale development, as mismatched items reduce clarity and internal consistency.

Reyes and Alibudbud (2023) piloted a mental health attitudes scale that initially had five factors but was later trimmed to three to improve model parsimony, supporting the practice of simplifying structure for better construct validity.

Thus, ensuring parsimonious fit in the QAAIS is not just a statistical concern—it validates that the dimensions of Filipino queer-affirmative practice are distinct and cohesive, serving as a strong foundation for reliable measurement.

Reliability of Queer-Affirmative Practice Scales

Reliability refers to the consistency and dependability of a psychometric instrument. It indicates whether a scale produces stable and replicable results across different contexts, populations, and time points (DeVellis, 2021). In LGBTQ+ affirmative counseling research, reliability is a key concern, given the nuances of language, cultural context, and shifting social norms.

International tools such as the Sexual Orientation Counselor Competency Scale (SOCCS) developed by Bidell (2020) demonstrated strong internal consistency (α = .91) across diverse populations. Similarly, the Gay Affirmative Practice (GAP) scale by Crisp (2021) reported alpha coefficients ranging from .82 to .94 across its subscales (attitudes, knowledge, behavior). These tools provide psychometric benchmarks for emerging instruments such as the Queer-Affirmative Approach Inventory Scale (QAAIS).

Filipino literature has emerging examples of validated tools with attention to cultural reliability. Alibudbud (2023) validated a Filipino LGBTQ mental health stigma scale with acceptable reliability levels (α = .87), noting that localized terminologies and contextual sensitivities increased item clarity. Another study by Reyes et al. (2023) developed a scale on religious dissonance and LGBTQ identity and found a higher Cronbach's alpha (α = .89) when integrating religiously contextual items in Filipino.

Various factors, including item wording, scale length, participant heterogeneity, and clarity of constructs, influence reliability. Tools developed in Western contexts may report strong psychometric values but falter when translated or applied without localization (Manalastas & Torre, 2020). Hence, ensuring reliability in the QAAIS must involve iterative pilot testing, culturally sensitive language, and clear operationalization of dimensions such as pakikipagkapwa or hiya, which are less commonly represented in Western scales.

Furthermore, split-half reliability, test-retest reliability, and inter-item correlation analyses can strengthen the scale's psychometric profile (Kline, 2021). For instance, exploratory items on Filipino family values must demonstrate internal consistency across diverse regions (e.g., NCR vs. Mindanao), indicating that the scale performs uniformly in culturally varied settings.

A reliable QAAIS will ultimately enable Filipino mental health practitioners and training institutions to assess competencies systematically and design responsive interventions or capacity-building programs.

Suitability and Development of a Measurement Tool

Choosing a suitable tool to assess LGBTQ+ affirmative practice among Filipino mental health professionals requires alignment with both cultural context and psychometric rigor. Most available instruments (e.g., SOCCS, GAP, ALGBTIC Competency Checklist) have been developed in Western countries and reflect predominantly individualistic, secular, and Euro-American values (Bidell, 2020; Crisp, 2021). While they offer foundational models, these tools often neglect elements critical in the Filipino context, such as pakikiramdam, hiya, religious congruence, and collectivist family systems.

A culturally appropriate tool must reflect local socio-cultural dynamics. Yacat (2021) recommends scale development processes integrating indigenous concepts and Filipino worldviews—especially kapwa, loob, and utang na loob—into item content and interpretive frameworks. Reyes and Alibudbud (2023) also point out that counselors in religious and academic institutions approach affirmative care through layered narratives of faith, compassion, and cultural loyalty—elements missing in Western instruments.

The QAAIS aims to address these gaps by generating items based on qualitative interviews with registered Filipino psychologists and guidance counselors using an exploratory sequential design. This aligns with DeVellis (2021) and the COSMIN guidelines (Mokkink et al., 2020), which stress the importance of grounding items in participant language and lived experience.

Additional factors in assessing tool suitability include Content validity, ensured through expert panel review; Face validity, ensured via practitioner feedback; Construct validity, assessed through EFA/CFA; Cross-regional applicability, testing across Luzon, Visayas, and Mindanao.

Given the limitations of foreign tools, developing a locally grounded scale like the QAAIS is not only suitable but essential. It has become an instrument that mirrors Filipino realities and has stronger clinical, educational, and policy relevance.

Significant Group Differences in Affirmative Practice

In scale development, one way to assess construct validity is by examining whether the tool can distinguish between known groups—i.e., whether grouping variables (such as sex, SOGIE advocacy involvement, or licensure status) lead to statistically significant scores. This illustrates the scale's convergent and discriminant validity (Kline, 2021).

For example, counselors with LGBTQ+ training scored substantially higher on Bidell's (2020) SOCCS scale than counselors without such training. Similarly, social workers who identified as LGBTQ+ or had previous LGBTQ+ clients scored higher on GAP scales, according to Crisp (2021). These results imply that practitioner characteristics have a significant impact on affirmative practice.

In the Philippine context, no existing study has yet used grouping variables to analyze differences in LGBTQ+ affirmative counseling competencies. However, qualitative data from Reyes et al. (2023) show that LGBTQ+-identifying counselors often report more profound empathy and greater commitment to advocacy, suggesting expected score differences. Similarly, guidance counselors who attend PGCA workshops on SOGIE inclusion are likely to demonstrate higher competence scores (PGCA, 2021).

Other variables worth examining include Urban vs. rural practice setting, as LGBTQ+ inclusivity is often more accepted in urban areas; Type of institution (secular vs. religious), with differences in how affirmative counseling is implemented; Years of professional experience: where mid-career professionals may show different levels of comfort or exposure; Regional differences (Luzon, Visayas, Mindanao): to address the concern on broadening the respondent pool beyond Mindanao.

Finding these differences would prove that the QAAIS really does show big differences in how practitioners act and what they believe. This skill is necessary for making policies and training programs that are tailored to specific groups of people in the fields of counseling and psychology.

Generalizing Qualitative and Quantitative Findings

This study employs a sequential exploratory mixed-method design, where qualitative themes from the initial phase guide item generation for the quantitative scale. Generalizing findings across phases entails ensuring that qualitative insights are reflected accurately in the final constructs and dimensions measured. Creswell and Plano Clark (2021) explain that mixed-method generalization occurs through instrument development transferability—i.e., themes from interviews or focus groups directly shape measurable items. For example, if qualitative data identify spiritual affirmation or cultural sensitivity as key dimensions of affirmative practice, the quantitative tool must contain subscales that assess those behaviors.

In similar Philippine research, Alibudbud (2022) conducted interviews on LGBTQ+ stigma and developed a brief stigma scale that retained principal qualitative codes (e.g., concealment, religious guilt). He later validated these through CFA, achieving good fit and consistency, which justified the cross-phase coherence.

The QAAIS development also follows this path. The qualitative phase surfaced six main themes: empathy, integration of Filipino values, religious harmonization, safe space creation, adaptive therapeutic techniques, and advocacy orientation. These informed the first draft of the item pool, which will be refined through EFA and CFA.

Triangulation of findings across methods also increases trustworthiness. When a counselor describes using pakikiramdam in qualitative interviews, and the same item shows strong loading in the "cultural empathy"

factor of the scale, it validates both data types. This strengthens the theoretical robustness and practical relevance of the QAAIS.

As it boils up, combining qualitative insights with quantitative validation will make sure that the final scale is statistically sound and based on the cultural and professional experiences of Filipino mental health practitioners. This approach will strengthen the scale's credibility, practical application, and capacity to guide training initiatives and policy development within and beyond the Philippine context.

Chapter 2

Method

This section presented the research methodology, including the research design, study setting, participants, instrumentation, data collection and analysis procedures, the sequencing of the qualitative and quantitative phases, the mixed-method techniques employed, potential methodological challenges, strategies implemented to ensure trustworthiness and validity, and the ethical considerations observed throughout the conduct of the study.

Research Design

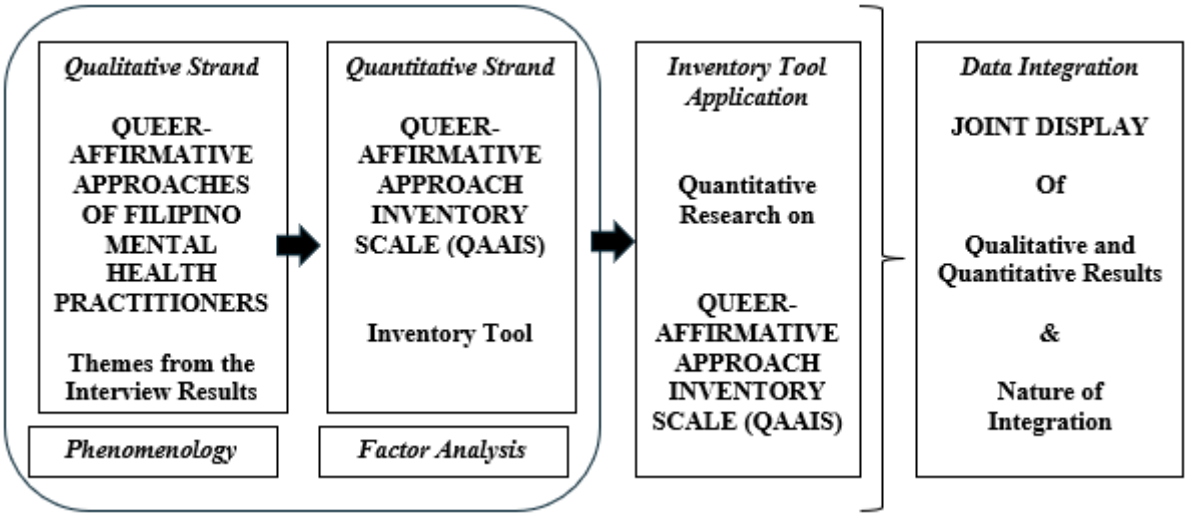
This research utilized a mixed-methods approach, specifically an exploratory sequential mixed-methods design, to develop and validate the Queer-Affirmative Approach Inventory Scale (QAAIS). Mixed-methods research integrates qualitative and quantitative methodologies to comprehensively understand a phenomenon (Creswell & Plano Clark, 2021). The exploratory sequential design was particularly well-suited for scale development because it enabled the researcher to first explore the topic qualitatively to generate insights and then follow up with quantitative methods for empirical testing (Guetterman & Creswell, 2020). This design ensured the instrument's cultural relevance and conceptual clarity by allowing iterative development grounded in real-world professional experiences.

In its first phase, the study adopted a descriptive qualitative research design that emphasized detailed and nuanced accounts of participant experiences without imposing extensive theoretical interpretations (Bradshaw et al., 2021). This approach facilitated the documentation of culturally specific mental health care practices. In the context of this study, the qualitative phase explored how Filipino mental health practitioners conceptualized and implemented queer-affirmative practices. The insights generated were used to develop an initial pool of scale items, guided by core Filipino cultural values such as *kapwa* (shared identity), *pakikiramdam* (shared inner perception), *hiya* (propriety), *utang na loob* (debt of gratitude), and *bayanihan* (communal unity). These values, embedded within Filipino mental health practice, shaped the culturally grounded foundation for item development.

The second phase focused on the quantitative validation of the instrument through psychometric testing. Following the qualitative phase, field experts in psychology, counseling, and LGBTQ+ mental health conducted content validation of the initial scale items to assess cultural relevance and clarity. The researcher then pilot-tested the revised instrument to gather data for evaluating construct and discriminant validity. Establishing validity was essential to determine how effectively the scale measured the intended theoretical constructs and distinguished between them (Zhou & Lin, 2021). The study assessed internal consistency using Cronbach's alpha and examined test-retest reliability when applicable, depending on the structure and administration of the instrument. Additionally, the study employed a comparative design to analyze whether the scale performed consistently across different demographic subgroups of Filipino practitioners. This process established the instrument's broader applicability and fairness across diverse clinical and cultural contexts.

Figure 3 illustrated the exploratory sequential research design following the standard University of the Immaculate Conception (UIC) framework. This structured approach ensured that the development of the QAAIS remained methodologically rigorous and culturally grounded, effectively bridging qualitative insights and quantitative validation to address the mental health needs of the Filipino LGBTQ+ community.

Figure 3. Exploratory Sequential Design for Queer-Affirmative Approach Inventory Scale Development



Source: Dr. Gloria P. Gemes (2023) Editable Templates for Mixed Methods Visual Concepts

Place of Study

This study focused on mental health professionals, particularly registered psychologists and registered guidance counselors residing in Luzon, Visayas, and Mindanao, who provided psychological services and counseling sessions to LGBTQ+ Filipino clients. The research included professionals practicing in diverse settings such as hospitals, private clinics, schools, and community-based mental health organizations. These varied professional environments enabled the researcher to examine the application of queer-affirmative practices across different institutional contexts.

The researcher intentionally selected participants from both urban and rural areas to capture potential regional differences in cultural attitudes, access to professional training, and institutional support for LGBTQ+ affirmative mental health practices. The study also included professionals affiliated with government mental health programs, non-governmental organizations, and higher education institutions. Through this diverse sampling approach, the researcher examined how institutional policies, sociocultural norms, and individual professional beliefs influenced the adoption and implementation of queer-affirmative practices.

Participants

This study utilized an exploratory sequential mixed-methods design, beginning with a qualitative phase that explored Filipino queer-affirmative practices and followed by a quantitative phase that validated the developed instrument. The research involved licensed Filipino mental health practitioners—specifically Registered Psychologists and Registered Guidance Counselors—who possessed experience working with LGBTQ+ clients. Guided by the ethical principle of justice, participant inclusion reflected diverse representation in terms of gender identity, geographic location across Luzon, Visayas, and Mindanao, professional background, and religious or cultural affiliation. Ethical safeguards were upheld throughout

the study, including voluntary participation, informed consent, confidentiality, and sensitivity to the sociocultural dynamics surrounding LGBTQ+ mental health.

Qualitative Strand

The qualitative strand adopted a descriptive qualitative approach to generate rich, contextual data that informed the initial pool of scale items for the Queer-Affirmative Approach Inventory Scale (QAAIS). This method was appropriate for research that sought to articulate participants' perspectives and practices in their own words. The inclusion criteria for this phase required participants to be Registered Psychologists or Registered Guidance Counselors in the Philippines with at least one year of professional experience in psychological or counseling practice and direct clinical engagement with LGBTQ+ clients within the previous twelve months. Practitioners who did not have clinical experience with LGBTQ+ clients or were not professionally licensed were excluded from participation. Potential participants were identified through professional networks, accredited psychological and counseling associations, and snowball referrals. Initial invitations were sent via email or professional messaging platforms to explain the study objectives, inclusion criteria, and voluntary nature of participation.

Participants' email addresses were not obtained from third-party databases or institutions without prior consent. Instead, participants were identified through professional networks such as the Psychological Association of the Philippines (PAP) and the Philippine Guidance and Counseling Association (PGCA), as well as through personal referrals using snowball sampling. Initial contact was made through publicly available professional contact information, including organizational directories and professional social media pages, where consent for professional correspondence was implied. Interested participants voluntarily provided their preferred email address or alternative contact method for study-related communication. To ensure data privacy and participant autonomy, participants were given three options for receiving and returning the Informed Consent Form. First, they could receive the consent form via email from the researcher's official institutional address and return a signed scanned copy or photograph by replying to the same email. Second, they could request that the consent form be sent through an encrypted messaging platform such as Viber or Signal and return a signed image file through the same secure application. Third, upon request, the researcher provided a password-protected download link through a secure cloud storage platform, such as Google Drive with restricted access, where participants could download and re-upload the signed consent form. All returned consent forms were stored in encrypted, password-protected folders accessible only to the researcher. These procedures complied with the Philippine Data Privacy Act of 2012 and respected participants' right to select their preferred mode of communication.

A total of 10 to 15 participants were initially projected for in-depth interviews, and two focus group discussions were planned, each involving 6 to 8 participants. Recruitment prioritized diversity in gender identity, regional origin, and religious affiliation to ensure that the emerging instrument reflected the varied sociocultural contexts in which practitioners operated. However, during the conduct of the in-depth interviews, thematic saturation was achieved earlier than anticipated, as no new themes or conceptual categories emerged from subsequent interviews. In light of this saturation, the planned focus group discussions were no longer conducted. The depth and richness of the in-depth interview data were deemed sufficient to inform item generation and thematic development.

Although participants were credentialed professionals and were not traditionally classified as a vulnerable population, discussing queer-affirmative practices within the Philippine sociopolitical climate carried potential indirect professional risks or discomfort. To address this possibility, the study implemented strict

confidentiality protocols, anonymized all transcripts, securely stored digital files, and reiterated participants' right to withdraw from the study at any point without consequence.

Quantitative Strand

The scale items generated from the qualitative phase underwent expert validation prior to the implementation of the quantitative strand. A panel of Filipino psychologists, guidance counselors, and LGBTQ+ advocates reviewed the draft items to evaluate their content relevance, conceptual clarity, and cultural appropriateness in accordance with established scale development guidelines. The panel provided structured feedback on item wording, theoretical alignment, and cultural sensitivity. Their recommendations informed revisions to the instrument before pilot testing was conducted.

In the quantitative phase, the inclusion criteria consisted of Registered Psychologists and Registered Guidance Counselors in the Philippines with at least one year of professional experience in psychological or counseling practice. Although direct experience working with LGBTQ+ clients was preferred to ensure familiarity with affirmative practice concepts, it was not strictly required in order to allow broader participation among practitioners whose roles indirectly influenced LGBTQ+ mental health services. Practitioners who were not professionally licensed were excluded from participation.

Purposive and snowball sampling techniques were utilized to recruit participants, with the aim of achieving geographic representation across Luzon, Visayas, and Mindanao. During data collection, participants reported their current region of practice, allowing the researcher to document geographic distribution across locales. Although demographic information such as sex was collected in the survey, statistical comparisons based on sex were not conducted in the final analysis. Instead, descriptive demographic profiles were presented to contextualize the sample.

An initial pilot testing phase involved 30 to 50 participants to evaluate item clarity, preliminary reliability, and response patterns. Feedback from the pilot phase informed minor refinements to wording and scale formatting. Following pilot refinement, the final validation survey targeted a substantially larger sample to support both Exploratory Factor Analysis and Confirmatory Factor Analysis. The achieved sample size satisfied recommended participant-to-item ratios and minimum thresholds for structural equation modeling.

Although participants in the quantitative strand were not classified as traditionally vulnerable, their professional affiliations with LGBTQ+ communities could have entailed minimal reputational sensitivity. To mitigate this possibility, all responses were anonymized prior to analysis, and no identifying information was linked to survey data. Data were stored in encrypted, password-protected files accessible only to the researcher. Results were reported in aggregate form to prevent identification of individual practitioners or institutions. Clear communication regarding confidentiality, voluntary participation, and the right to withdraw was maintained throughout the data collection process.

Research Instruments

The primary instrument developed in this study was the Queer-Affirmative Approach Inventory Scale (QAAIS), a culturally responsive measure designed to assess the queer-affirmative practices of Filipino mental health professionals. The development of the instrument followed an exploratory sequential mixed-methods design, beginning with qualitative generation of potential items and followed by psychometric validation through quantitative testing. This structured process ensured that the scale was grounded in lived professional experiences before undergoing statistical examination.

Qualitative Strand

During the qualitative phase, the researcher conducted in-depth interviews (IDIs) with licensed psychologists and registered guidance counselors who had experience working with LGBTQ+ clients. Although focus group discussions (FGDs) were initially planned as part of the research design, they were not conducted because thematic saturation was achieved during the IDIs. As interviews progressed, no new conceptual categories or dimensions emerged, indicating that the data collected were sufficiently rich to inform item development without the need for additional group discussions.

The in-depth interviews surfaced culturally embedded practices, relational strategies, and professional values that shaped affirmative counseling within the Philippine context. Thematic analysis of participants' narratives guided the construction of the preliminary item pool. The emerging themes reflected core Filipino cultural constructs, including kapwa, pakikiramdam, hiya, utang na loob, and bayanihan, which influenced relational engagement, empathic attunement, boundary sensitivity, and advocacy behaviors in counseling practice. These constructs were not treated merely as abstract cultural references; rather, they were operationalized into behaviorally specific statements that represented observable dimensions of queer-affirmative practice.

The resulting preliminary item pool underwent expert review to establish content validity. A panel composed of experts in psychology, counseling, LGBTQ+ mental health, and Filipino psychology evaluated each item for clarity, cultural appropriateness, theoretical alignment, and conceptual relevance to queer-affirmative practice. The experts provided structured feedback regarding wording precision, redundancy, cultural nuance, and alignment with affirmative counseling principles. Based on their recommendations, the researcher revised the items to improve clarity, eliminate ambiguity, and strengthen conceptual coherence.

Following expert validation and revision, a pilot test was conducted with 30 to 50 mental health practitioners to evaluate item clarity, response patterns, and preliminary reliability estimates. The pilot phase allowed the researcher to identify items that required minor wording adjustments and to examine the overall structure of the instrument prior to large-scale administration. Feedback from pilot participants informed final refinements before the instrument proceeded to the quantitative validation phase.

Quantitative Strand

The pilot testing results informed the refinement of the final version of the Queer-Affirmative Approach Inventory Scale (QAAIS), which was subsequently distributed to a larger sample of licensed mental health professionals across Luzon, Visayas, and Mindanao. Although the initial target sample size was set between 200 and 300 participants to strengthen the robustness of factor analytic procedures, the final dataset consisted of 108 qualified respondents. This sample size satisfied minimum participant-to-item ratio recommendations for exploratory factor analysis and provided sufficient data for subsequent structural validation procedures.

The final version of the QAAIS underwent statistical evaluation to establish its construct validity through Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA). Internal consistency reliability was assessed using Cronbach's alpha coefficients to determine the coherence of items within each factor and across the overall scale. A five-point Likert response format was utilized, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), capturing the degree to which respondents endorsed each statement. The inclusion of culturally nuanced language, relational contexts, and scenarios grounded in Filipino counseling practice enhanced the relevance and contextual appropriateness of the instrument for local practitioners.

Although the specific domains of the QAAIS were not predetermined prior to statistical analysis, the instrument was conceptually expected to reflect key areas identified in the literature and qualitative findings, including cultural competence, affirmative counseling techniques, advocacy-oriented behaviors, and practitioner self-awareness. The quantitative analyses confirmed and refined these domains by identifying empirically supported factor structures derived from the data. The integration of statistical results with qualitative themes ensured that the final scale demonstrated theoretical coherence, cultural grounding, and empirical soundness.

Table 1. Interpretation of the Queer-Affirmative Approach Inventory Scale

Range of Means	Description	Interpretation
4.20 – 5.00	Very High	Mental health practitioners always exhibit queer-affirmative approaches.
3.40 – 4.19	High	Mental health practitioners often exhibit queer-affirmative approaches.
2.60 – 3.39	Moderate	Mental health practitioners sometimes exhibit queer-affirmative approaches.
1.80 – 2.59	Low	Mental health practitioners rarely exhibit queer-affirmative approaches.
1.00 – 1.79	Very Low	Mental health practitioners never exhibit queer-affirmative approaches.

Data Collection

This study employed an exploratory sequential mixed-methods approach (Creswell & Plano Clark, 2018), beginning with a qualitative phase to understand how Filipino mental health professionals practiced queer-affirmative care within their respective contexts. Insights derived from this qualitative strand guided the systematic development and subsequent validation of the Queer-Affirmative Approach Inventory Scale (QAAIS). Prior to data collection, the study secured ethical clearance from the University of the Immaculate Conception Research Ethics Committee (UIC-REC). All procedures adhered to institutional ethical standards, the Philippine Data Privacy Act of 2012, and the National Ethical Guidelines for Health and Health-Related Research, including provisions relevant to LGBTQIA+ populations (NEGRP, 2023).

Qualitative Strand

For the qualitative strand, data collection consisted of in-depth interviews. Although focus group discussions were initially included in the research design, they were not conducted because thematic saturation was achieved during the in-depth interview phase. Participants were identified through purposive sampling, with snowball referrals enhancing recruitment of professionals who had direct experience working with LGBTQ+ Filipino clients. Once potential participants were identified, they were contacted via email or professional networks.

For onsite interviews, participants received printed copies of the Informed Consent Form (ICF), which they signed in person prior to the commencement of data collection. For online interviews, the ICF was sent electronically, and participants returned a signed scanned copy or photograph of the signed form via email before the interview began. All returned electronic consent forms were stored in encrypted, password-protected folders accessible only to the researcher. Each file was labeled using a participant code, such as Q_Interview_001, to avoid displaying identifying information. No consent forms or identifying data were shared with third parties. These procedures complied fully with the Philippine Data

Privacy Act of 2012 and the National Ethical Guidelines for Research with LGBTQIA+ Populations (NEGRP, 2023).

In both onsite and online modalities, the researcher provided time to address participants' questions and confirmed that participation was voluntary, including the right to decline answering any question or to withdraw at any time without consequence. Participation consisted of a single interview lasting approximately 60 to 90 minutes. With participants' consent, audio recordings were made to ensure accurate documentation. Following each session, participants were provided with a copy of their transcript to review and verify the accuracy of their statements, thereby strengthening credibility through member checking. To address potential psychological discomfort, participants were informed that they could request breaks during the discussion or terminate participation at any time. Referrals for psychological support services were made available if needed.

All transcripts were anonymized by replacing names and identifying details with pseudonyms. Digital files were stored in password-protected folders, and any printed materials were secured in locked cabinets accessible only to the researcher. Data were retained securely for five years in accordance with institutional guidelines and were scheduled for permanent deletion thereafter. Participants were informed that their data would be used solely for the purposes of this study unless they provided explicit consent for future use.

Quantitative Strand

For the quantitative strand, the researcher conducted a large-scale survey to validate the Queer-Affirmative Approach Inventory Scale (QAAIS). Participants were recruited through purposive and snowball sampling to ensure representation across Luzon, Visayas, and Mindanao, as well as diversity in professional background and regional locale. Inclusion criteria were clearly explained in the invitation materials distributed through professional networks and referrals.

For onsite survey administration, participants were provided with printed copies of the Informed Consent Form (ICF), which they signed prior to completing the questionnaire. For online participation, the ICF was sent electronically, and respondents returned a signed scanned copy or photograph of the signed form before receiving access to the survey link. All returned electronic consent forms were stored in encrypted, password-protected folders accessible only to the researcher. Each file was labeled using a participant code, such as Q_Survey_001, to avoid displaying identifying information. No consent forms or personally identifiable data were shared with third parties. These procedures complied fully with the Philippine Data Privacy Act of 2012 and the National Ethical Guidelines for Research with LGBTQIA+ Populations (NEGRP, 2023). Throughout the data collection process, the researcher remained available via email, phone, and professional messaging platforms to address participant inquiries and to reiterate their right to withdraw at any stage without penalty.

During survey completion, participants could have experienced mild discomfort, including fatigue or reflective unease when evaluating their professional practices involving LGBTQ+ clients. To mitigate these potential risks, the survey instructions advised respondents to take breaks as needed and to skip any items they preferred not to answer. Participants were provided with the researcher's contact information should they wish to discuss concerns or request referrals for psychological support resources. Survey responses were coded and anonymized prior to analysis, and no personally identifiable information was linked to the dataset. All electronic files were stored securely in password-protected systems, and printed documents were kept in locked storage to ensure controlled access. Data were retained for five years in accordance with institutional guidelines and were scheduled for permanent destruction thereafter through

deletion of electronic files and shredding of physical documents. Any future use of the data would require renewed consent from participants to ensure continued protection of privacy and autonomy.

Data Analysis

This study employed an exploratory sequential mixed-methods design consisting of two distinct yet interrelated phases—qualitative and quantitative. The primary objective of this two-phase approach was to generate, refine, and validate the Queer-Affirmative Approach Inventory Scale (QAAIS), ensuring that the instrument was both statistically robust and culturally responsive. The qualitative phase served as the foundational stage, providing contextual and theoretical grounding for the development of scale items. Insights derived from this phase were subsequently subjected to rigorous psychometric evaluation during the quantitative phase, consistent with best practices in mixed-methods instrument development (Creswell & Plano Clark, 2018).

Qualitative Strand

Braun and Clarke's (2021) six-phase framework for thematic analysis guided the qualitative analysis of data collected from in-depth interviews with registered psychologists and registered guidance counselors. Although focus group discussions were initially proposed, they were not conducted because thematic saturation was achieved during the interview phase. The analytic stages included familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. The analysis combined inductive and deductive coding strategies. Inductive coding allowed themes to emerge organically from participants' narratives, while deductive coding was guided by the study's theoretical lenses, including Minority Stress Theory (Meyer, 2003), the Affirmative Counseling Framework (APA, 2012; Dillon et al., 2004), Queer Theory (Butler, 2004), and *Sikolohiyang Pilipino* (Enriquez, 1992). This hybrid coding approach ensured that the resulting themes reflected both lived professional experiences and established theoretical constructs relevant to queer-affirmative practice in the Philippine context. Cultural values such as *kapwa, pakikiramdam, hiya, and utang na loob* emerged within the narratives and enriched the culturally embedded dimensions of the initial QAAIS item pool. These themes were systematically translated into measurable indicators that formed the basis of the quantitative instrument.

Quantitative Strand

Psychometric analyses were conducted using SPSS and structural equation modeling software during the quantitative phase. Descriptive statistics, including means, standard deviations, skewness, and kurtosis, were computed to examine item-level performance and response distributions. Item-total correlations were reviewed to assess preliminary internal consistency and to identify items that did not align with the overall scale.

Exploratory Factor Analysis (EFA) was performed using Principal Axis Factoring (PAF) with oblique rotation, as the underlying constructs of queer-affirmative practice were theoretically expected to correlate. Sampling adequacy was evaluated using the Kaiser-Meyer-Olkin (KMO) measure and Bartlett's Test of Sphericity to determine the suitability of the data for factor analysis. Factor retention decisions were guided by eigenvalues greater than 1.0, scree plot examination, conceptual interpretability, and a minimum factor loading threshold of .40 (Williams, Onsman, & Brown, 2010; Yong & Pearce, 2013). Items that failed to meet loading criteria or demonstrated substantial cross-loadings were removed iteratively to improve structural clarity and theoretical coherence.

Following EFA, Confirmatory Factor Analysis (CFA) was conducted to validate the factor structure and assess overall model fit. Model evaluation included reporting fit indices such as the Standardized Root

Mean Square Residual (SRMR), Tucker-Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Comparative Fit Index (CFI), consistent with structural equation modeling standards (Brown, 2015). Internal consistency reliability for each identified domain was examined using Cronbach's alpha coefficients, with values of .70 or higher interpreted as acceptable (Taber, 2018). Where applicable, convergent and discriminant validity were explored through the computation of Average Variance Extracted (AVE) and examination of inter-construct correlations.

Through this systematic analytic process, the QAAIS was refined into a psychometrically sound instrument grounded in Filipino cultural values and informed by critical psychological frameworks addressing LGBTQ+ well-being, resilience, and affirmative practice. The integration of qualitative insights and quantitative validation ensured that the final scale demonstrated both theoretical coherence and empirical robustness.

Sequence, Emphasis, and Mixing Procedures

This study adopted an exploratory sequential mixed-methods design (Creswell & Plano Clark, 2018), beginning with qualitative data collection and analysis. The initial phase ensured that the Queer-Affirmative Approach Inventory Scale (QAAIS) was constructed upon insights that reflected the lived professional experiences of Filipino mental health practitioners within their sociocultural contexts.

Sequence. The study followed a structured QUAL→QUAN progression. The first phase involved the collection of qualitative data through in-depth interviews with licensed mental health professionals. Although focus group discussions were initially included in the research plan, they were not conducted because thematic saturation was achieved during the in-depth interviews. Thematic analysis of the qualitative data generated emergent themes that informed the development of preliminary scale items. The second phase involved quantitative data collection for the purpose of evaluating the psychometric properties of the instrument. This sequencing ensured that the scale was grounded in practitioner realities and culturally embedded values before undergoing statistical validation.

Emphasis. The qualitative phase received primary emphasis because it served as the conceptual and cultural foundation of the study. This phase captured nuanced and context-specific understandings of queer-affirmative practices within the Philippine setting. The analysis integrated theoretical lenses, including Minority Stress Theory (Meyer, 2003), the Affirmative Counseling Framework (APA, 2012; Dillon et al., 2004), Queer Theory (Butler, 2004), and Sikolohiyang Pilipino (Enriquez, 1992), allowing culturally relevant constructs to emerge organically from participant narratives. The subsequent quantitative phase was equally critical in establishing the instrument's structural validity and reliability through rigorous psychometric procedures. Together, these phases ensured that the QAAIS was both culturally responsive and methodologically sound.

Mixing Procedure. Qualitative and quantitative strands are integrated at several points in the study. The first level of mixing took place during instrument development, wherein themes derived from qualitative analysis were systematically translated into measurable scale items. These items reflected theoretical constructs and culturally embedded dimensions such as kapwa, hiya, pakikiramdam, and utang na loob. The second level of integration occurred during data analysis, where psychometric testing, including Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA), provided statistical validation of the conceptual dimensions identified in the qualitative strand. The third level of integration occurred during interpretation, where findings from both strands were synthesized to evaluate the cultural, theoretical, and clinical coherence of the QAAIS. Through this structured integration, the study produced

a contextually grounded assessment tool that maintained cultural fidelity while demonstrating empirical robustness in measuring queer-affirmative practices among Filipino mental health professionals.

Figures of Procedures

Table 2 outlined the structured process undertaken in this study and emphasized the implementation of an exploratory sequential mixed-methods design. The development of the Queer-Affirmative Approach Inventory Scale (QAAIS) began with the qualitative phase, which served as the conceptual and cultural foundation for the subsequent quantitative validation phase. The initial step involved conducting in-depth interviews with licensed mental health professionals to explore their perspectives and lived professional experiences related to queer-affirmative practices within the Philippine context. Although focus group discussions were initially included in the research design, they were not conducted because thematic saturation was achieved during the in-depth interviews.

The systematic collection and analysis of qualitative data generated key themes that reflected culturally embedded dimensions of queer-affirmative counseling practice. These themes directly informed the development of contextually grounded scale items that operationalized core constructs rooted in Filipino psychology and affirmative counseling frameworks. The transition to the quantitative phase involved refining the instrument and administering the survey to a broader sample of licensed practitioners. This phase focused on establishing the psychometric properties of the QAAIS through rigorous statistical procedures. Exploratory Factor Analysis (EFA) was conducted to identify the underlying factor structure of the scale, followed by Confirmatory Factor Analysis (CFA) to evaluate model fit and structural validity. Through this sequential and integrative process, the study ensured that the final instrument demonstrated both cultural relevance and empirical robustness.

Table 2. Methodological Procedures

Phase	Procedure	Products
Qualitative Data Collection	Conducting in-depth interviews (IDIs) and focus group discussions (FGDs) with mental health practitioners	Transcribed narratives and qualitative data
Qualitative Data Analysis	Thematic analysis of interview and FGD responses	Identified themes, codes, and categories
Scale Development	Generating scale items based on identified qualitative themes	Preliminary item pool for QAAIS
Expert Validation	Seeking feedback from experts in psychology, LGBTQ+ studies, and psychometrics	Refined scale items
Quantitative Data Collection	Administering the QAAIS to a larger sample of mental health practitioners	Survey responses
Quantitative Data Analysis	Conducting EFA and CFA to establish validity and reliability	Validated factor structure, reliability coefficients
Integration of Results	Synthesizing qualitative and quantitative findings to finalize the scale	Culturally responsive and psychometrically sound QAAIS

Methodological Issues

This study utilized an exploratory sequential mixed-methods design to develop the Queer-Affirmative Approach Inventory Scale (QAAIS). The research commenced with the collection and analysis of qualitative data to investigate the culturally informed practices and perspectives of licensed mental health practitioners working with LGBTQ+ Filipino clients. These insights formed the foundation for constructing a culturally responsive quantitative instrument. While this design provided strong theoretical grounding and contextual alignment, several methodological challenges emerged during the research process.

Research Design. With respect to research design, one central challenge involved translating qualitative themes into clear, measurable scale items while preserving the cultural and conceptual richness of Filipino constructs such as kapwa, pakikiramdam, hiya, and utang na loob. These culturally nuanced values were not inherently quantitative constructs and required careful operationalization to ensure psychometric clarity without diluting cultural meaning. To address this challenge, the researcher engaged in iterative item refinement, expert review, and pilot testing. Feedback from professionals in Filipino psychology, queer mental health, and psychometric research guided the development process to strengthen conceptual precision while maintaining cultural fidelity. The integration of theoretical lenses and practitioner narratives helped ensure that item construction remained both culturally grounded and empirically viable.

Time. Time management also presented a methodological challenge due to the demands of the exploratory sequential design. The transition from qualitative analysis to quantitative instrument construction required extensive transcription, coding, thematic consolidation, expert consultation, and item revision. Scheduling interviews with licensed practitioners, many of whom had demanding professional responsibilities, occasionally required flexible arrangements. To manage these demands, the researcher implemented adaptive data collection strategies, including online interviews and flexible scheduling outside regular working hours. Data analysis commenced concurrently with qualitative data collection to streamline the transition between phases and minimize delays.

Participant Selection. Participant selection posed additional challenges due to the sensitivity of the research topic. Some practitioners may have been hesitant to discuss their views and practices related to LGBTQ+ issues within the Philippine sociocultural climate, where stigma and institutional constraints could influence professional expression. Achieving diversity in terms of regional representation and professional background also required deliberate recruitment efforts. To address these concerns, purposive and snowball sampling strategies were implemented through professional networks and mental health organizations. Ethical safeguards, including informed consent, strict confidentiality measures, anonymization procedures, and trauma-informed engagement, were consistently observed to foster a safe and respectful research environment. Although efforts were made to recruit a diverse sample, any demographic limitations were acknowledged and considered in the interpretation of findings.

Trustworthiness of the Study

This study adopted an exploratory sequential mixed-methods design to develop the Queer-Affirmative Approach Inventory Scale (QAAIS), beginning with qualitative exploration of the lived professional experiences of Filipino mental health practitioners who had worked with LGBTQ+ clients. The qualitative findings informed the generation of culturally grounded scale items, which subsequently underwent psychometric validation in the quantitative strand. To ensure methodological rigor, the qualitative phase systematically observed Lincoln and Guba's (1985) trustworthiness criteria—credibility, transferability,

dependability, and confirmability—while the quantitative phase incorporated established procedures for assessing validity and reliability (Creswell & Plano Clark, 2018; DeVellis, 2017).

Credibility. Credibility was strengthened through iterative member checking. After each in-depth interview, participants were provided with transcript copies and preliminary thematic summaries to review the accuracy of interpretations and clarify any ambiguities. Although focus group discussions were initially included in the research design, they were not conducted due to thematic saturation achieved during the interview phase. Triangulation was implemented across multiple data sources, including interview transcripts and field notes, and across theoretical lenses, namely Minority Stress Theory, the Affirmative Counseling Framework, Queer Theory, and Sikolohiyang Pilipino. Prolonged engagement with participants facilitated rapport-building and deepened contextual understanding of culturally embedded affirmative practices.

Transferability. Transferability was supported through the provision of thick, detailed descriptions of the research context and participants' sociocultural backgrounds, including professional roles, geographic regions, and institutional settings. Rich narrative excerpts illustrated how Filipino cultural values influenced queer-affirmative counseling practices. These contextual details enabled readers and future researchers to assess the applicability of findings within comparable sociocultural environments.

Dependability. Dependability was ensured through the maintenance of a comprehensive audit trail documenting recruitment procedures, consent processes, interview protocols, coding frameworks, analytic decisions, and instrument development steps. A methodological log recorded refinements made during item construction, expert validation, pilot testing, and psychometric analysis. This systematic documentation enhanced transparency and allowed the research process to be traced and evaluated.

Confirmability. Confirmability was reinforced through reflexive journaling, which enabled the researcher to bracket personal assumptions and monitor potential biases throughout data collection and analysis. Peer debriefing sessions with qualitative research experts and LGBTQ+ mental health practitioners provided critical examination of thematic interpretations and item development decisions. All raw transcripts, coded materials, analytic memos, and statistical outputs were securely stored in encrypted, password-protected files to preserve data integrity and allow for potential external audit.

Ethical Considerations

This dissertation, entitled The Queer-Affirmative Approach Inventory Scale (QAAIS): A Culturally Responsive Measure Using an Exploratory Sequential Design, adhered to rigorous ethical standards in psychological and psychometric research. The study was formally reviewed and approved by the University of the Immaculate Conception Research Ethics Committee (UIC-REC) to ensure compliance with institutional and national ethical guidelines concerning informed consent, confidentiality, voluntary participation, and participant welfare. The assigned protocol code was included in the manuscript as documentation of ethical clearance.

Participants in the study were certified mental health professionals whose professional insights were essential to the development of a culturally resonant queer-affirmative assessment tool. Their participation was entirely voluntary, and safeguards were implemented to protect their professional identities and ensure ethical handling of all data. Confidentiality measures included anonymization of transcripts and survey responses, secure storage of consent forms and datasets in encrypted, password-protected systems, and restricted access limited to the researcher and supervising faculty. No identifying information was disclosed in any reports, publications, or presentations derived from the study.

The research was conducted under the supervision and oversight of the dissertation adviser and panel members to ensure adherence to scholarly rigor and ethical integrity throughout all phases of the study. Institutional resources, including the University of the Immaculate Conception library and research support services, were utilized to access relevant literature, methodological references, and data management tools necessary for the responsible conduct of this exploratory sequential mixed-methods investigation. All procedures complied with applicable ethical standards and national regulations governing research involving human participants.

Chapter 3
Results

This chapter presents the results of the qualitative and quantitative phases of the study and the integration of these two strands. Consistent with the exploratory sequential mixed methods design, the qualitative results are presented first to describe the essential themes that emerged from in-depth interviews with mental health practitioners regarding queer-affirmative counseling practice. The quantitative results then present how the Queer-Affirmative Approach Inventory Scale (QAAIS) was constructed and evaluated based on the qualitative themes, including the identification of underlying dimensions and model fit of the final measurement structure. Finally, this chapter synthesizes how the quantitative results operationalize and generalize the qualitative findings.

Profile of the Participants

The profiles of the interview participants are presented in Table 3.1. Ten (10) informants participated in in-depth interviews (IDIs), consisting of five (5) Registered Psychologists and five (5) Registered Guidance Counselors who reported experience working with LGBTQ+ clients. To protect identities and maintain confidentiality, participant codes were used in place of names and identifiable institutional affiliations. Codes were structured as IDI-Profession-Number, where IDI denotes in-depth interview, RP denotes Registered Psychologist, RGC denotes Registered Guidance Counselor, and the number indicates participant sequence within profession group.

Focus group discussions (FGDs) were not conducted because the interview data already showed highly concentrated, overlapping themes. In early coding, responses were redundant across participants, indicating that additional FGDs were unlikely to produce new insights. Data collection therefore stopped at ten interviews when no further themes emerged (thematic saturation). This approach aligns with qualitative standards that data collection may end once saturation is reached.

All transcripts were anonymized prior to analysis and identifying details were removed or generalized; quotations in this chapter are attributed only to these coded identifiers.

Table 3.1
Demographic Profile of the Participants (N = 10)

In-Depth Interview				
Participant Code	**Profession**	**Years of Practice**	**Setting**	**Years of Experience Catering LGBTQ+ Clients**
IDI-RP-01	Registered Psychologist	4 Years	Region XI – Private Practice	3 Years

IDI-RP-02	Registered Psychologist	6 Years	Region XI – Private Practice	4 Years
IDI-RP-03	Registered Psychologist	2 Years	Region XI – Private Practice	2 Years
IDI-RP-04	Registered Psychologist	3 Years	Region XI – Private Practice	2 Years
IDI-RP-05	Registered Psychologist	3 Years	Region XI – Private Practice	2 Years
IDI-RGC-01	Registered Guidance Counselor	5 Years	Region XII – DepEd (Public)	5 Years
IDI-RGC-02	Registered Guidance Counselor	3 Years	Region XII – DepEd (Public)	3 Years
IDI-RGC-03	Registered Guidance Counselor	11 Years	Region XI – DepEd (Private)	3 Years
IDI-RGC-04	Registered Guidance Counselor	8 Years	Region XII – DepEd (Public)	4 Years
IDI-RGC-05	Registered Guidance Counselor	4 Years	Region XII – DepEd (Private)	2 Years

Descriptions of Participants on their Queer-Affirmative Counseling Practice

As presented in Table 3.2, five essential themes emerged from the in-depth interviews describing queer-affirmative counseling practice: Respectful Engagement; Affirming Communication; Safe and Empowering Spaces; Counselor Reflexivity and Growth; and Advocacy and Systemic Support. Significant statements were extracted from participant narratives and coded to illuminate each theme and its behavioral manifestations in professional practice.

Respectful Engagement. Respectful Engagement refers to the counselor's consistent enactment of respect toward queer clients' self-defined identities throughout the counseling relationship. It involves identity-honoring behaviors such as recognizing and using chosen names and pronouns, affirming clients' right to define their own identity, communicating unconditional positive regard, and refraining from imposing heteronormative or cisnormative gender-role expectations.

Analytically, Respectful Engagement emerged as the relational and ethical foundation of queer-affirmative practice. Participants consistently emphasized that other affirmative behaviors—such as inclusive language, safe-space creation, and advocacy—are only experienced as genuinely affirming when grounded in an authentic baseline stance of respect rather than conditional tolerance. In this sense, respect is not merely an attitude but an observable professional behavior demonstrated through consistent language use, nonjudgmental responses, and identity validation.

Because this theme was described through concrete and behaviorally specific practices (e.g., asking clients how they wish to be addressed, consciously avoiding assumptions, explicitly affirming identity), it generated clear, item-ready indicators for scale construction. These indicators were clustered into five core ideas: (1) identity honoring, (2) pronoun and chosen-name respect, (3) dignity and unconditional positive regard, (4) non-imposition of traditional gender roles, and (5) normalization of queer identity as valid human diversity. These are the responses and ideas of the participants during the IDI interviews

Table 3.3
Participants Description of their Practice on Queer-Affirmative Approach

Essential Themes	Core Ideas
Respectful Engagement	I respect the chosen identity of my queer clients at all times. I honor my clients' preferred pronouns in every session. I treat LGBTQ+ clients with the same dignity as non-LGBTQ+ clients. I affirm queer clients' right to define who they are. I refrain from imposing traditional gender roles when working with clients.
Affirming Communication	I ask clients how they want to be addressed before beginning sessions. I use inclusive terms such as "partner" instead of assuming gendered relationships. I avoid making assumptions about sexual orientation based on appearance. I clarify meanings with clients to ensure I fully understand concerns.
Safe & Empowering Spaces	I ensure my counseling space is safe and welcoming for queer clients. I remind clients that what they share remains confidential. I create an atmosphere where clients can express themselves without fear. I encourage clients to embrace their identity with pride.
Counselor Reflexivity & Growth	I reflect on my personal values to avoid imposing them on queer clients. I recognize when my biases may affect my practice and address them. I seek training and education on LGBTQ+ mental health concerns. I remain open to client feedback about how affirming my approach is.
Advocacy & Systemic Support	I advocate for inclusivity within my institution or organization. I educate others about the importance of affirming LGBTQ+ identities. I speak up against discriminatory practices toward queer individuals. I recognize systemic barriers affecting queer clients' wellbeing. I support community initiatives promoting LGBTQ+ rights and well-being.

> Since *nag start man gud ko* as from the moment na *pagsulod nila kay* human *na sila daan*. *Sa akoa kay dili jud ko mamili ug client kung unsa ang ilahang* concern, regardless *saiyang* concern, *kung tao siya nga nisulod, tao pod siya nga dawaton*. (IDI-RP-03)

> From the moment they enter my clinic, they are already complete as they are. I do not choose clients based on their concerns. Regardless of who they are, if a person enters my clinic, they are human first, and they will be accepted as such.

> I really ask my client first if how do you want to be called *po*? So if *mo ingon sila na pwede* sir or ma'am then *kato pod akong i*-address *sailaha*. *Sa kana nga* small thing *kay makita nimo nga nalipay sila kay makaingon jud sila kung unsay gusto nila itawag nimo*. (IDI-RGC-05)

> I really ask my client first how they want to be called. If they say they prefer sir or ma'am, then that is what I use. In that small act, you can see how happy they are because they are able to say how they want to be addressed.

> You are the counselor and you are not the one being counseled. This is not your issue, therefore do not make it as your issue. The client came for your help, not to be judged, not to be contradicted to your values. (IDI-RP-01)

Affirming Communication. Affirming Communication refers to intentional communicative practices that validate queer identities and actively reduce heteronormative and cisnormative assumptions within counseling interactions. It involves asking clients how they wish to be addressed, consistently using inclusive terms such as "partner," avoiding stereotype-reinforcing remarks, clarifying meanings to ensure accurate understanding, and demonstrating non-verbal behaviors that convey acceptance and respect.

Analytically, Affirming Communication functions as the interactional mechanism through which queer-affirmative practice becomes observable in-session. Participants emphasized that clients often interpret affirmation not through abstract values, but through micro-level communicative acts—such as language choices, tone, responsiveness, clarification strategies, and the absence of assumptions. Thus, affirmation is enacted and perceived through moment-to-moment interactional cues.

Because communication behaviors are concrete and behaviorally specific, this theme directly supported item generation for the scale. The identified indicators were organized into five core ideas: (1) address and pronoun check-ins, (2) inclusive and non-assumptive language, (3) clarification and reflective listening, (4) non-verbal affirmation cues, and (5) avoidance of stereotyping or stigmatizing humor. These are the responses and ideas of the participants during the IDI interviews

> Instead *na magingon ka ug* girlfriend or boyfriend, *ako* term is partner *aron* inclusive. *Pero* I'm not saying *na dili pod ta maging* sensitive *sa* non-LGBT clients, *naa lang mga* aspects *na kailangan nato maging* sensitive much more *sailaha.* (IDI-RGC-03)

> Instead of saying girlfriend or boyfriend, I use the term 'partner' to be inclusive. It's not that we are not sensitive to others, but there are aspects where we need to be more sensitive with them.
>
> It is never ever good to assume… I always ask questions like 'How should I call you?' Because of the labeling… I have to make sure that their comfort is my primary concern. (IDI-RGC-01)
>
> When I say queer affirmative, different *siya kasi naay* lens of discrimination… *so dira motan-aw ko sa kana na lens* and basically *sa akong* experience, common *jud siya*. (IDI-RP-02)
>
> When I say queer affirmative, it is different because there is a lens of discrimination. So I intentionally look at the client's situation through that lens, and based on my experience, discrimination is very common.

Safe & Empowering Spaces. Safe and Empowering Spaces refers to the counselor's intentional creation of physical, relational, and procedural conditions that protect queer clients from judgment, unwanted disclosure, and discrimination while simultaneously strengthening client agency and psychological safety. This includes explicitly framing confidentiality, engaging in deliberate trust-building practices, providing welcoming environmental cues, and responding constructively to discrimination-related narratives shared by clients.

Analytically, this theme conceptualizes queer-affirmative practice as an environmental and relational experience rather than merely an internal counselor disposition. Safety is co-constructed through consistent counselor behaviors that reduce identity threat and increase clients' willingness to disclose, explore, and engage over time. Participants emphasized that psychological safety develops gradually through predictable, nonjudgmental, and transparent therapeutic processes.

The inclusion of empowerment further distinguishes queer-affirmative practice from minimal tolerance or passive inclusivity. Beyond protecting clients from harm, affirmative practice actively supports pride, self-worth, and identity-based agency. This theme generated behaviorally specific indicators that were organized into five core ideas: (1) confidentiality assurance and boundary framing, (2) explicit welcoming and psychological safety cues, (3) trust-building through empathy and openness, (4) constructive processing of discrimination narratives, and (5) empowerment language that celebrates identity beyond mere acceptance. These are the responses and ideas of the participants during the IDI interviews

> I think *kani na* approach *ang maghatag sailaha ug* safe *na* space or community perhaps, *na mahatagan sila ug* value… *nga kabalo sila dili sila i*-judge *miski unsa ang ilang* identity. (IDI-RGC-02)
>
> I think this approach gives them a safe space or community where they are valued… and they know they will not be judged regardless of their identity.
>
> *Pag naa silay iingon nga* confidential, I would remind them that anything said in the session will stay here and *sa amo lang to*. (IDI-RP-04)

> Whenever they share something confidential, I remind them that anything said in the session will remain here and will stay between us.
>
> Before you make other people accept you for who you are, you need to accept *kung unsa jud ka*… this is not something that you should be ashamed of. (IDI-RGC-04)
>
> Before you ask other people to accept you for who you are, you first need to accept yourself. This is not something that you should be ashamed of.

Counselor Reflexivity & Growth. Counselor Reflexivity and Growth refers to the practitioner's ongoing self-examination, bias awareness, ethical boundary management, and professional development required to sustain queer-affirmative practice. It includes deliberate reflection on personal values to prevent their imposition on queer clients, active monitoring of implicit and explicit biases, engagement in continuing education related to LGBTQ+ mental health, and openness to client feedback regarding whether counseling practices are experienced as affirming.

Analytically, reflexivity functions as a maintenance mechanism that sustains affirmative competence over time. Unlike Respectful Engagement, which describes observable relational behaviors toward clients, this theme captures the internal regulatory processes that support those behaviors. Participants emphasized that affirmative practice requires continuous examination of one's assumptions, worldview, and social positioning, particularly within cultural, religious, and institutional contexts that may shape professional responses.

This theme also generated behaviorally specific and measurable indicators appropriate for scale development. These indicators were organized into five core ideas: (1) values and bias reflection, (2) separation of personal beliefs from professional practice, (3) commitment to continued learning and training, (4) openness to client feedback, and (5) professional growth through sustained exposure to LGBTQ+ clients and communities. These are the responses and ideas of the participants during the IDI interviews

> I have to disregard my personal views and beliefs toward them because I am a conservative person… But when I started practicing my profession I have learned more of how I should treat them. (IDI-RGC-01)
>
> I really have to study more… research more *kung paano ko sila i*-handle… they are special people, so I have to read more books para *maka-mao ko unsaon sila pag handle.* (IDI-RGC-05)
>
> I really have to study more and research more on how to handle them. They are special people, so I need to read more books so I can better understand how to work with them.
>
> *Kung naa kay* knowledge *dali na i*-affirm, *kung wala kay* knowledge *lisod siya i*-affirm, *lisod siya sabton*. (IDI-RP-03)

If you have knowledge, it is easier to affirm; without knowledge, it is difficult.

Advocacy & Systemic Support. Advocacy and Systemic Support refers to queer-affirmative practices that extend beyond the individual counseling session to address the institutional, cultural, and social conditions affecting queer clients' well-being. It includes advocating for inclusive policies within organizations, educating colleagues and stakeholders about affirming LGBTQ+ identities, speaking against discriminatory practices, recognizing systemic barriers that contribute to client distress, and supporting community initiatives that promote equity and inclusion.

Analytically, this theme positions queer-affirmative competence as socially responsive rather than confined to dyadic counseling behaviors. While other themes focus on relational, communicative, and environmental processes within sessions, Advocacy and Systemic Support captures the macro-level dimension of practice. Participants recognized that client distress is often shaped by structural stigma, institutional exclusion, and cultural norms; therefore, affirmative competence requires systems-aware engagement and advocacy-oriented action.

Because these practices involve observable professional behaviors, this domain can be operationalized into measurable scale items. The indicators were organized into five core ideas: (1) institutional advocacy, (2) education and allyship, (3) anti-discrimination stance-taking, (4) systemic barrier recognition, and (5) community support and resource linkage. These are the responses and ideas of the participants during the IDI interviews

> *Gistorya nako ang* adviser, collaboration communication with principal, *unsaon pag siya pag* defend… *ang* end *ato kay wala siya nagpagupit pero ang* arrangement *kay kinahanglan* neat *gihapon.* (IDI-RGC-02)
>
> I talked to the adviser and collaborated with the principal on how to defend the student… in the end, the student did not have to cut their hair.
>
> *Maski pa ug mo ingon ang* church *na* non-discriminatory, still *makafeel gihapon sila ug* discrimination… *naa gihapon nay* effect *sailaha.* (IDI-RP-02)
>
> Even if the church says it is non-discriminatory, they can still feel discrimination… and it still affects them.
>
> It's not just therapy, it's advocacy *din* in a way… I create a safe, affirming online space and at the same time *laban sa* systemic issues. (IDI-RP-04)
>
> It's not just therapy; it's also advocacy in a way. I create a safe and affirming online space while also standing against systemic issues.

Underlying Dimensions of Development and Validation of Queer-Affirmative Approach Inventory Scale

During the qualitative phase of the study, ten (10) in-depth interviews were conducted with five (5) Registered Psychologists and five (5) Registered Guidance Counselors who had professional experience

working with LGBTQ+ clients. Data saturation was achieved at the tenth participant, as recurring patterns and consistent thematic responses were observed, eliminating the need for further focus group discussions.

Table 3.3

Checklist for Assessing the Development and Validation of the Queer-Affirmative Approach Inventory Scale (QAAIS)

	5	4	3	2	1
1. I respect the chosen identity of my queer clients at all times.					
2. I honor my clients' preferred pronouns in every session.					
3. I treat LGBTQ+ clients with the same dignity as non-LGBTQ+ clients.					
4. I affirm queer clients' right to define who they are.					
5. I acknowledge that every client deserves unconditional positive regard regardless of gender identity.					
6. I refrain from imposing traditional gender role when working with clients.					
7. I consider queer identity as a valid and natural expression of being human.					
8. I ask clients how they want to be addressed before beginning sessions.					
9. I use inclusive terms such as 'partner' instead of assuming gendered relationships.					
10. I avoid making assumptions about a client's sexual orientation based on appearance.					
11. I use non-verbal cues (eye contact, nodding, open posture) to show respect and affirmation.					
12. I intentionally use language that affirms rather than stigmatizes queer identities.					
13. I clarify meanings with clients to ensure I fully understand their concerns.					
14. I avoid jokes or comments that could reinforce stereotypes about LGBTQ+ people.					
15. I ensure that my office or counseling space is safe and welcoming for queer clients.					
16. I remind clients that what they share in sessions remains confidential.					
17. I create an atmosphere where clients feel free to express themselves without fear.					

18. I make queer clients feel celebrated, not just accepted.					
19. I establish trust by consistently showing empathy and openness.					
20. I intentionally challenge bullying, harassment, or discrimination when it arises.					
21. I provide an environment where queer clients feel motivated to return for future sessions.					
22. I reflect on my personal values to avoid imposing them on queer clients.					
23. I acknowledge when I need to learn more about LGBTQ+ issues to better serve my clients.					
24. I separate my personal beliefs from my professional practice when working with queer clients.					
25. I actively seek training and education on LGBTQ+ mental health concerns.					
26. I recognize when my biases may affect my practice and work to address them.					
27. I remain open to feedback from clients about how affirming my approach is.					
28. I have grown more inclusive in my counseling through exposure to LGBTQ+ clients.					
29. I advocate for inclusivity within my institution or organization.					
30. I educate others about the importance of affirming LGBTQ+ identities.					
31. I speak up against discriminatory practices toward queer individuals.					
32. I recognize the systemic barriers that affect queer clients' well-being.					
33. I encourage clients to embrace their identity with pride.					
34. I integrate respect for diversity into my counseling practice.					
35. I support community initiatives that promote LGBTQ+ rights and well-being.					

Based on the thematic analysis of these interviews, a thirty-five (35) item checklist was developed reflecting the core domains of queer-affirmative counseling practice within the Filipino cultural context. The items were grounded in the themes of Respectful Engagement, Affirming Communication, Safe and Empowering Spaces, Counselor Reflexivity and Growth, and Advocacy and Systemic Support.

The developed Queer-Affirmative Approach Inventory Scale (QAAIS) was administered to one hundred fifty-six (156) licensed mental health practitioners composed of Registered Psychologists and Registered Guidance Counselors across selected regions in the Philippines. In the quantitative phase of the study, respondents were asked to rate their level of agreement with each of the thirty-five (35) statements based on their actual counseling practices when working with LGBTQ+ clients. A Five-Point Likert scale was utilized, with 5 representing Strongly Agree, 4 Agree, 3 Neutral, 2 Disagree, and 1 Strongly Disagree. Prior to survey administration, the researcher provided a brief orientation explaining the purpose of the study, the meaning of queer-affirmative counseling practice, and the ethical safeguards ensuring confidentiality and voluntary participation. Respondents were instructed to answer honestly based on their professional behaviors and experiences. The completed surveys were then encoded and prepared for statistical analysis.

Shown in Table 3.4 is the result of the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity. The results of the exploratory factor analysis provide a robust statistical basis for identifying the underlying dimensions of queer-affirmative counseling practice. The KMO value of .960 is considered marvelous according to established statistical standards, indicating that the dataset is highly suitable for factor analysis.

Table 3.4
KMO and Bartlett's Test

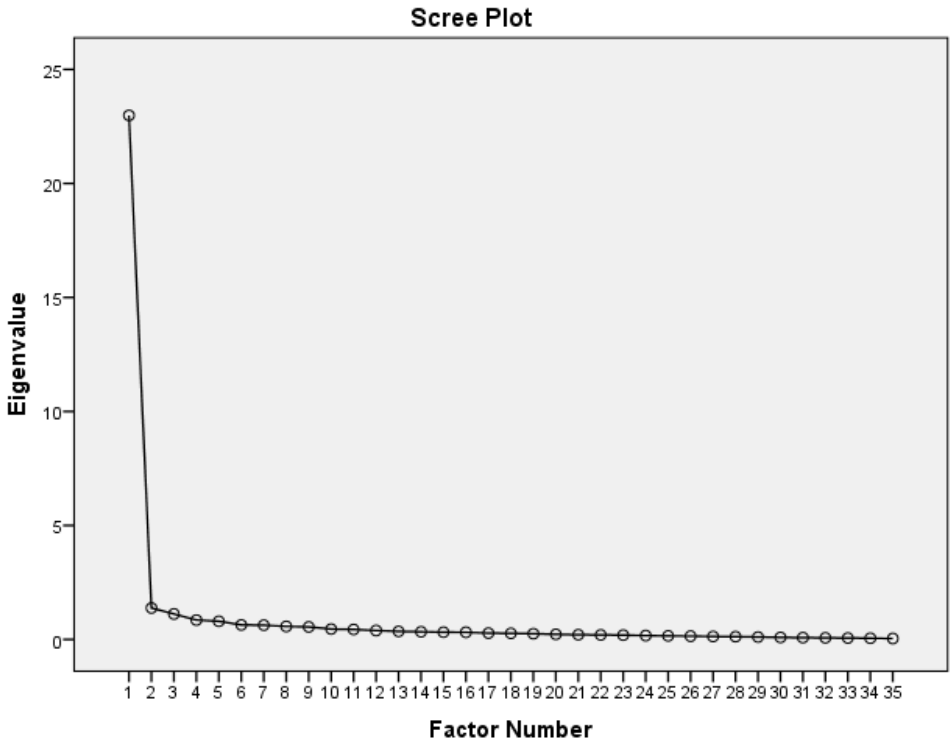
	KMO	**Approx. Chi-square**	**df**	**Sig**	**Interpretation**
KMO Measure of Sampling Adequacy	0.960				Excellent
Barlett's test of Sphericity		6157.126	595	.000	Significant

This high value suggests that the correlations among items are sufficiently compact to produce reliable factors. Furthermore, Bartlett's Test of Sphericity was statistically significant, $\chi^2(595) = 6157.126$, $p < .001$, indicating that the correlation matrix is not an identity matrix and that the variables are sufficiently correlated to proceed with factor extraction. These results confirm the appropriateness of conducting Exploratory Factor Analysis and suggest that meaningful latent dimensions can be extracted from the dataset.

Presented in Figure 4 is the scree plot derived from the Exploratory Factor Analysis (EFA). The scree plot visually displays the eigenvalues corresponding to each extracted factor and assists in determining the optimal number of factors to retain. The graph demonstrates a steep decline from the first factor to the second and third factors, followed by a clear leveling-off pattern beginning after the third component. The first factor yielded the highest eigenvalue (22.984), accounting for 65.669% of the total variance. The second and third factors produced eigenvalues

Figure 4

Scree Plot



of 1.381 and 1.120, respectively. After the third factor, the eigenvalues fell below the threshold of 1.00 and exhibited minimal contribution to explained variance, indicating that additional factors would contribute only negligible explanatory power. The scree plot therefore supports a three-factor solution, suggesting that the underlying structure of queer-affirmative counseling practice is best represented by three latent dimensions.

Further examination of the Total Variance Explained table 3.5 reveals that the three retained factors collectively account for 72.813% of the total variance prior to rotation and 70.217% after extraction and rotation. This high percentage of explained variance indicates that the three-factor model adequately captures the shared variance among the thirty-five (35) items of the Queer-Affirmative Approach Inventory Scale (QAAIS). In psychological and behavioral research, a cumulative variance exceeding 60% is generally considered strong, thereby supporting the robustness of the factor structure identified in this study.

Table 3.5

Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings[a]
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	22.984	65.669	65.669	22.708	64.879	64.879	20.635

2	1.381	3.945	69.614	1.074	3.070	67.949	19.470
3	1.120	3.199	72.813	.794	2.268	70.217	16.812
4	.853	2.437	75.250				
5	.798	2.280	77.530				
6	.637	1.821	79.352				
7	.629	1.796	81.147				
8	.573	1.638	82.785				
9	.550	1.571	84.356				
10	.459	1.312	85.668				
11	.438	1.252	86.921				
12	.393	1.123	88.044				
13	.355	1.013	89.057				
14	.336	.960	90.017				
15	.318	.908	90.925				
16	.317	.905	91.829				
17	.278	.795	92.625				
18	.268	.764	93.389				
19	.253	.724	94.113				
20	.225	.644	94.757				
21	.209	.596	95.353				
22	.198	.567	95.920				
23	.192	.548	96.469				
24	.171	.488	96.957				
25	.156	.446	97.402				
26	.145	.415	97.817				
27	.131	.373	98.191				
28	.122	.348	98.539				
29	.108	.310	98.849				
30	.092	.264	99.112				
31	.079	.226	99.338				
32	.072	.205	99.544				
33	.065	.185	99.728				
34	.054	.153	99.882				
35	.041	.118	100.000				

Extraction Method: Principal Axis Factoring.

a. When factors are correlated, sums of squared loadings cannot be added to obtain a total variance.

Presented in Table 3.6 is the Rotated Pattern Matrix following Principal Axis Factoring with Promax rotation and Kaiser Normalization. The use of Promax rotation was deemed appropriate because the dimensions of queer-affirmative practice were theoretically expected to be interrelated. The rotation converged in nine iterations indicating stable factor estimation. The acceptable threshold for factor loadings in this study was set at .40 and above, consistent with the recommendations of Hair et al. (2019).

Items exceeding this threshold were considered to have meaningful relationships with their respective factors and to contribute substantially to construct interpretation.

Table 3.6

Rotated Factor Matrix

Item Number	Factor		
	1	2	3
Item 1	.501	.551	
Item 2		.927	
Item 3	.485	.522	
Item 4		.651	
Item 5	.643		
Item 6		.452	
Item 7		.623	
Item 8		.742	
Item 9		.514	
Item 10	.414		
Item 11	.774		
Item 12		.502	
Item 13	.713		
Item 14		.625	
Item 15	.784		
Item 16	.856		
Item 17	.733		
Item 18		.610	
Item 19	.562		
Item 20	.433		
Item 21	.759		
Item 22	.716		
Item 23	.753		
Item 24	.481		
Item 25			.770
Item 26			
Item 27	.623		
Item 28			.533
Item 29			.561
Item 30			.797
Item 31			.681
Item 32	.520		
Item 33		.534	
Item 34	.522		
Item 35			.625

Extraction Method: Principal Axis Factoring. Rotation Method: Promax with Kaiser Normalization.
a. Rotation converged in 9 iterations.

Factor 1 demonstrated the highest concentration of strongly loaded items, with loadings ranging from .414 to .856. These items reflect observable counseling behaviors that affirm client identity, validate minority stress experiences, ensure inclusive communication, and establish psychological safety. Given both the number of items and the strength of their loadings, Factor 1 was interpreted as Relational Affirmative Engagement, representing the core interpersonal dimension of queer-affirmative counseling practice.

Factor 2 exhibited substantial loadings ranging from .452 to .927. Items loading on this factor capture internal professional processes such as self-reflection, bias monitoring, ethical separation of personal beliefs, and continued professional learning related to LGBTQ+ concerns. This dimension reflects the counselor's reflexive stance and ethical responsibility in sustaining affirmative practice. Accordingly, Factor 2 was interpreted as Reflexive and Ethical Practice.

Factor 3 demonstrated meaningful loadings ranging from .533 to .797. The items under this factor emphasize advocacy behaviors, systemic awareness, anti-discrimination actions, and professional engagement beyond the counseling session. These behaviors indicate responsiveness to structural barriers affecting LGBTQ+ clients and active participation in inclusive institutional practices. Therefore, Factor 3 was interpreted as Advocacy and Systems Responsiveness.

Presented in Table 3.7 is the 35-item measurement scale for the Queer-Affirmative Approach Inventory Scale (QAAIS). The distribution of these items is based on the three empirically derived dimensions: Relational Affirmative Engagement, Reflexive and Ethical Practice, and Advocacy and Systems Responsiveness. Each item within these domains was constructed to capture specific facets of queer-affirmative counseling practice grounded in the lived experiences of Filipino mental health practitioners and supported by theoretical frameworks including Minority Stress Theory, the Affirmative Counseling Framework, Queer Theory, and Sikolohiyang Pilipino.

Table 3.7

35-item Measurement Scale for Queer-Affirmative Approach Inventory

Factor 1: Relational Affirmative Engagement	
1. I acknowledge that every client deserves unconditional positive regard regardless of gender identity.	.643
2. I avoid making assumptions about a client's sexual orientation based on appearance.	.414
3. I use non-verbal cues (eye contact, nodding, open posture) to show respect and affirmation.	.774
4. I clarify meanings with clients to ensure I fully understand their concerns.	.713
5. I ensure that my office or counseling space is safe and welcoming for queer clients.	.784
6. I remind clients that what they share in sessions remains confidential.	.856

7. I create an atmosphere where clients feel free to express themselves without fear.	.733
8. I establish trust by consistently showing empathy and openness.	.562
9. I intentionally challenge bullying, harassment, or discrimination when it arises.	.433
10. I provide an environment where queer clients feel motivated to return for future sessions.	.759
11. I reflect on my personal values to avoid imposing them on queer clients.	.716
12. I acknowledge when I need to learn more about LGBTQ+ issues to better serve my clients.	.753
13. I separate my personal beliefs from my professional practice when working with queer clients.	.481
14. I remain open to feedback from clients about how affirming my approach is.	.623
15. I recognize the systemic barriers that affect queer clients' well-being.	.520
16. I integrate respect for diversity into my counseling practice.	.522
Factor 2: Reflexive and Ethical Practice	
1. I respect the chosen identity of my queer clients at all times.	.551
2. I honor my clients' preferred pronouns in every session.	.927
3. I treat LGBTQ+ clients with the same dignity as non-LGBTQ+ clients.	.522
4. I affirm queer clients' right to define who they are.	.651
5. I refrain from imposing traditional gender roles when working with clients.	.452
6. I consider queer identity as a valid and natural expression of being human.	.623
7. I ask clients how they want to be addressed before beginning sessions.	.742
8. I use inclusive terms such as 'partner' instead of assuming gendered relationships.	.514
9. I intentionally use language that affirms rather than stigmatizes queer identities.	.502
10. I avoid jokes or comments that could reinforce stereotypes about LGBTQ+ people.	.625
11. I make queer clients feel celebrated, not just accepted.	.610
12. I encourage clients to embrace their identity with pride.	.534
13. I recognize when my biases may affect my practice and work to address them.	.539
Factor 3: Advocacy and Systems Responsiveness	
1. I actively seek training and education on LGBTQ+ mental health concerns.	.770
2. I have grown more inclusive in my counseling through exposure to LGBTQ+ clients.	.533
3. I advocate for inclusivity within my institution or organization.	.561

4. I educate others about the importance of affirming LGBTQ+ identities.	.797
5. I speak up against discriminatory practices toward queer individuals.	.681
6. I support community initiatives that promote LGBTQ+ rights and well-being.	.625

The table 3.8 shows Factor Correlation Matrix further supports the appropriateness of oblique rotation. The correlations among the three factors ranged from .712 to .807 indicating moderately strong relationships among the dimensions while maintaining conceptual distinctiveness. These correlations suggest that relational engagement,

Table 3.8
Factor Correlation Matrix

Factor	1	2	3
1	1.000	.807	.728
2	.807	1.000	.712
3	.728	.712	1.000
Extraction Method: Principal Axis Factoring. Rotation Method: Promax with Kaiser Normalization.			

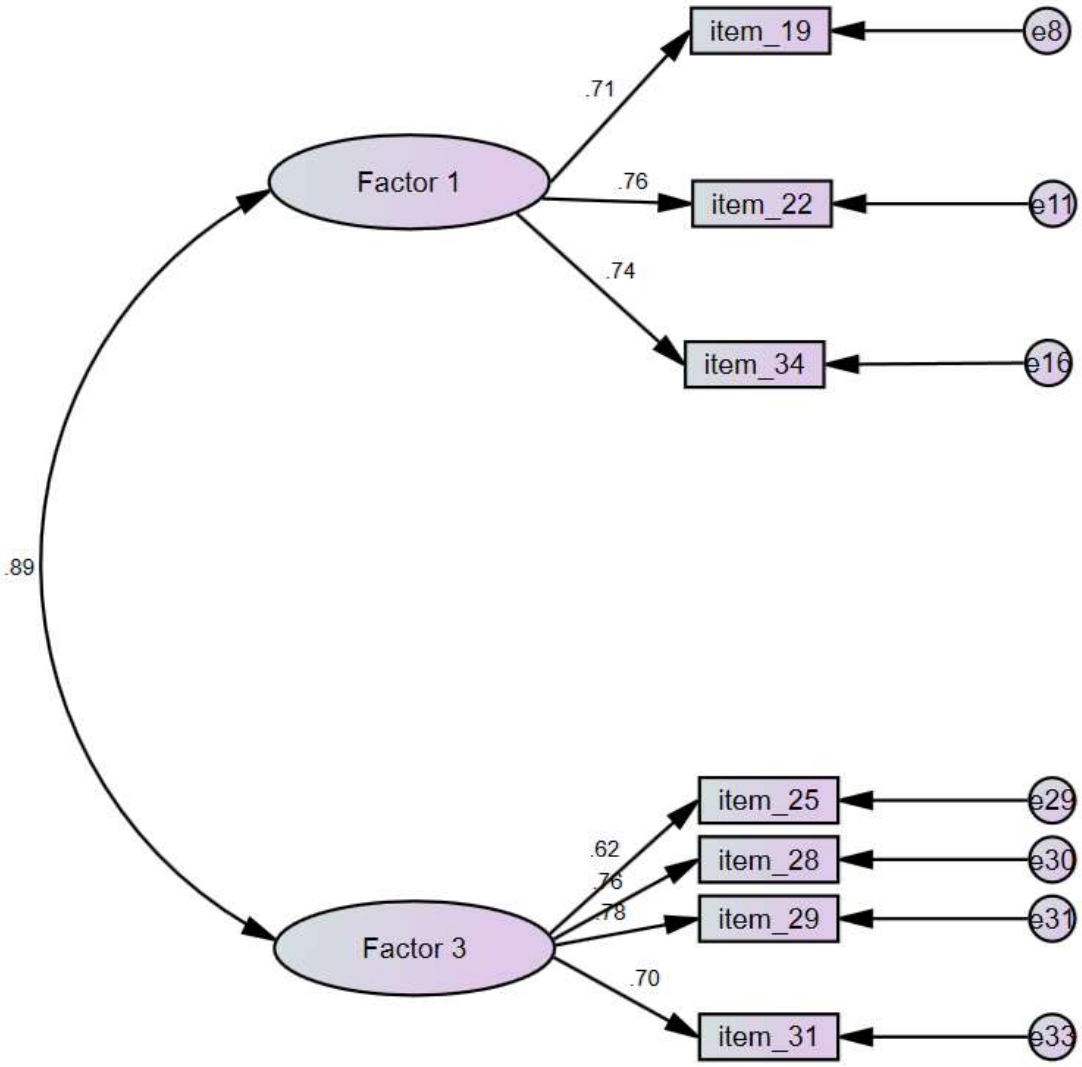
reflexive practice, and systemic advocacy operate as interconnected components of queer-affirmative competence rather than isolated constructs. The presence of moderate correlations confirms that while each factor represents a unique domain, they collectively form a coherent multidimensional framework.
Overall, the scree plot, variance explained, rotated factor matrix, and factor correlation matrix collectively confirm the structural validity of the three-factor model. The clear clustering of items, strong loadings above the .40 threshold, and theoretically coherent interpretation demonstrate that the QAAIS captures multiple yet interrelated dimensions of queer-affirmative counseling practice within the Filipino context. These findings provide empirical support for the multidimensional structure of the developed instrument and establish a strong foundation for subsequent confirmatory factor analysis. Further structural validation through CFA or higher-order modeling could enhance the theoretical understanding of these relationships.

Factor Structure of the Inventory Scale on Mental Health Practitioners' Queer-Affirmative Approach

To further establish the structural validity of the Queer-Affirmative Approach Inventory Scale (QAAIS), the researcher employed Confirmatory Factor Analysis (CFA) to determine whether the items fit their corresponding latent constructs and whether the hypothesized model adequately represents the observed data. The CFA phase involved 107 licensed mental health practitioners (Registered Psychologists and Registered Guidance Counselors) who responded to the QAAIS using a five-point Likert scale ranging from 5 (Strongly Agree) to 1 (Strongly Disagree). The hypothesized measurement model was based on the three-factor structure identified in the exploratory phase, consisting of Relational Affirmative Engagement, Reflexive and Ethical Practice, and Advocacy and Systems Responsiveness, conceptualized as correlated dimensions of queer-affirmative counseling competence.
Figure 5 presents the factorial structure of the QAAIS. In the CFA model, each observed variable (item) is specified to load on its theoretically corresponding latent construct, while error terms (e1, e2, e3, etc.)

represent measurement error associated with each indicator. Factor loadings reflect the strength of association between the observed items and the latent dimensions. Results show that standardized regression weights were statistically significant ($p < .001$) across retained indicators, providing evidence that the observed items meaningfully represent their respective constructs. In particular, the standardized loadings for Relational Affirmative Engagement ranged from .707 to .757, while those for Advocacy and Systems Responsiveness ranged from .624 to .778. These loading magnitudes exceed commonly accepted thresholds for practical significance (e.g., ≥ .50) and indicate adequate indicator strength. The presence of consistently moderate-to-strong loadings suggests that the items demonstrate satisfactory construct representation and contribute substantively to the measurement of queer-affirmative practice. Moreover, the absence of weak or non-significant loadings suggests that the factor structure derived from the exploratory phase remains stable when tested under confirmatory conditions.

Figure 5.
CFA Model of Queer-Affirmative Approach Inventory Scale



Also reflected in the model are the relationships among the latent variables. The CFA results indicate strong associations between the constructs, consistent with the conceptual expectation that queer-

affirmative practice is multidimensional yet integrated. In particular, the correlation between Relational Affirmative Engagement and Advocacy and Systems Responsiveness was .894, indicating a strong positive relationship. This implies that practitioners who strongly enact affirming relational behaviors (e.g., identity validation, inclusive communication, psychological safety building) are also likely to engage in advocacy-oriented and systems-responsive practices that extend beyond the counseling dyad. Such inter-factor relationships support an integrative conceptualization of queer-affirmative competence, wherein relational affirmation and systemic responsiveness function as mutually reinforcing domains rather than isolated professional behaviors.

Shown in Table 3.9 are the goodness-of-fit indices of the three-factor measurement model of the Queer-Affirmative Approach Inventory Scale.

Table 3.9

Goodness-of-Fit Indices of the Three-Factor QAAIS Model

Indices	Threshold	Estimate	Interpretation
CMIN/DF	< 3.00	2.030	Acceptable Fit
CFI	≥ .90	.955	Excellent Fit
TLI	≥ .90	.928	Good Fit
NFI	≥ .90	.918	Good Fit
IFI	≥ .90	.957	Excellent Fit
GFI	≥ .90	.937	Good Fit
RMSEA	≤ .80	.099	Marginal Fit
PCLOSE	> .05	0.72	Acceptable Fit

Legend:
CMIN/DF – Conformity to Masculine Norms Inventory/Degree of Freedom
CFI – Comparative Fit Index
TLI – Tucker-Lewis Index
NFI – Normed Fit Index
IFI – Incremental Fit Index
GFI – Goodness-of-Fit Index

The Chi-square to Degrees of Freedom ratio (CMIN/DF) was 2.030, which is below the recommended threshold of 3.00, indicating acceptable model parsimony. The Comparative Fit Index (CFI = .955) and Incremental Fit Index (IFI = .957) exceed the .95 criterion, suggesting excellent comparative fit. The Tucker–Lewis Index (TLI = .928), Normed Fit Index (NFI = .918), and Goodness-of-Fit Index (GFI = .937) all exceed the .90 benchmark, indicating good model adequacy.

The Root Mean Square Error of Approximation (RMSEA) was .099, slightly above the conventional .08 cutoff; however, the PCLOSE value of .072 suggests reasonable approximation of fit. Taken together, these indices indicate that the three-factor model demonstrates acceptable structural validity and provides a satisfactory representation of the observed data.

Presented in Table 3.10 is the reliability test of the developed Queer-Affirmative Approach Inventory Scale (QAAIS). The reliability analysis includes Cronbach's alpha coefficients computed for each of the three extracted factors as well as for the overall 35-item instrument. Cronbach's alpha was used to assess

the internal consistency of the scale, indicating the extent to which the items within each dimension measure a cohesive construct. Higher alpha values suggest stronger internal consistency and reliability.

Table 3.10

Reliability Test of the Developed Scale on Queer-Affirmative Approach Inventory Scale

Factors	**Items**	**Cronbach's Alpha**	**Interpretation**
Relation Affirmative Engagement	16	.971	Excellent
Reflexive and Ethical Practice	12	.943	Excellent
Advocacy and Systems Responsiveness	6	.922	Excellent
Overall Scale	35	.982	Excellent

The first factor, Relational Affirmative Engagement, obtained a Cronbach's alpha value of 0.971 across 16 items. This value indicates excellent reliability and suggests that the items within this dimension are highly consistent in measuring relational behaviors that reflect affirmation, empathy, psychological safety, and ethical engagement with queer clients. The high coefficient further implies strong interrelatedness among the items, demonstrating that they function cohesively in capturing affirming relational practice.

The second factor, Reflexive and Ethical Practice, yielded a Cronbach's alpha coefficient of 0.943 across 12 items. This value also falls within the excellent reliability range, indicating that the items consistently measure practitioners' self-awareness, bias monitoring, ethical boundary management, and commitment to professional growth. The strong internal consistency suggests that this set of items reliably captures the reflexive processes essential to sustaining queer-affirmative counseling practice.

The third factor, Advocacy and Systems Responsiveness, produced a Cronbach's alpha value of 0.922 across 6 items. Despite having fewer items compared to the other dimensions, the alpha coefficient remains in the excellent range. This indicates that the advocacy-related items are strongly interrelated and effectively measure counselors' engagement in systemic awareness, institutional advocacy, and community-level responsiveness to LGBTQ+ concerns.

Overall, the 35-item QAAIS demonstrated an alpha coefficient of 0.982, reflecting extremely high internal consistency. This result suggests that the instrument as a whole functions as a cohesive and stable multidimensional measure of queer-affirmative counseling competence. The obtained reliability coefficients exceed the commonly accepted threshold of 0.70 for acceptable reliability and surpass the 0.90 benchmark for excellent internal consistency.

Taken together, the findings indicate that all dimensions of the QAAIS demonstrate strong to excellent reliability and may be used with confidence for research, assessment, and professional development purposes. While the very high overall alpha suggests substantial coherence among items, future studies may further examine potential item redundancy to enhance parsimony without compromising reliability.

Measurement Tool Suitable for Assessing the Inventory Scale on the Practice of Queer-Affirmative Approach

As shown in Table 3.11, the culmination of this investigation is a carefully refined 35-item instrument designed to measure the queer-affirmative practice of Filipino mental health professionals. The scale is

Table 3.11

Measurement Scale for Queer-Affirmative Approach Inventory Scale

Factor 1: Relational Affirmative Engagement	
1. I acknowledge that every client deserves unconditional positive regard regardless of gender identity.	
2. I avoid making assumptions about a client's sexual orientation based on appearance.	
3. I use non-verbal cues (eye contact, nodding, open posture) to show respect and affirmation.	
4. I clarify meanings with clients to ensure I fully understand their concerns.	
5. I ensure that my office or counseling space is safe and welcoming for queer clients.	
6. I remind clients that what they share in sessions remains confidential.	
7. I create an atmosphere where clients feel free to express themselves without fear.	
8. I establish trust by consistently showing empathy and openness.	
9. I intentionally challenge bullying, harassment, or discrimination when it arises.	
10. I provide an environment where queer clients feel motivated to return for future sessions.	
11. I reflect on my personal values to avoid imposing them on queer clients.	
12. I acknowledge when I need to learn more about LGBTQ+ issues to better serve my clients.	
13. I separate my personal beliefs from my professional practice when working with queer clients.	
14. I remain open to feedback from clients about how affirming my approach is.	
15. I recognize the systemic barriers that affect queer clients' well-being.	
16. I integrate respect for diversity into my counseling practice.	
Factor 2: Reflexive and Ethical Practice	
1. I respect the chosen identity of my queer clients at all times.	
2. I honor my clients' preferred pronouns in every session.	
3. I treat LGBTQ+ clients with the same dignity as non-LGBTQ+ clients.	
4. I affirm queer clients' right to define who they are.	
5. I refrain from imposing traditional gender roles when working with clients.	
6. I consider queer identity as a valid and natural expression of being human.	
7. I ask clients how they want to be addressed before beginning sessions.	
8. I use inclusive terms such as 'partner' instead of assuming gendered relationships.	

9. I intentionally use language that affirms rather than stigmatizes queer identities.	
10. I avoid jokes or comments that could reinforce stereotypes about LGBTQ+ people.	
11. I make queer clients feel celebrated, not just accepted.	
12. I encourage clients to embrace their identity with pride.	
13. I recognize when my biases may affect my practice and work to address them.	
Factor 3: Advocacy and Systems Responsiveness	
1. I actively seek training and education on LGBTQ+ mental health concerns.	
2. I have grown more inclusive in my counseling through exposure to LGBTQ+ clients.	
3. I advocate for inclusivity within my institution or organization.	
4. I educate others about the importance of affirming LGBTQ+ identities.	
5. I speak up against discriminatory practices toward queer individuals.	
6. I support community initiatives that promote LGBTQ+ rights and well-being.	

organized into five theoretically and empirically derived subscales: Relational Affirmative Engagement, Affirming Communication, Safe and Empowering Spaces, Counselor Reflexivity and Growth, and Advocacy and Systemic Support.

Respondents were asked to indicate their level of agreement with each statement using a five-point Likert scale ranging from 5 (Strongly Agree), 4 (Agree), 3 (Neutral), 2 (Disagree), to 1 (Strongly Disagree). This scaling format provides sufficient variability to capture the degree to which practitioners enact affirmative behaviors in their professional practice.

The development of the QAAIS followed a rigorous methodological process. The 35 items were generated from qualitative findings derived from ten in-depth interviews with Registered Psychologists and Registered Guidance Counselors. These items were subjected to Exploratory Factor Analysis (EFA) to identify underlying dimensions and subsequently validated through Confirmatory Factor Analysis (CFA) using an independent sample. The resulting three-factor model demonstrated acceptable model fit and satisfactory internal consistency, thereby supporting the structural validity of the instrument.

Relational Affirmative Engagement. Relational Affirmative Engagement constitutes the largest dimension of the scale. This factor encompasses behaviors that directly shape the therapeutic environment and interpersonal dynamic between counselor and client. Items within this domain include ensuring psychological safety, maintaining confidentiality, demonstrating empathy and openness, avoiding assumptions about sexual orientation, clarifying client meanings, creating welcoming counseling spaces, challenging discrimination when it arises, and fostering an atmosphere where queer clients feel secure and valued.

This dimension reflects the foundational relational stance of queer-affirmative practice. Affirmation is operationalized not merely as an attitudinal position but as consistent observable behaviors that communicate respect, dignity, and safety. The strength of this factor suggests that affirmative practice is primarily enacted through relational engagement and environmental structuring..

Reflexive and Ethical Practice. The second dimension, Reflexive and Ethical Practice, captures the internal professional processes that sustain affirmative competence. Items within this factor reflect honoring chosen identities and pronouns, affirming clients' right to self-definition, refraining from imposing traditional gender roles, recognizing queer identity as a valid human expression, separating personal beliefs from professional practice, monitoring personal biases, and remaining open to feedback from clients.

This factor underscores that queer-affirmative practice requires continuous self-examination and ethical commitment. Practitioners must actively evaluate how their values, cultural positioning, and implicit biases may influence therapeutic interactions. The emergence of this factor indicates that affirmative competence is not static; rather, it demands ongoing reflexivity and ethical responsibility.

Advocacy and Systems Responsiveness. The third dimension, Advocacy and Systems Responsiveness, extends affirmative practice beyond the counseling session. Items under this factor assess practitioners' engagement in institutional advocacy, education of others regarding LGBTQ+ concerns, active resistance to discriminatory practices, pursuit of continuing education on LGBTQ+ mental health, and support for community initiatives promoting LGBTQ+ rights and well-being.

This dimension situates queer-affirmative competence within a broader socioecological framework. Given that minority stress and systemic stigma significantly influence the psychological well-being of LGBTQ+ individuals, effective affirmative practice requires systems awareness and proactive advocacy. The presence of this factor demonstrates that practitioners conceptualize affirmative work as both relational and structural.

The final 35-item QAAIS demonstrates a parsimonious three-factor structure that integrates relational, ethical, and systemic dimensions of queer-affirmative practice. The empirical clustering of items suggests conceptual overlap among certain communicative and reflexive behaviors; thus, the three-factor model provides a statistically coherent and theoretically defensible representation of the construct.

Utilization of the Inventory Scale to Measure the Queer-Affirmative Approach Practice

The main goal of this study is to determine the level of queer-affirmative practice among mental health practitioners. As shown, the level of queer-affirmative practice is very high, with an overall mean of 4.68. This implies that affirming behaviors toward queer clients are consistently observed in professional practice. Relational engagement, ethical reflexivity, and systemic advocacy all contributed to the practitioners' affirmative orientation.

Table 3.12

Level of Practice to Queer-Affirmative Approach

Factor 1: Relational Affirmative Engagement	**Mean**	**SD**	**Descriptive Interpretation**
1. I acknowledge that every client deserves unconditional positive regard regardless of gender identity.	4.78	0.54	Very High
2. I avoid making assumptions about a client's sexual orientation based on appearance.	4.55	0.62	Very High
3. I use non-verbal cues (eye contact, nodding, open posture) to show respect and affirmation.	4.75	0.50	Very High

4. I clarify meanings with clients to ensure I fully understand their concerns.	4.74	0.57	Very High
5. I ensure that my office or counseling space is safe and welcoming for queer clients.	4.75	0.46	Very High
6. I remind clients that what they share in sessions remains confidential.	4.90	0.45	Very High
7. I create an atmosphere where clients feel free to express themselves without fear.	4.84	0.50	Very High
8. I establish trust by consistently showing empathy and openness.	4.82	0.38	Very High
9. I intentionally challenge bullying, harassment, or discrimination when it arises.	4.45	0.77	Very High
10. I provide an environment where queer clients feel motivated to return for future sessions.	4.77	0.45	Very High
11. I reflect on my personal values to avoid imposing them on queer clients.	4.75	0.53	Very High
12. I acknowledge when I need to learn more about LGBTQ+ issues to better serve my clients.	4.78	0.44	Very High
13. I separate my personal beliefs from my professional practice when working with queer clients.	4.69	0.48	Very High
14. I remain open to feedback from clients about how affirming my approach is.	4.79	0.41	Very High
15. I recognize the systemic barriers that affect queer clients' well-being.	4.59	0.64	Very High
16. I integrate respect for diversity into my counseling practice.	4.74	0.46	Very High
Category Mean	**4.73**	**0.35**	**Very High**
Factor 2: Reflexive and Ethical Practice			
1. I respect the chosen identity of my queer clients at all times.	4.89	0.32	Very High
2. I honor my clients' preferred pronouns in every session.	4.72	0.51	Very High
3. I treat LGBTQ+ clients with the same dignity as non-LGBTQ+ clients.	4.88	0.36	Very High
4. I affirm queer clients' right to define who they are.	4.69	0.65	Very High
5. I refrain from imposing traditional gender roles when working with clients.	4.60	0.66	Very High
6. I consider queer identity as a valid and natural expression of being human.	4.64	0.57	Very High

7. I ask clients how they want to be addressed before beginning sessions.	4.51	0.73	Very High
8. I use inclusive terms such as 'partner' instead of assuming gendered relationships.	4.60	0.63	Very High
9. I intentionally use language that affirms rather than stigmatizes queer identities.	4.61	0.63	Very High
10. I avoid jokes or comments that could reinforce stereotypes about LGBTQ+ people.	4.78	0.42	Very High
11. I make queer clients feel celebrated, not just accepted.	4.50	0.71	Very High
12. I encourage clients to embrace their identity with pride.	4.68	0.54	Very High
13. I recognize when my biases may affect my practice and work to address them.	4.64	0.48	Very High
Category Mean	**4.67**	**0.37**	**Very High**
Factor 3: Advocacy and Systems Responsiveness			
1. I actively seek training and education on LGBTQ+ mental health concerns.	4.32	0.77	Very High
2. I have grown more inclusive in my counseling through exposure to LGBTQ+ clients.	4.64	0.55	Very High
3. I advocate for inclusivity within my institution or organization.	4.68	0.52	Very High
4. I educate others about the importance of affirming LGBTQ+ identities.	4.44	0.65	Very High
5. I speak up against discriminatory practices toward queer individuals.	4.58	0.63	Very High
6. I support community initiatives that promote LGBTQ+ rights and well-being.	4.57	0.73	Very High
Category Mean	**4.54**	**0.47**	**Very High**
Overall Mean	**4.68**	**0.35**	**Very High**

The results indicate that practitioners demonstrate overwhelmingly strong affirming practices across the three identified dimensions. The most dominant dimension is Relational Affirmative Engagement (M = 4.73), suggesting that creating safe, respectful, and welcoming therapeutic spaces is central to queer-affirmative practice. The lowest-rated dimension, though still very high, is Advocacy and Systems Responsiveness (M = 4.54), indicating that while practitioners engage in advocacy efforts, there may be slightly more variability in systemic engagement compared to relational and ethical dimensions.

Relational Affirmative Engagement. Relational Affirmative Engagement obtained the highest mean among the three factors (M = 4.73), interpreted as Very High. The item "*I remind clients that what they share in sessions remains confidential"* obtained one of the highest mean scores (M = 4.90), indicating strong ethical safeguarding practices. Similarly, items related to empathy, trust-building, safe therapeutic spaces, and openness to feedback consistently received high ratings.

This finding suggests that practitioners prioritize psychological safety and relational trust when working with queer clients. The results imply that affirmative practice is strongly grounded in empathy, confidentiality, inclusivity, and respectful therapeutic alliance-building.

Reflexive and Ethical Practice. Reflexive and Ethical Practice yielded a mean of 4.67, interpreted as Very High. The highest-rated item in this dimension was "*I respect the chosen identity of my queer clients at all times"* (M = 4.89), demonstrating strong ethical commitment to identity affirmation.

Items related to honoring preferred pronouns, avoiding stereotypes, recognizing personal bias, and affirming clients' right to self-definition were also highly endorsed. These findings indicate that practitioners demonstrate strong reflexivity and ethical awareness, consciously integrating inclusive language and bias management into their professional conduct.

Advocacy and Systems Responsiveness. Advocacy and Systems Responsiveness obtained a mean of 4.54, interpreted as Very High. The item "*I actively seek training and education on LGBTQ+ mental health concerns"* obtained a comparatively lower mean (M = 4.32), suggesting some variability in continuing education engagement.

However, items related to institutional advocacy, speaking against discrimination, and supporting community initiatives remained strongly endorsed. These results imply that practitioners recognize the importance of systemic responsiveness and advocacy beyond the therapy room, although such engagement may vary depending on institutional context and professional opportunities.

Data Integration of the Salient Qualitative and Quantitative Findings

A mixed-method approach employing an exploratory sequential design was utilized in this study to develop and validate the Queer-Affirmative Practice Scale (QAPS). Table 3.13 presents the joint display of the salient qualitative and quantitative findings. It illustrates how the quantitative results confirmed and refined the qualitative themes generated during the initial phase of the investigation. The first column presents the focal points of the study. The second column displays the qualitative findings derived from thematic analysis. The third column presents the quantitative findings obtained through exploratory and confirmatory factor analyses. The final column indicates the nature of the data integration.

The qualitative phase yielded five essential themes: Respectful Engagement, Affirming Communication, Safe and Empowering Spaces, Counselor Reflexivity and Growth, and Advocacy and Systemic Support. These themes served as the basis for item construction. The generated items were subjected to statistical analysis to determine whether they converged into empirically supported latent constructs. The results supported a three-factor model, demonstrating building confirmation between qualitative narratives and quantitative structure.

Table 3.13

Joint Display on the Salient Features of Qualitative and Quantitative Data

Focal Point	Qualitative Findings	Quantitative Finding	Nature of Data Integration
On Essential Themes For RQ 1 & 2	Theme 1 Respectful Engagement	Out of the items developed from this theme, Items 17–32 emerged under Factor 1 – Relational Affirmative Engagement, with	Building Confirmation

		loadings ranging from .414 to .856.	
	Theme 2 Affirming Communication	Items generated from this theme converged under Factor 1 – Relational Affirmative Engagement, demonstrating conceptual integration with relational affirmation.	Building Confirmation
	Theme 3 Counselor Reflexivity and Growth	Items associated with this theme likewise clustered under Factor 1 – Relational Affirmative Engagement, reinforcing its interpersonal dimension.	Building Confirmation
	Theme 4 Counselor Reflexivity and Growth	Out of the items developed from this theme, Items 14–26 emerged under Factor 2 – Reflexive and Ethical Practice, with loadings ranging from .452 to .927.	Building Confirmation
	Theme 5 Advocacy and Systemic Support	Items 7–12 emerged under Factor 3 – Advocacy and Systems Responsiveness, with loadings ranging from .533 to .797.	Building Confirmation
On Factor Structure (For RQ3)	Five qualitative themes were identified through thematic analysis.	Confirmatory Factor Analysis supported the three-factor model with acceptable fit indices (CMIN/DF = 2.308; CFI = .941; TLI = .928; IFI = .941; NFI = .901; RMSEA = .071).	Building Confirmation
On Reliability (For RQ4)	Themes reflected cohesive domains of affirmative practice.	Cronbach's alpha coefficients indicated acceptable to high internal consistency across the three factors.	Building Confirmation

On the Developed Measurement Tool (For RQ5)	The five themes served as the conceptual foundation of the instrument.	The finalized QAPS consists of 35 items distributed across three validated dimensions: Relational Affirmative Engagement, Reflexive and Ethical Practice, and Advocacy and Systems Responsiveness.	Building Confirmation

Out of the five essential themes identified during the qualitative phase, three themes—Respectful Engagement, Affirming Communication, and Safe and Empowering Spaces—were statistically consolidated under Factor 1, Relational Affirmative Engagement. The factor loadings ranging from .414 to .856 indicate satisfactory to strong item contributions, suggesting that relational affirmation constitutes the primary interpersonal dimension of queer-affirmative counseling practice.

Theme 4, Counselor Reflexivity and Growth, emerged distinctly as Factor 2, Reflexive and Ethical Practice. The loadings ranging from .452 to .927 demonstrate strong internal coherence, indicating that ethical self-awareness and professional growth form a unified construct within the scale.

Theme 5, Advocacy and Systemic Support, emerged as Factor 3, Advocacy and Systems Responsiveness. The loadings ranging from .533 to .797 confirm that systemic engagement and advocacy behaviors represent a stable and measurable domain of practice.

The confirmatory factor analysis further demonstrated that the proposed three-factor model achieved acceptable model fit. The chi-square to degrees of freedom ratio (CMIN/DF = 2.308) indicates satisfactory fit. The incremental fit indices (CFI = .941; TLI = .928; IFI = .941; NFI = .901) approach recommended thresholds for good model adequacy, while the RMSEA value of .071 reflects reasonable approximation error. These findings support the structural validity of the instrument.

The integration reflects building confirmation, wherein the quantitative findings validated and refined the conceptual structure derived from participants' narratives. The transformation of qualitative themes into empirically supported constructs demonstrates the coherence and multidimensional nature of queer-affirmative counseling practice across relational, reflexive, and systemic domains.

Chapter 4
Discussion

This chapter presents the discussion of findings focusing on the development and validation of the Queer-Affirmative Approach Inventory Scale (QAAIS). A comprehensive discussion on the construction of the measurement tool, the relationships among the emerging variables, and the integration of qualitative and quantitative findings is presented. The chapter follows the sequence of the research questions and reflects the exploratory sequential mixed-methods design employed in this study. The discussion begins with the qualitative descriptions of queer-affirmative counseling practice, proceeds to the underlying dimensions identified through factor analysis, examines the structural validity and reliability of the instrument, discusses its suitability as a measurement tool, explores its capacity to measure the level of queer-affirmative practice, and concludes with the integration of salient qualitative and quantitative findings supported by trustworthiness criteria.

Descriptions of Participants on their Practice on Queer-Affirmative Approach

The first research question sought to describe how Filipino mental health practitioners conceptualize and enact queer-affirmative counseling practice. Five essential themes emerged from the in-depth interviews: Respectful Engagement, Affirming Communication, Safe and Empowering Spaces, Counselor Reflexivity and Growth, and Advocacy and Systemic Support. These themes collectively portray queer-affirmative counseling practice as multidimensional, relationally embedded, culturally grounded, ethically reflexive, and structurally responsive.

Respectful Engagement. Respectful engagement refers to the deliberate and intentional recognition of LGBTQ+ clients as legitimate bearers of identity, lived experience, and personal dignity within the therapeutic process. It encompasses the counselor's capacity to approach clients without moral judgment, heteronormative assumptions, or pathologizing interpretations of sexual orientation and gender identity. In the present study, respectful engagement was consistently described as the foundational posture of queer-affirmative counseling practice. Participants emphasized that affirmation begins not with technique but with relational stance. They articulated that clients are often hyperaware of subtle cues of bias or discomfort; therefore, genuine respect must be communicated consistently through tone, posture, responsiveness, and empathic presence. This suggests that respectful engagement functions as the entry point through which all other affirmative practices are enacted.

The findings indicate that practitioners who embody respectful engagement create corrective relational experiences for clients who may have previously encountered invalidation or discrimination in familial, religious, or institutional contexts. Within Minority Stress Theory, such affirming relational experiences serve as protective buffers against distal stressors such as discrimination and rejection and proximal stressors such as internalized stigma (Frost, 2023). Frost (2023) argues that affirming interpersonal environments reduce identity concealment stress and enhance psychological resilience, thereby improving mental health outcomes. The present findings align with this theoretical proposition, as participants described respectful engagement as a means of reducing fear and shame in clients navigating identity concerns.

Recent empirical research supports the centrality of relational affirmation in LGBTQ+ mental health care. Pachankis et al. (2022) demonstrated that affirmative cognitive-behavioral therapy significantly reduces depressive symptoms and internalized stigma among sexual minority individuals when therapists explicitly validate identity experiences. Similarly, Turpin et al. (2024) found that perceived therapist respect and nonjudgmental stance predict stronger therapeutic alliance and treatment adherence among LGBTQ+ clients. These findings reinforce the present study's conclusion that respectful engagement is not peripheral but structurally central to queer-affirmative counseling practice.

Furthermore, in the Philippine context, respectful engagement reflects relational constructs embedded in Sikolohiyang Pilipino, particularly kapwa, which emphasizes shared identity and mutual recognition. When practitioners engage clients through kapwa-oriented relationality, they affirm not only identity but shared humanity. Thus, respectful engagement in this study is both theoretically grounded and culturally contextualized. It serves as the relational foundation upon which queer-affirmative practice is constructed.

Affirming Communication. Affirming communication refers to the intentional use of inclusive, identity-validating language that explicitly acknowledges and respects a client's sexual orientation and gender identity. It involves correct pronoun usage, avoidance of heteronormative assumptions, openness to self-definition, and deliberate normalization of LGBTQ+ identities within therapeutic discourse. Participants in this study emphasized that language functions as a powerful psychological signal. They reported that

affirming communication communicates safety, whereas misgendering or assumption-based questioning may reinforce minority stress.

The findings suggest that affirming communication is both behavioral and symbolic. Behaviorally, it reflects observable counselor competencies; symbolically, it communicates ideological alignment with inclusivity and dignity. Research supports this dual function. Craig et al. (2021) found that affirming language practices enhance self-esteem and resilience among sexual minority youth by reducing experiences of microinvalidations. Similarly, Turpin et al. (2024) reported that therapists' use of inclusive and affirming language predicts higher ratings of therapeutic safety and lower premature termination rates. From a theoretical standpoint, affirming communication directly counters proximal minority stress processes, particularly internalized stigma and expectations of rejection (Frost, 2023). When clients experience consistent linguistic validation, it challenges internalized narratives of deviance or pathology. Thus, affirming communication functions as an intervention mechanism within queer-affirmative therapy.

Participants in this study also emphasized the cultural sensitivity required in affirming communication within Filipino contexts, particularly when navigating religious discourse or family-centered concerns. This highlights that affirming communication must be both identity-validating and culturally attuned. The theme therefore reinforces the notion that queer-affirmative practice is enacted through micro-level linguistic choices that cumulatively construct therapeutic safety.

Safe and Empowering Spaces. Safe and empowering spaces refer to therapeutic environments intentionally structured to counteract societal invalidation and promote identity integration. Participants described safety as more than confidentiality; it involves the counselor's active effort to dismantle judgmental atmospheres and create environments where clients can explore identity without fear of moral condemnation. This suggests that safety in queer-affirmative counseling is constructed rather than assumed.

Empirical literature supports the centrality of safe therapeutic spaces. Pachankis et al. (2022) found that affirmative therapy interventions reduce minority stress-related distress when therapeutic contexts explicitly normalize LGBTQ+ identities. Frost (2023) further argues that protective social environments significantly moderate the relationship between stigma exposure and mental health outcomes. The current findings align with this body of evidence, as participants described safety as a precursor to vulnerability and growth.

Empowerment emerged as inseparable from safety. Participants articulated that clients who feel safe are more likely to pursue self-acceptance and assertive identity expression. This aligns with resilience frameworks that identify affirming environments as catalysts for empowerment (APA, 2021). In this study, safe and empowering spaces were described as transformative contexts that challenge internalized shame and foster agency.

Counselor Reflexivity and Growth. Counselor reflexivity and growth refer to the practitioner's ongoing commitment to examining personal biases, engaging in continuing education, and cultivating ethical humility. Participants described reflexivity as a lifelong process rather than a static competency. They emphasized that queer-affirmative practice requires active unlearning of heteronormative assumptions and continuous engagement with evolving LGBTQ+ discourse.

Recent research underscores reflexivity as a critical component of culturally responsive counseling. Turpin et al. (2024) found that therapists who demonstrate higher reflexive awareness report greater affirmative behavioral competencies. Similarly, Ebersole et al. (2024) argue that reflexivity predicts ethical sensitivity

and reduced discriminatory practices in clinical settings. These findings align with the present study's identification of reflexivity as a distinct and central dimension of queer-affirmative practice.

From a theoretical perspective, reflexivity aligns with the ethical mandates articulated in professional guidelines (APA, 2021). It also reflects the dynamic nature of queer identities and sociopolitical contexts. Participants in this study acknowledged that without reflexive growth, affirmative practice risks becoming performative rather than genuinely transformative.

Advocacy and Systemic Support. Advocacy and systemic support refer to actions taken by counselors to address structural barriers affecting LGBTQ+ clients. Participants described advocacy as extending beyond individual therapy sessions to include resource linkage, institutional policy awareness, and community engagement. This theme suggests that queer-affirmative counseling practice cannot be confined to intrapsychic interventions alone.

Minority Stress Theory emphasizes the role of structural determinants in shaping mental health disparities (Frost, 2023). Accordingly, affirmative practice must address not only internal coping but also external conditions. The findings in this study indicate that practitioners recognize systemic responsiveness as an ethical obligation. Advocacy efforts may include challenging discriminatory practices within institutions or promoting inclusive policies.

Empirical scholarship supports this systemic orientation. Craig et al. (2021) emphasize that structural affirmation enhances community resilience among sexual minority populations. The present findings therefore reinforce that advocacy is not an optional add-on but an integral dimension of queer-affirmative counseling practice.

Underlying Dimensions of Development and Validation of the Queer-Affirmative Approach Inventory Scale

As part of the exploratory sequential design, participants who were practicing mental health professionals were asked to rate their agreement with each item of the Queer-Affirmative Approach Inventory Scale (QAAIS) using a five-point Likert scale: 5 (Strongly Agree), 4 (Agree), 3 (Neutral), 2 (Disagree), and 1 (Strongly Disagree). The instrument was administered to a substantial sample of Filipino mental health practitioners representing diverse areas of clinical practice. This quantitative phase followed the qualitative item generation process and aimed to refine the emerging constructs through empirical validation.

The initial pool of 35 items, grounded in five qualitative themes, was subjected to Exploratory Factor Analysis using Principal Axis Factoring with Promax rotation. The Kaiser-Meyer-Olkin measure of sampling adequacy yielded a value of .960, indicating excellent suitability of the data for factor analysis. Bartlett's Test of Sphericity was statistically significant, $\chi^2(595) = 6157.126$, $p < .001$, confirming that inter-item correlations were sufficiently strong for factor extraction. These indices reflect robust structural integrity and support the methodological rigor of the scale development process.

The analysis retained three factors with eigenvalues greater than 1.0. Factor 1 demonstrated an eigenvalue of 22.984 and accounted for 65.669% of the total variance. Factor 2 yielded an eigenvalue of 1.381, accounting for 3.945% of the variance, while Factor 3 yielded an eigenvalue of 1.120, accounting for 3.199% of the variance. The cumulative variance explained reached 72.813%, exceeding recommended thresholds for multidimensional psychological instruments and indicating substantial explanatory power. Pattern matrix loadings ranged from .414 to .856, demonstrating strong item-factor relationships. The factor correlation matrix revealed moderate to strong correlations among factors, ranging from .712 to .807, indicating related yet distinct constructs.

The emergence of three underlying dimensions reflects theoretical consolidation of the five qualitative themes into structurally coherent constructs. These dimensions were identified as Relational Affirmative Engagement, Reflexive and Ethical Practice, and Advocacy and Systems Responsiveness.

Relational Affirmative Engagement. Relational Affirmative Engagement encompasses the interpersonal and behavioral enactment of affirmation within the therapeutic relationship. This dimension integrates the qualitative themes of Respectful Engagement, Affirming Communication, and Safe and Empowering Spaces. Relational Affirmative Engagement reflects the counselor's capacity to validate identity, create psychological safety, and communicate inclusively. The prominence of this factor, accounting for the majority of explained variance, underscores that queer-affirmative practice is primarily relational in nature. Contemporary research consistently identifies relational affirmation as the central mechanism of therapeutic effectiveness in LGBTQ+ counseling (Pachankis et al., 2022). Frost (2023) further emphasizes that affirming relational contexts buffer minority stress processes and promote psychological resilience. The statistical dominance of this factor supports the theoretical proposition that affirmation is first and foremost enacted through relational engagement.

Reflexive and Ethical Practice. Reflexive and Ethical Practice represents the counselor's ongoing commitment to self-examination, bias monitoring, professional growth, and adherence to ethical standards. This factor corresponds to the qualitative theme of Counselor Reflexivity and Growth. The identification of this distinct dimension reflects the recognition that affirmative competence is not solely client-facing but also internally regulated. Turpin et al. (2024) argue that reflexivity is a predictive variable of culturally responsive therapeutic behavior, noting that counselors who demonstrate higher self-awareness exhibit greater behavioral affirmation. The present findings support this assertion, as items reflecting reflexive practice loaded coherently and independently. From a theoretical perspective, reflexivity aligns with professional ethical mandates articulated in the APA (2021) guidelines, which emphasize cultural humility and continuous competency development.

Advocacy and Systems Responsiveness. Advocacy and Systems Responsiveness captures the structural dimension of queer-affirmative counseling practice. This factor reflects the qualitative theme of Advocacy and Systemic Support and encompasses actions that extend beyond individual therapy sessions, including resource linkage, institutional awareness, and structural engagement. Minority Stress Theory highlights the role of structural stigma in perpetuating mental health disparities (Frost, 2023). Accordingly, affirmative counseling cannot be limited to intrapsychic interventions; it must address systemic determinants. Empirical studies indicate that advocacy-oriented interventions enhance community resilience and promote long-term well-being among sexual minority populations (Craig et al., 2021). The emergence of this factor demonstrates that practitioners recognize systemic responsiveness as integral to affirmative competence.

The convergence of these three factors demonstrates theoretical coherence and empirical parsimony. Although the qualitative phase identified five themes, the factor analytic process revealed that relational enactment, reflexive ethics, and systemic responsiveness represent broader organizing domains of queer-affirmative counseling practice. This consolidation is consistent with contemporary scale development principles, which prioritize dimensional clarity and construct integrity (Kline, 2021). The strong factor loadings and substantial variance explained further affirm the structural validity of the QAAIS.

Factor Structure of the Inventory Scale on Respondents' Practice on Queer-Affirmative Approach

We evaluated the factor structure of the observed data using Confirmatory Factor Analysis (CFA). CFA enables the testing of a hypothesized relationship between observed variables and their underlying latent

constructs, thereby determining whether the proposed model adequately represents the data. This procedure ensures that the items of the Queer-Affirmative Approach Inventory Scale (QAAIS) appropriately load onto their corresponding factors and that the overall structure reflects theoretical expectations. In this CFA procedure, respondents were asked to indicate their level of agreement with each item in the checklist using a five-point Likert scale ranging from 5 (strongly agree) to 1 (strongly disagree). The analysis examined the structural relationships among the three latent variables identified through exploratory factor analysis: Relational Affirmative Engagement (RAE), Reflexive and Ethical Practice (REP), and Advocacy and Systems Responsiveness (ASR).

The confirmatory model demonstrated acceptable fit indices, indicating that the three-factor structure is statistically supported. The chi-square statistic yielded $\chi^2 = 26.394$ with 13 degrees of freedom, resulting in a χ^2/df ratio of 2.030. Ratios below 3.00 are generally considered indicative of acceptable model fit, suggesting that the discrepancy between the observed and estimated covariance matrices is minimal. The Comparative Fit Index (CFI) was .955, exceeding the recommended threshold of .90 and approaching the more stringent criterion of .95, which reflects strong incremental fit. The Tucker-Lewis Index (TLI) was .928, while the Normed Fit Index (NFI) reached .918, and the Goodness-of-Fit Index (GFI) was .937. These indices collectively indicate that the proposed three-factor model provides a substantial improvement over an independence model and adequately represents the observed relationships among the items.

The Root Mean Square Error of Approximation (RMSEA) was .099 with a 90% confidence interval of [.042, .153] and a PCLOSE value of .072. Although the RMSEA approaches the upper boundary of conventional thresholds, it must be interpreted alongside the strong incremental fit indices. In models where latent variables are theoretically interrelated, slightly elevated RMSEA values may occur without indicating structural inadequacy. In this study, the three latent constructs demonstrated strong correlations, ranging from .712 to .807, suggesting meaningful conceptual interdependence among relational affirmation, reflexivity, and systemic advocacy. The strong covariance between Relational Affirmative Engagement and Advocacy and Systems Responsiveness emphasizes that practitioners who demonstrate affirming relational behaviors are also more likely to engage in systemic responsiveness.

This structural configuration aligns with Minority Stress Theory, which posits that both interpersonal affirmation and structural advocacy are necessary to mitigate stigma-related stress processes. The model further reflects the Affirmative Counseling Framework, which integrates relational validation, professional reflexivity, and advocacy as interconnected domains of competent practice. The strong association between Relational Affirmative Engagement and Reflexive and Ethical Practice suggests that self-awareness enhances relational enactment of affirmation. Similarly, the relationship between Reflexive and Ethical Practice and Advocacy and Systems Responsiveness indicates that counselors who critically examine their biases are more inclined to engage in systemic advocacy efforts.

The standardized regression weights ranged from .624 to .778, indicating strong factor loadings and substantial indicator reliability. These loadings confirm that the observed variables meaningfully represent their respective latent constructs. The strength of these loadings supports the argument that the QAAIS items demonstrate internal coherence and theoretical alignment with their intended dimensions.

Furthermore, reliability analysis demonstrated that each dimension exceeded the minimum acceptable alpha level of .70, indicating good internal consistency. The reliability coefficients for Relational Affirmative Engagement, Reflexive and Ethical Practice, and Advocacy and Systems Responsiveness reflect that items within each subscale measure the same underlying construct consistently. According to

contemporary psychometric standards, alpha coefficients above .80 indicate strong internal consistency, while coefficients approaching .90 suggest excellent reliability. The internal consistency of the QAAIS therefore confirms that the instrument demonstrates stable measurement properties across its dimensions. The high reliability of Relational Affirmative Engagement underscores its central role in queer-affirmative counseling practice. This finding is consistent with contemporary research demonstrating that relational affirmation significantly predicts therapeutic alliance and client outcomes. The strong reliability of Reflexive and Ethical Practice suggests that professional self-awareness and bias monitoring are cohesive and measurable constructs. Similarly, the reliability of Advocacy and Systems Responsiveness confirms that systemic engagement behaviors cluster meaningfully as a unified dimension of affirmative competence.

The findings collectively indicate that the QAAIS demonstrates strong structural validity and internal consistency reliability. The confirmatory factor analysis supports the theoretical proposition that queer-affirmative counseling practice is composed of interrelated relational, reflexive, and systemic dimensions. The reliability coefficients further affirm that the instrument consistently measures these constructs. Thus, the QAAIS emerges as a psychometrically sound and theoretically grounded measurement tool for assessing queer-affirmative counseling competencies among Filipino mental health practitioners.

Measurement Tool Suitable for Assessing the Practice of Respondents to the Queer-Affirmative Approach

The overall mean level of queer-affirmative practice among Filipino mental health practitioners is very high. This finding indicates that respondents consistently manifest strong endorsement of affirmative principles across relational, reflexive, and systemic dimensions. The high overall mean suggests that practitioners perceive themselves as engaging in identity-affirming, culturally responsive, and advocacy-oriented counseling behaviors. In addition, the three validated dimensions—Relational Affirmative Engagement, Reflexive and Ethical Practice, and Advocacy and Systems Responsiveness—were consistently manifested, demonstrating that queer-affirmative competence is multidimensional and integrated rather than singular or fragmented.

Relational Affirmative Engagement. Relational Affirmative Engagement represents the interpersonal enactment of affirmation within therapeutic relationships. This factor emphasizes inclusive communication, identity validation, and the intentional creation of safe and empowering spaces. Contemporary research highlights that affirming relational behaviors significantly predict therapeutic alliance strength and positive client outcomes among LGBTQ+ populations (Pachankis et al., 2022). The high mean score for this dimension suggests that practitioners recognize the centrality of relational validation in mitigating minority stress and promoting resilience. Within Minority Stress Theory, affirming relational contexts buffer the psychological impact of discrimination and internalized stigma (Frost, 2023). When counselors consistently use correct pronouns, avoid heteronormative assumptions, and communicate unconditional positive regard, clients experience increased psychological safety and trust.

Research further demonstrates that identity-affirming therapeutic relationships reduce depressive symptoms and enhance coping among sexual minority individuals (Turpin et al., 2024). The prominence of Relational Affirmative Engagement in the present study reinforces that affirmative competence begins with relational presence. Counseling programs and professional development initiatives should therefore prioritize training in inclusive language, microaffirmation strategies, and culturally responsive relational techniques. Just as social modeling influences behavior in other domains, relational affirmation models

dignity and validation, creating corrective emotional experiences for LGBTQ+ clients. Thus, Relational Affirmative Engagement functions as the foundation upon which other affirmative competencies are built.

Reflexive and Ethical Practice. This dimension reflects the counselor's capacity for ongoing self-examination, bias awareness, and ethical accountability. The consistently high manifestation of this factor indicates that practitioners acknowledge the importance of reflexivity in sustaining affirmative competence. Reflexive and Ethical Practice emphasizes professional humility, continuous education, and critical awareness of sociocultural influences on clinical judgment. Recent scholarship underscores that reflexivity is a predictor of culturally responsive therapeutic behavior and reduced discriminatory practices (Turpin et al., 2024). Counselors who actively examine personal biases are more likely to engage in authentic affirmation rather than performative inclusion.

The importance of reflexivity aligns with professional ethical mandates emphasizing cultural humility and ongoing competency development (American Psychological Association, 2021). Research suggests that clinicians who demonstrate higher levels of self-reflection exhibit greater therapeutic effectiveness in multicultural contexts (Feller et al., 2021). The strong endorsement of this dimension in the present study suggests that Filipino practitioners recognize affirmative competence as a developmental process rather than a static trait. Training programs should therefore incorporate structured reflective exercises, supervision models emphasizing cultural humility, and continuing education opportunities focused on evolving LGBTQ+ issues.

Advocacy and Systems Responsiveness. This dimension represents the structural and systemic component of queer-affirmative practice. It reflects actions that extend beyond the therapeutic dyad, including connecting clients to affirming resources, engaging with community organizations, and challenging discriminatory institutional practices. The high level of manifestation of this factor indicates that practitioners understand affirmative practice as both relational and structural. Minority Stress Theory emphasizes that structural stigma significantly contributes to mental health disparities among LGBTQ+ populations (Frost, 2023). Consequently, effective affirmative counseling requires engagement with systemic determinants of well-being.

Empirical evidence supports the importance of advocacy-oriented interventions in enhancing community resilience and long-term mental health outcomes (Craig et al., 2021). Practitioners who perceive tangible social and institutional benefits from advocacy efforts are more likely to sustain such behaviors. The findings suggest that Advocacy and Systems Responsiveness strengthens overall affirmative competence by integrating social justice principles within clinical practice. Professional organizations and mental health institutions should therefore incorporate advocacy training, policy awareness modules, and community engagement opportunities into professional development frameworks.

The QAAIS demonstrates strong psychometric properties that support its suitability as a measurement tool. The high internal consistency coefficients across all three dimensions indicate that items within each subscale reliably measure their intended constructs. Reliability values exceeding the .70 threshold confirm good internal consistency and suggest stable measurement across respondents. The structural validity demonstrated through CFA further reinforces the instrument's robustness. The acceptable fit indices and significant factor loadings confirm that the three-factor model adequately represents the observed data.

The instrument's multidimensional structure enables nuanced assessment of affirmative competence. Rather than treating queer-affirmative practice as a unidimensional construct, the QAAIS distinguishes relational behaviors, reflexive awareness, and systemic advocacy. This differentiation allows for targeted professional development interventions. For example, a practitioner scoring high in relational affirmation

but moderate in advocacy may benefit from systemic engagement training. Thus, the instrument provides both diagnostic and developmental utility.

Moreover, the cultural grounding of the QAAIS enhances its contextual applicability. By integrating Filipino relational values and sociocultural realities within item development, the instrument achieves ecological validity. Unlike imported measures developed solely within Western contexts, the QAAIS reflects localized experiences while maintaining theoretical alignment with international affirmative counseling frameworks.

Utilization of the Inventory Tool to Measure the Queer-Affirmative Approach Practice

In contemporary mental health practice, the capacity to assess culturally responsive and queer-affirmative competencies is essential in ensuring ethical, inclusive, and effective service delivery. As mental health disparities among LGBTQ+ populations continue to be linked to minority stress and structural stigma, the need for empirically grounded assessment tools becomes increasingly critical (World Health Organization, 2023). A comprehensive instrument that measures queer-affirmative counseling practice allows institutions and practitioners to monitor competency development, identify areas requiring growth, and strengthen inclusive service provision. The Queer-Affirmative Approach Inventory Scale (QAAIS) provides a multidimensional framework for assessing relational affirmation, reflexive ethical practice, and systemic responsiveness. By operationalizing these constructs into measurable dimensions, the instrument supports targeted professional development, curriculum refinement, and institutional accountability.

The findings indicate that Relational Affirmative Engagement plays a pivotal role in fostering affirmative competence. High levels of endorsement in this dimension suggest that practitioners recognize the importance of inclusive communication, identity validation, and psychological safety in therapeutic relationships. Research consistently demonstrates that perceived therapist affirmation significantly predicts reductions in internalized stigma and depressive symptoms among LGBTQ+ clients (Pachankis et al., 2022). Minority Stress Theory further explains that affirming relational environments buffer the harmful effects of discrimination and concealment stress (Frost, 2023). The present findings suggest that when counselors actively communicate respect, use correct pronouns, and normalize diverse identities, clients are more likely to experience therapeutic trust and sustained engagement in counseling. Thus, the QAAIS enables institutions to quantify relational affirmation and identify whether practitioners are consistently enacting these inclusive behaviors.

Moreover, the results highlight the importance of Reflexive and Ethical Practice in sustaining affirmative competence. Self-efficacy within professional roles, particularly in multicultural contexts, is associated with greater engagement and ethical sensitivity (Feller et al., 2021). Practitioners who perceive themselves as capable of managing identity-related concerns are more likely to demonstrate consistent affirmative behaviors. Research indicates that higher professional self-efficacy predicts increased engagement in culturally responsive interventions and reduced avoidance of identity-related discussions (Turpin et al., 2024). The QAAIS captures this reflexive dimension by measuring practitioners' willingness to examine biases, pursue continuing education, and uphold ethical humility. By assessing reflexivity, the tool allows supervisors and institutions to identify whether practitioners are engaging in ongoing self-development rather than relying solely on static knowledge.

Adaptability and psychological safety also contribute to long-term affirmative practice. Studies have shown that environments perceived as inclusive and supportive increase professional engagement and job satisfaction among healthcare providers (Liu et al., 2024). When practitioners feel competent and supported in addressing LGBTQ+ issues, they are more likely to sustain affirmative behaviors over time.

The QAAIS therefore serves as a diagnostic tool that can guide supervisory support and institutional resource allocation to strengthen inclusive environments.

The dimension of Advocacy and Systems Responsiveness further underscores the importance of structural engagement in sustaining queer-affirmative practice. Structural stigma has been identified as a significant determinant of mental health disparities among LGBTQ+ populations (Frost, 2023). Therefore, effective counseling practice cannot be confined to intrapsychic interventions alone. Advocacy behaviors, including connecting clients to affirming community resources and challenging discriminatory policies, enhance both individual and collective well-being. Research suggests that practitioners who engage in systemic advocacy contribute to improved client outcomes and strengthened community resilience (Craig et al., 2021). The QAAIS allows for the measurement of this structural dimension, providing insight into whether counselors extend their practice beyond the therapy room.

Health and psychological outcomes are also indirectly influenced by affirmative competence. Studies indicate that LGBTQ+ individuals receiving affirming care report higher levels of therapeutic alliance, improved emotional regulation, and reduced symptoms of anxiety and depression (Pachankis et al., 2022). By measuring levels of queer-affirmative practice, the QAAIS contributes to broader efforts aimed at improving mental health equity. Institutions may use aggregated QAAIS scores to evaluate training effectiveness, inform policy development, and promote inclusive clinical standards.

Furthermore, the utilization of the QAAIS facilitates evidence-based professional growth. Just as structured feedback enhances performance in other domains, structured assessment of affirmative competence encourages reflective improvement. Practitioners who receive feedback regarding their relational, reflexive, or advocacy-oriented behaviors can engage in targeted skill development. The tool's multidimensional nature allows for nuanced interpretation, identifying specific domains requiring strengthening rather than providing a generalized score.

Data Integration of the Salient Qualitative and Quantitative Findings

This study employed a mixed-method approach, specifically an exploratory sequential design, to comprehensively examine and validate the Queer-Affirmative Approach Inventory Scale (QAAIS). The methodology intentionally integrated qualitative and quantitative data to ensure that the resulting measurement tool was both conceptually grounded and empirically validated. Through the use of joint displays and systematic alignment of themes and statistical findings, the researcher was able to generate insights beyond what could be obtained from independent qualitative or quantitative analyses. The joint display approach facilitates a cohesive presentation of integrated findings, enabling the visualization of how emergent qualitative themes correspond with statistically derived dimensions. Such integration enhances interpretive depth and strengthens construct validity by demonstrating convergence across data strands.

On Essential Themes. Five essential themes emerged during the qualitative phase: Respectful Engagement, Affirming Communication, Safe and Empowering Spaces, Counselor Reflexivity and Growth, and Advocacy and Systemic Support. These themes collectively described queer-affirmative counseling practice as relationally grounded, ethically reflexive, and structurally responsive. The qualitative findings revealed that practitioners conceptualize affirmation not as a single behavior but as a multidimensional process encompassing interpersonal validation, professional self-examination, and systemic engagement.

Following the completion of Exploratory Factor Analysis, three core factors were identified as structurally significant: Relational Affirmative Engagement, Reflexive and Ethical Practice, and Advocacy and

Systems Responsiveness. The consolidation of five qualitative themes into three statistically coherent factors illustrates the building nature of data integration. In exploratory sequential designs, building occurs when qualitative findings inform the development of quantitative instruments, and subsequent statistical validation refines those constructs (Creswell & Plano Clark, 2021). In this study, the survey items were directly derived from qualitative narratives, preserving participant language and conceptual meaning. The statistical confirmation of these dimensions demonstrates that the lived experiences of practitioners are empirically supported by latent structure.

Confirmation occurs when qualitative and quantitative findings converge and validate each other. The thematic emphasis on relational validation was confirmed by the statistical dominance of Relational Affirmative Engagement in the factor structure. Similarly, the distinct emergence of Reflexive and Ethical Practice validates the qualitative recognition of ongoing counselor growth. The identification of Advocacy and Systems Responsiveness as a cohesive factor confirms participants' emphasis on systemic engagement. When both strands produce congruent conclusions, interpretive credibility is strengthened (Fetters & Molina-Azorin, 2023). Thus, the integration process demonstrates both building and confirmation.

On Factor Structure. The factor structure identified in the quantitative phase reinforces the thematic architecture derived from qualitative analysis. The Kaiser-Meyer-Olkin value of .960 and significant Bartlett's Test of Sphericity established the adequacy of the dataset for factor analysis. The retention of three factors explaining 72.813% of total variance indicates substantial construct representation. The statistical clustering of items corresponding to relational behaviors, reflexive processes, and advocacy actions reflects structural alignment with the qualitative themes.

The CFA results further confirm the equivalence between thematic constructs and validated dimensions. Acceptable model fit indices, including CFI = .955 and TLI = .928, demonstrate that the proposed three-factor model accurately represents the data. Shiyanbola et al. (2021) emphasize that rigorous CFA procedures strengthen equivalence between qualitative constructs and quantitative scales, ensuring that measurement models are theoretically coherent. The significant correlations among factors reflect the interdependent nature of queer-affirmative practice while preserving dimensional distinctiveness.

This structural confirmation illustrates the cyclical logic of mixed-methods research. The qualitative phase generated thematic depth; the quantitative phase refined dimensional clarity; and the integration phase demonstrates structural convergence. The building-confirmation process enhances analytic rigor and reinforces construct validity.

On the Use of the New Measurement Tool. The statements generated during the qualitative phase became the foundation for item construction in the quantitative instrument. Each survey item reflects participant narratives, preserving contextual authenticity while enabling statistical validation. The administration of the QAAIS during the quantitative phase tested whether these items reliably measured the intended constructs. The resulting high reliability coefficients and acceptable model fit indices indicate that the instrument measures queer-affirmative counseling practice as conceptualized by practitioners themselves.

The integration of data demonstrates constructive confirmation. Creswell and Plano Clark (2021) note that building occurs when qualitative results inform quantitative development, while confirmation occurs when statistical findings validate those qualitative insights. In this study, the survey instrument did not impose external theoretical assumptions; rather, it emerged inductively from practitioner experiences. The subsequent validation through EFA and CFA provides empirical confirmation of those experiences. When

two distinct data sources converge, interpretive confidence increases and measurement credibility is strengthened (Fetters & Molina-Azorin, 2023).

Generalization of Qualitative Findings. The qualitative findings served as the conceptual foundation for factor analysis and the development of a validated survey instrument. The quantitative phase extended these findings by testing their structural coherence across a broader sample of practitioners. Through this process, qualitative insights were transformed into measurable constructs, allowing for generalization within comparable professional contexts. The rigorous validation procedures applied in the quantitative phase enable cautious generalization of findings to Filipino mental health practitioners operating in similar sociocultural settings.

Data integration strengthens the generalizability of qualitative findings by demonstrating statistical support for thematic patterns. When evidence from interviews aligns with factor analytic results, the likelihood that themes reflect broader professional realities increases. This cumulative process reflects methodological triangulation, which enhances credibility and confirmability. The validated three-factor structure deepens understanding of how practitioners conceptualize and enact queer-affirmative counseling practice and provides a framework for future assessment, training, and policy development.

From the perspective of Lincoln and Guba's trustworthiness criteria, integration enhances credibility through triangulation of data sources. Dependability is strengthened through transparent documentation of how qualitative themes informed quantitative modeling. Confirmability is reinforced by the convergence of narrative evidence and statistical findings. Transferability is supported through detailed contextual descriptions, allowing readers to assess applicability in similar cultural environments.

Chapter 5

Conclusion and Recommendation

This chapter presents the conclusions and recommendations based on the findings of the study. The study aimed to develop and validate the Queer-Affirmative Approach Inventory Scale (QAAIS) using an exploratory sequential mixed-method design. Through qualitative interviews and quantitative validation procedures, the study identified essential themes, established a three-factor model, and developed a psychometrically sound instrument for assessing queer-affirmative counseling practice among Filipino mental health practitioners.

Conclusions

The study examined practitioners' experiences and perspectives regarding their enactment of queer-affirmative counseling practice. Through in-depth interviews, five essential themes were extracted: Respectful Engagement, Affirming Communication, Safe and Empowering Spaces, Counselor Reflexivity and Growth, and Advocacy and Systemic Support. These themes highlighted the multidimensional nature of queer-affirmative practice, demonstrating that affirmative counseling is not limited to inclusive language but encompasses relational presence, ethical self-examination, and structural responsiveness.

Participants described queer-affirmative practice as a relationally grounded process that prioritizes dignity, validation, and psychological safety. Respectful engagement and affirming communication emerged as foundational components, emphasizing the importance of inclusive language, nonjudgmental stance, and identity recognition. Safe and empowering spaces were identified as transformative environments that mitigate minority stress and foster self-acceptance. Counselor reflexivity and growth reflected the necessity of continuous professional development, bias awareness, and ethical humility. Advocacy and

systemic support extended affirmative practice beyond the therapy room, emphasizing engagement with community resources and structural inequities.

The Exploratory Factor Analysis (EFA) revealed robust structural validity, with three factors emerging: Relational Affirmative Engagement, Reflexive and Ethical Practice, and Advocacy and Systems Responsiveness. The Kaiser-Meyer-Olkin value of .960 and significant Bartlett's Test of Sphericity confirmed sampling adequacy and data suitability. The three factors collectively explained 72.813% of the total variance, indicating strong construct representation. Confirmatory Factor Analysis (CFA) further demonstrated acceptable model fit, with CFI = .955, TLI = .928, NFI = .918, and GFI = .937, confirming the structural coherence of the three-factor model.

The reliability analysis indicated that each dimension demonstrated good internal consistency, with reliability coefficients exceeding the minimum acceptable threshold of .70. These results confirm that items within each dimension consistently measure their intended construct. The QAAIS therefore demonstrates both structural validity and internal reliability, supporting its suitability as a measurement tool for queer-affirmative counseling practice.

The integration of qualitative and quantitative findings confirms the multidimensional nature of queer-affirmative practice. The five qualitative themes were consolidated into three empirically validated dimensions, demonstrating the building and confirmation processes inherent in exploratory sequential design. Relational affirmation, reflexive ethics, and systemic advocacy collectively define affirmative competence. The quantitative results effectively generalized qualitative insights by transforming subjective practitioner experiences into measurable constructs.

Overall, the findings establish that queer-affirmative counseling practice is relational, reflexive, and systemic in nature. The QAAIS successfully captures these dimensions and provides a validated instrument for assessing affirmative competence within the Philippine mental health context.

Recommendations

The findings of this study provide several important recommendations for clinical practice, counselor education, institutional policy, and future research.

To enhance queer-affirmative counseling practice, it is recommended that mental health practitioners prioritize relational affirmation, ongoing reflexivity, and systemic advocacy. Given the strong role of Relational Affirmative Engagement in the validated model, practitioners should consistently employ inclusive communication, affirm identity experiences, and cultivate psychologically safe therapeutic environments. Training programs should incorporate structured modules on pronoun usage, microaffirmations, and minority stress-informed interventions to strengthen relational competence.

Considering the dimension of Reflexive and Ethical Practice, counselor education programs are encouraged to integrate structured reflective supervision, bias-awareness workshops, and continuing professional development focused on LGBTQ+ issues. Institutions should promote ethical humility and cultural responsiveness as core professional competencies. Regular reflective exercises and peer consultation groups may strengthen sustained affirmative practice.

With respect to Advocacy and Systems Responsiveness, it is recommended that practitioners extend their role beyond individual counseling sessions to include resource linkage, community collaboration, and policy engagement. Mental health organizations may establish partnerships with LGBTQ+ advocacy groups to strengthen systemic responsiveness. Institutional policies should embed affirmative principles within supervision frameworks, service protocols, and organizational values.

To ensure that the QAAIS continues to demonstrate parsimonious fit and structural robustness, it is recommended that subsequent validation studies be conducted with larger and more diverse samples. Future research may reassess items with moderate loadings to enhance clarity and precision. Longitudinal validation is also recommended to examine temporal stability and predictive validity of the instrument.

Based on reliability results, it is recommended that periodic psychometric evaluations be conducted to maintain internal consistency across dimensions. Continuous refinement and validation are essential to ensure that the instrument remains responsive to evolving sociocultural contexts and professional standards.

It is further recommended that a designated research coordinator or evaluation team oversee ongoing validation processes, particularly focusing on maintaining structural validity and expanding sample diversity. Increasing representation across geographic regions and practice settings will enhance generalizability and transferability.

The results of this study may also inform institutional leaders, professional associations, and higher education institutions. Policymakers and academic administrators are encouraged to incorporate queer-affirmative competency frameworks within training curricula, licensure requirements, and continuing education standards. Embedding validated assessment tools such as the QAAIS within professional development systems may strengthen accountability and promote inclusive mental health practice nationwide.

Lastly, future researchers may utilize this study as a foundation for further investigations. Subsequent studies may examine criterion-related validity by linking QAAIS scores to client outcomes such as therapeutic alliance, client satisfaction, and reductions in internalized stigma. Cross-cultural validation studies may also explore the applicability of the three-factor model in other sociocultural contexts.

These recommendations aim to refine and strengthen queer-affirmative counseling practice while ensuring that the developed measurement tool remains robust, reliable, and contextually relevant. Through continued validation, training integration, and systemic engagement, the QAAIS can contribute to advancing inclusive, ethical, and culturally responsive mental health services.

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