Advocacy-in-Action: Case Portrait of a Helping Professional Pursuing Positive Social Change for Transgender and Gender-Expansive Youth

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Abstract

Transgender and gender-expansive youth experience discrimination and marginalization in the healthcare setting, school environment, their communities, and families. These experiences of rejection and adversity are correlated with higher rates of suicidality, depression, and other mental health concerns. Helping professionals play an essential role in mitigating experiences of oppression by advocating for positive social change for their transgender and gender-expansive clientele. Through the provision of a single case portrait, this article explores the advocacy-in-action of Craig, a helping professional and advocate, as he pursues positive social change for transgender and gender-expansive youth. Merriam's (1988) interpretive case study was used to guide data collection and findings. Emergent themes provided concrete examples of how the American Counseling Association (ACA) endorsed an advocacy model, and the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling Competencies for Counseling Transgender Clients apply to this population. Including the concepts of intrapersonal and interpersonal advocacy to the current advocacy model is critical to advancing the health of transgender and gender-expansive youth. Implications for counselors and counselors in training will also be discussed.

Keywords: Advocacy, transgender, gender-expansive, helping professional, counselor

Introduction: Why Advocate? Why Now?

Indeed, we can argue that no one achieves autonomy without the assistance or support of a community, especially if one is to make a brave and difficult choice such as transitioning. (Butler, 2004, p. 76)

Young people who do not fit within the male-female gender binary often experience a "radical dislocation" from society (Butler, 1986, p. 27). When presenting as their authentic selves, transgender and gender-expansive youth face barriers as they encounter higher rates of stressful childhood experiences (Schneeberger, Dietl, Muenzenmaier, Huber, & Lang, 2014; Grossman & D'Augelli, 2006), verbal and physical violence within the school environment (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010), and discrimination throughout the lifespan (Schneeberger et al., 2014). In the healthcare setting, transgender and gender-expansive youth experience discrimination in the form of refusal by physicians to provide medical services and by health insurance providers to pay for gender confirmation services (Safer et al., 2016). The political climate also significantly influences the experience of transgender and gender-expansive youth, as seen in recent changes in federal- and state-level policy directly impacting the population's experience in schools and communities.

The data utilized in this case study was collected during late 2018, with analysis occurring during early 2019, approximately two years into the presidency of Republican Donald Trump. The social and political context in which the study occurred played a significant role in the themes that emerged, which spoke to the Trump administration's revocation of policies essential for the protection of transgender and gender-expansive youth. One critical incident described in the data was the Department of Justice's rescinding of the Title IX guidance that described transgender and gender-expansive students as a protected population (U.S. Department of Justice, 2016). Other examples of discriminatory policies and political action included changes in the legal definition of gender (Green, Benner, & Pear, 2018) and the increasing number of state-level bathroom bills, sponsored predominantly by Republican lawmakers (Kralik, 2019). A significant socially impactful trend that has been correlated with the election of President Trump is the "surge" in reported hate crimes perpetrated against ethnic and racial minorities as well as members of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community since November 2016 (Edwards & Rushin, 2018). These politically motivated events and the increased incidents of hate crimes negatively influenced advocacy efforts for these populations by impacting advocates' sense of personal safety and the well-being of LGBTQ colleagues and community members. As evidenced by this study's data, the efforts of counselor advocates were significantly impacted as they attempted to assist transgender and gender-expansive clients to navigate challenges and learn to thrive.

As described by Butler (2004) in the quote above, those brave individuals who aim to present as their authentic selves (or "transition") require the support of a community in order to achieve autonomy. This statement is particularly pertinent for transgender and gender-expansive youth, as this population faces multiple intersections of oppression due to discriminatory beliefs about the agency and self-knowledge of children (UNICEF, 2014). The lack of attention to the experience of transgender and gender-expansive children is further evident in the available data regarding the prevalence of trans persons in the United States, as information is only available for adolescents ages 13 and older. The estimated prevalence of transgender identity in the United States is .6% for adults ages 18+ (Hermann, Flores, Brown, Wilson, & Conron, 2017), while the number of youth ages 13-17 is .7% (Hermann et al., 2017). In the Southwestern states, consisting of New Mexico and Arizona (U. S. Census Bureau, 2013), the percentage of youth (ages 13-17) who identify as transgender is .81-.88%, slightly higher than the national average (Hermann et al., 2017). At the time of this writing, data estimating the number of transgender youth under age 13 was not available.

Current data regarding the prevalence of youth who are transgender or gender-expansive fail to describe the difference between these two identities. One explanation for this lack of distinction is that while gender diverse individuals may use similar language and labels to name their experience, the meanings assigned to the

terms *transgender*, *nonbinary*, or *gender-expansive* are highly individualized. To improve outsider understanding of the terms used to reference the LGBTQ community, advocacy organizations such as Lambda Legal and the Human Rights Campaign provide online lists of terms that are continuously updated as they evolve and are redefined by the LGBTQ community. Per the Human Rights Campaign (2018), *gender-expansive* "describes all non-cisgender [persons]" (p. 5), with *cisgender* defined as "persons whose gender identity, express, or lived experience aligns with what is typically associated with the sex they were assigned at birth" (p. 5). This definition of gender-expansive includes transgender and nonbinary youth under the greater umbrella of expansive gender identities. *Transgender* describes those persons whose gender identity, defined as "one's inner sense of being male, female, or something else, differs from their assigned or presumed sex at birth" (Lambda Legal, 2020). Much like transgender community members, persons who describe themselves as *nonbinary* have an internal sense of self that does not align with the assigned or presumed sex at birth. What distinguishes nonbinary individuals is their lack of identification with a singular binary gender identity, as some nonbinary individuals identify with both male and female identities, while others do not identify with either binary gender (National Center for Transgender Equality, 2020). For the purposes of this manuscript, *gender-expansive* refers to those non-cisgender youth who do not identify as transgender (e.g., bigender, agender, gender nonconforming).

Helping professionals play an essential role in supporting transgender and gender-expansive youth. As helpers, they are ethically obligated to act as affirming safe adults and advocates (World Professional Association for Transgender Health, 2011; ALGBTIC, 2010) at the individual, community, and systems levels (Toporek, Lewis, and Crethar, 2009). Current literature speaks to the need for advocacy as a component of competent practice for counselors working with this population, but little research speaks to the process or phenomena of advocacy and the contextual variables that impact the implementation of advocacy strategies.

This article aims to provide the reader with a rich description of the implementation of advocacy efforts of a practicing helping professional, through the provision of a single case "portrait" (Lightfoot, 1983). The design of the larger study from which this case portrait is derived utilized a single holistic interpretive case study design (Merriam, 1988) to guide data collection, analysis, and write-up of results. Interpretive case study calls for the independent analysis of each case followed by a cross-case analysis. The analysis of independent cases enables the researcher to attend to "the contextual variables…that might have bearing on the case" (Merriam, 1988, p. 154) and facilitates the creation of case portraits (Lightfoot, 1983). Each case portrait follows a narrative format, attending to each of the following features: (1) context, (2) voice, (3) relationship, (4) emergent themes, and (5) the aesthetic whole (Lawrence-Lightfoot, 2005). In line with Lawrence-Lightfoot's (2005) approach to portraiture, the aforementioned elements are strategically woven together rather than parsed out and separately described. The portrait of "Craig" (a pseudonym), one of 12 participants in the larger study, is shared here as an example of one helping professional's advocacy-in-action for transgender and gender-expansive youth in the Southwest United States.

Gender Identity: Development, Marginalization, and the Role of Advocacy in Social Change

Gender Identity Development

Transgender and gender-expansive youth self-identify as early as three years of age (Lopez, Stewart, & Jacobson-Dickman, 2016) and express their gender identity in a variety of ways. Young children may articulate their transgender identity verbally or behaviorally by indicating a preference for dressing like the gender with which they identify, preferring playmates of the gender with which they identify, expressing a strong dislike for their sexual anatomy, and exhibiting a desire for sex characteristics of their identified gender (American Psychiatric Association, 2013). When compared to children merely exploring gender identity and expression, the

experience of children who identify as transgender is distinct, as transgender children consistently, insistently, and persistently describe their gender identity as that which does not align with the sex they were assigned at birth (Zucker, 2005). While persons who are transgender often identify with one of the binary genders (i.e., male or female), both transgender and gender-expansive individuals may describe their gender identity as both male and female genders, neither male or female, or may describe their identity in their unique terms (Gender Spectrum, 2018). In other words, the meaning assigned to the terms *transgender* and *gender-expansive* are specific to the individual who uses the term in describing their identity, and the definitions provided here may not be accurate for all transgender and gender-expansive individuals.

Youth whose gender identity does not align with the binary face a multitude of challenges from accessing resources to coping with gender harassment (Meyer, 2009). The adverse experiences of transgender and gender-expansive youth may be attributed to the stigma assigned to persons who fail to conform to the Westernized concept of gender as a binary (Butler, 2004). Helping professionals who act as advocates play an essential role in helping to empower these youth to address sources of discrimination and oppression at the individual and systems levels (Singh & Burnes, 2010).

Affirming Gender Through Social Justice and Advocacy

The medical community and mental health professions conceptualize transgender and gender-expansive identities as a normative part of human development (Stein, 2017; ALGBTIC, 2010) and "not inherently pathological" (American Psychological Association, 2015, p. 835). The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), a division of the American Counseling Association (ACA), provides helping professionals with competencies for counseling of transgender and gender-expansive clients. The ALGBTIC (2010) competencies articulate an affirmative approach to working with this population. The ACA also provides continuing education courses to ensure competent practice in addressing the needs of these individuals. The American Psychological Association endorsed the gender affirmative model, a best practices approach to working with transgender and gender-expansive youth that supports and affirms these individuals' right to live as their authentic selves (Keo-Meier & Ehrensaft, 2018).

The multicultural and social justice counseling competencies (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) described those counseling interventions and advocacy efforts that enable social justice work at multiple levels. These competencies outline the attitudes and beliefs, knowledge, skills, and actions that inform social justice counseling. Counselors practicing from a social justice perspective know when to engage in systems advocacy, when to assist a client to develop self-advocacy skills, and when to "address the historical events and persons that shape and influence privileged and marginalized client's developmental history" (Ratts et al., 2016, p. 12). These competencies outline the many ways that counselors can affect positive change through their privileged role as helping professionals. These competencies also contribute to the overall conceptualization of advocacy efforts for marginalized populations.

Another essential organizing framework for understanding the advocacy process comes from the counseling literature. Recent publications have explored the role of professional counselors as advocates for disenfranchised, stigmatized, and marginalized populations (Kress & Paylo, 2012). Within the therapeutic setting, counselors work one on one with clients to identify sources of oppression and discrimination and brainstorm ways to diminish the effects of marginalization through empowerment and social action (Kress & Paylo, 2012). Competent counselors are expected to engage in advocacy efforts with and on behalf of their clients. Per the *ACA Code of Ethics* (American Counseling Association, 2014):

Counselors are expected to advocate to promote changes at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. (p. 8)

Counselors fulfill the role of advocate in order to address those environmental variables that impact clients' ability to achieve their goals, develop across the lifespan, and access resources (Brubaker & Goodman, 2012). Counselors who effectively advocate for their clients are described as maintaining the following characteristics: (1) an appreciation for the suffering of others, (2) the ability to effectively communicate verbally and nonverbally, (3) maintain a multisystemic perspective, (4) maintain competence in individual, group, and systems-level interventions, (5) understand how to use technology and media effectively, and (6) have adequate research skills and abilities (Kiselica & Robinson, 2001).

Study Design

This article utilizes the case portrait of Craig, a practicing helping professional in the Southwestern United States, to enhance understanding of the many levels of intervention needed to help gender-expansive individuals thrive in their communities and greater society. As one of 12 case portraits described in the larger holistic interpretive case study, Craig's case portrait is an exemplary example of how helping professionals incorporate advocacy into their clinical practice. In line with interpretive case study design (Merriam, 1988), the data utilized in the creation of Craig's case portrait was qualitative, consisting of a single one-hour interview, a demographic questionnaire, and an observation field note completed by the researcher.

Institutional Review Board Procedures

In February 2017, prior to the initiation of recruiting efforts and data collection, the University of New Mexico's Institutional Review Board (IRB) approved the study design, informed consent documents, demographic survey, and interview protocols. The IRB was consulted prior to any change to the design of the study. The secondary researcher, doctoral candidate in counselor education Kathryn Brammer, was approved by the IRB to review and analyze all data collected over the course of the study.

Interview Protocol

Two interview protocols were used in the larger study: one for helping professionals and one for advocates whose efforts were community-based. The questions included in the interview protocol for helping professionals utilized language and concepts derived from the literature. For example, the first question inquired about specific client-level strategies as described by Singh (2010), Ratts et al. (2016), and Singh and Burnes (2010): "How can counselors best advocate for transgender and gender-expansive children at the *client level*, specifically in regard to (a) utilizing strategies to empower the client in session and (b) identifying the client's strengths and resources?"

In addition to the information derived from participant dialogue, data were also derived from observation field notes completed by the primary researcher immediately following each interview. Contextual variables were addressed, such as the nature of the participant's relationship with the researcher, the researcher's experience during the interview and perception of the interviewee's experience, and a reflexive statement.

Interview Context

As per his choice, Craig's interview took place in his office at 8:00 a.m. on a weekday, prior to his seeing clients for the day. Since his office is typically used for providing confidential counseling services, the set-up of the space provided adequate privacy for the interview. Craig appeared comfortable and open to discussing all topics during the interview. He completed the demographic survey and interview in a total of 52 minutes.

Analysis

The interview transcript and observation field notes were submitted to the coding process (Merriam, 1988), whereby the primary investigator and a secondary researcher reviewed each transcript three to five times while noting overarching categories, subcategories (when applicable), and related themes. In line with Merriam's (1988) case study design, the construction of categories emerged from both the analysis of content

and borrowed from previous literature. According to this approach, inductive and deductive comparative strategies are employed to identify categories that are relevant to the purpose of the research and independent of one another so that no one variable fits in more than one category. Per Merriam (1988) and Glaser and Strauss (1967), an inductive approach to categorization is most desirable in qualitative research, as it ensures that categories are congruent with the data and relevant to the purpose of the research. Although categories may be borrowed from other research, these deductively derived categories may be less evident in the data and fail to adequately capture the richness of data (Merriam, 1988).

Triangulation of Data and Investigators

The inclusion of a secondary researcher allowed for "investigator triangulation" whereby two or more researchers review the data, sharing their perspectives and observations in order to improve the accuracy of findings and ensure attention is given to alternate perspectives (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). Triangulation consisted of the coding of all interview transcripts and field notes by the primary investigator and the secondary researcher. The researchers then met once or twice per month to discuss observations and compare categories, subcategories, and themes that were emerging from the data. The use of investigator triangulation enabled confirmation of findings and "added breadth to the phenomenon of interest" (Carter et al., 2014, p. 545).

Multiple sources of data were utilized to ensure that the complexity and breadth of the topic were fully captured. Merriam (1998) stated that effective case study design should include interviews, observations, and the mining of documents and that these data sources should "triangulate" with one another. The larger study utilized a single one-hour interview with 12 participants, a demographic questionnaire, and observation field notes. The design of the larger study was informed by the results of a pilot study facilitated in the spring of 2017. The initial pilot study engaged participants in individual interviews only and failed to capture relevant demographic information (e.g., identities or socioeconomic status) or researcher observations regarding the environment and participant behavior. The two additional sources of data and the inclusion of a secondary researcher ensured the triangulation of data sources and investigators.

Researcher Statement of Reflexivity

The primary investigator and author facilitated all aspects of the project from data collection to analysis. Concerning the participants involved in the study, the author was both an insider and outsider (Lapan, Quartaroli, & Riemer, 2012) and participant-observer (Bernard, Wutich, & Ryan, 2017). As the parent of a gender-expansive child and a community-based advocate, she found herself accepted by many members of the LGBTQ community. Although she was embraced by community members, as a cisgender heterosexual white female, she is not a member of the LGBTQ community. Although her role as a parent and advocate for gender-expansive youth provides her access to many of the participants who were recruited for the study, she considers herself as an ally and outsider.

Her experiences addressing discriminatory practices in her eight-year-old daughter's school inspired the creation of this project. Agency-based advocates and other parents/caregivers provided them [partner and herself] with indispensable support and advice as we obtained legal representation and negotiated change within our school district. Her family joined a transgender-youth playgroup where their child gained a sense of empowerment through having supportive interactions with advocates, other parents, and fellow gender-expansive youth.

These experiences shaped the first author's identity as an advocate, a licensed helping professional, and an academic. Advocating for her child as a parent and counselor-advocate introduced her to a multitude of community-based advocates and provided a platform upon which to build rapport with these individuals and related organizations. The participants interviewed for the larger study were known to the first author as

acquaintances and colleagues before the initiation of the research. The nature of her relationship to the topic and participants involved raised ethical implications, as her insider status with participants required extra precautions to ensure privacy and confidentiality of the information disclosed.

Findings

The findings presented here aim to provide the reader with an in-depth understanding of advocacy-in-action through the exploration of the experience of helping professional Craig. The efficacy of case study design lies in its attention to contextual variables (Johansson, 2003), thus Craig's case portrait attends to those aspects of his experience and identity that have impacted his development as an advocate and the current context in which he practices. The themes described illustrate Craig's approach to advocacy work with transgender and gender-expansive youth and their families. Craig's description of the effects of the sociopolitical context in which his efforts are situated and how he pursues change at a systems level are also discussed. In an attempt to honor Craig's experience, his portrait includes as many direct quotes as possible.

Craig's Background and Recruitment

Craig identified as a White, cisgender, gay male, and stated that his pronouns are he/him. Craig was born in the 1970s and began his work in advocacy during his undergraduate studies when he assisted at a homeless shelter. He stated that it was at that time that he began working with LGBTQ youth who were experiencing homelessness. He noticed that this population faced rejection and discrimination from family, community, and society. Craig has a master's degree in health and human services and worked as a helping professional in the Southwestern United States.

Craig maintained a private practice near a school that provided an affirming community for LGBTQ students. His office was also near a community center that served LGBTQ youth. Craig explained that the location of his office has enabled his clients to access services such as support groups, youth events, and an affirming educational environment, as these services are within walking distance of his office. He described having a number of clients who attend the affirming school during the day, walk to Craig's office after school one day a week, then receives services at the youth center.

Craig was recruited to participate in the study when, during a conference regarding LGBTQ issues for human service providers, Craig attended the first author's presentation about the pilot study that preceded the larger interpretive case study from which this portrait is derived. At the end of the presentation, she asked that any attendees interested in participating in future studies on the topic provide their contact information. Craig spoke to her after the presentation and indicated that he was interested in sharing his experience working with LGBTQ youth as a helping professional and provided his business card. He was contacted approximately a year later after the IRB approved the research study.

Advocating as a Helping Professional and Human Service Provider

The data gathered from Craig's interview and demographic information, as well as the corresponding field note, resulted in two themes under the umbrella category of "advocating as a helping professional." The themes represented micro-level advocacy efforts, namely advocating for youth within their family/caregiving unit and addressing the sociopolitical context.

As a licensed human services provider working with LGBTQ youth, Craig described working with a number of transgender and gender-expansive young people and their families. According to Craig, the role of the helping professional as advocate includes being a confidant, and assisting youth as they navigate their experience and work towards positive outcomes..

Advocating for Youth Within the Family/Caregiving Unit

Craig described his human services work with transgender and gender-expansive youth as almost always including the child's parents and/or caregivers. He noted that in his state of practice, once a child turns the age of 14, they may consent to receive mental health and some medical services without parental consent. Therefore, when working with clients under the age of 14, Craig always included the parents/caregivers in the helping process. When working with parents/caregivers, Craig described his role as advocating for the needs and wants of the child.

Advocating for the transgender or gender-expansive youth when working with the parents requires premeditation and strategy. Per Craig, interacting with parents/caregivers follows a specific process or trajectory. This process includes: (1) normalizing the parent/caregiver's experience with the child, (2) navigating parent/caregiver's expectations for the helping process, and (3) educating parents/caregivers about the statistics and the stakes concerning their choice to either reject or affirm their child's identity. An additional and critical aspect is to hold space for the transgender or gender-expansive child during this process.

1. Normalizing the parent/caregiver's experience with the child.

The first step when working with a transgender or gender-expansive minor client and their parent/caregiver is to ensure that the parent/caregiver's experience is normalized. Per Craig, when first working with the parent, the human service professional ought to: *Just normalize it. Saying you are not the only parents who feel this way. That is often really helpful.*

Craig described normalizing as a process whereby the human service professional ensures the parent/caregiver that their emotional response to their child's transgender or nonbinary gender identity is similar to other parents/caregivers in the same situation. Normalizing the feelings about their child's identity serves multiple purposes. Normalization helps to meet the parents/caregivers where they are with regards to their rejection, ambivalence, or support of their child's identity. This strategy also builds rapport with the family and avoids their not coming back by being "gentle" and not going "full force" challenging their worldview with too much education. Per Craig:

> *I think being an advocate in this setting you have to be gentle. You can't go full force saying, "no, listen, [their gender identity] is perfectly acceptable. This is perfectly okay. There's nothing wrong with your child. They are just different. They just have a different gender identity than the rest of us." Just explaining what it means to be transgender is sometimes helpful, but there have been a few times where I've had people decide not to come back to [the office] because of that. And I try really hard not to make that happen. So that means going really slow when I try to engage.*

2. Navigating parent expectations for counseling.

Craig described parents/caregivers as often bringing their child to his office with preconceived notions about what their child is going through and what they need to do to feel better. He stated that some parents/caregivers are aware that their child is *"coming out"* to them as some aspect of LGBTQ and are seeking assistance to better support their child. He described other parents/caregivers as being unaware of why their child is struggling, bringing their child to therapy in hopes of obtaining some assistance. Craig stated that some parents/caregivers are rejecting their child's gender diversity and are *"under the assumption that I'm going to side with them and try to make their child un-transgender."*

Although Craig said that he attempted to be *"gentle"* with parents/caregivers to ensure that they keep coming back to the office and continue to allow their child to engage in human service interventions, he drew a hard line with how gentle he was willing to be. Craig stated that *"it's not always completely possible"* to meet

parents/caregivers where they are, particularly rejecting or ambivalent parents, *"because I'm not going to separate myself from my own morals."* Craig described himself as willing to normalize negative emotions or a rejecting response to a child's transgender or gender-expansive identity and will even discuss beliefs about gender diverse identities, but he will not go so far as to allow parents/caregivers to believe that he approves of their rejecting attitudes or behaviors.

No matter the difference in expectations parents/caregivers have for human service interventions or beliefs about gender diversity, Craig stated that all essentially "bring their child to get some more information." By identifying the foundation of his role as a helping professional and advocate as that of educator, Craig is able to meet the parents/caregivers wherever they are in their journey.

3. Educating parents/caregivers.

As a helping professional and advocate for transgender and gender-expansive youth, Craig stated that educating parents/caregivers about gender identity requires a delicate balance between providing information and gently challenging misinformed beliefs. Craig described the primary areas where parents require education as (1) understanding gender identity as a spectrum, (2) the role of hormone therapy and medical transition in treating dysphoria and related mental health symptoms, (3) the relationship between lack of congruity between physical gendered appearance and internal gender identity, (4) and the role of parental/caregiver rejection or acceptance in transgender or gender-expansive child experience of suicidal ideation.

When discussing his approach to educating parents, Craig described challenging beliefs and behaviors that reinforce gender as a binary concept. He stated that parents/caregivers often struggle to allow their child to explore their gender, as many tend to view gender as strictly male or female. This belief prevents children from stepping outside of stereotypical gender norms, such as boys play with trucks and girls play with makeup, even though both cisgender and transgender children may not fit stereotypical gender expectations. Craig described challenging parents/caregivers in the following way:

> *If a kid is transgender, it becomes this really hard and fast rule of what they are going to be like. If it's a trans feminine child, that child should only wear girls' clothing and put on lots of makeup and grow their hair really long and they have to be this stereotypical female. It can't be a mixture or a combination of a process of discovery for this child. I think that can be more difficult, and it causes confusion. They'll say stuff like, "Well sometimes you like to play with trucks" to the trans feminine boy, or "sometimes you like to play with transformers." My whole approach would be to say, "Well yes, but some cisgender little girls like to do that too. Is that such a bad thing?"*

Craig also emphasized the importance of learning from children and expanding society's definition of gender, viewing gender as a spectrum and a self-defined experience:

> *These children make us question and look more broadly at these definitions of gender and gender identity, and what that means and not making it so binary and not making it so specific and pushing that onto our kids.*

Another essential area of education for parents/caregivers is understanding the role of hormone therapy and medical transition in treating dysphoria and related mental health symptoms. Craig described hormone therapy as the use of hormone blockers in children as young as 12 and cross-sex hormones in the later teen years. Per the World Professional Association for Transgender Health (2011), hormone blockers prevent the development of secondary sex characteristics associated with the child's natal sex (or gender assigned at birth). Hormone therapy also includes the use of cross-sex hormones (i.e., estrogen for transgender females and

testosterone for transgender males), typically started during late adolescence. Craig discussed the importance of hormone therapy:

> *What's happening more recently is that they are doing what they call hormone blockers. I've been noticing a much better trend of this happening, where they start hormone blockers as early as 12 years old, and that's so good. It's so, so, so, so helpful. I really advocate for these blockers. It's part of the advocacy work I do, helping the parents understand because they do have to consent for these gender treatments or it won't happen. But the hormone blockers are so great because it prevents the child from having to go through second puberty, which is challenging and it is such a whirlwind.*

Craig described hormone therapy as essential to addressing psychological distress associated with the lack of congruity between internal gendered experience and external gender presentation. He referenced clients who presented to counseling with symptoms of depression and thoughts of suicide who, after beginning hormone therapy, experienced a drastic reduction of symptoms. Per Craig, hormone therapy plays a positive role in promoting mental health for transgender and gender-expansive youth:

> *It really helps, from a [human services] perspective. I do basic screenings for depression and it is absolutely amazing how the level of depression decreases when a child starts on hormones. It's amazing. They can be fairly suicidal, with immobilizing depression, but when they are on hormones when they start the process confirming and affirming their gender, something just happens. They feel so much better. They're doing something positive for themselves. Then they feel like they want to stay with the game. They want to keep up with life and keep going.*

When transgender and gender-expansive youth fail to have their gender affirmed, whether through lack of medical intervention or parental support, mental health can be adversely affected. Per Craig, these youth experience a much higher rate of suicide than their peers, and parental rejection of their gender identity seems to be a contributing factor. When these youth are accepted and supported by their parents/caregivers, their risk of experiencing suicidal ideation or attempting suicide decreases. Craig's statements about increased suicidal ideation in transgender and gender-expansive youth with rejecting families are validated by quantitative studies facilitated by the Family Acceptance Project (Ryan, Huebner, Diaz, & Sanchez, 2009). According to the Family Acceptance Project, children experiencing high levels of family or caregiver rejection are more than eight times more likely than the general population to attempt suicide and more than six times more likely to experience severe depression (Ryan et al., 2009). Craig described educating parents about the high-stakes of parental acceptance:

> *Trying to do some education, talking about gender identity. I think what can really help parents come to an understanding of their child is to know that transgender youth have a very high rate of suicide, that's much higher than the average teenage population. I think that knowing that, and the fact that if one parent accepts them then that's going to decrease the rate of suicide or the risk of suicide for that particular kid— that really helps. I think that most of these parents really love their kids. With rejecting parents, I think they're thinking about the child's overall life and they don't question the fact that if they don't receive the support they need—being in such an isolated group, and some having really severe gender dysphoria—if they don't get that type of support, and if they're rejected then that can increase the rate of suicide.*

The literature has indicated that families who accept their child's gender identity by using the appropriate gender pronouns and name, enabling clothing, hairstyles, and presentation as the child desires—what is referred to as having "socially transitioned"—results in rates of depression, anxiety, and adverse mental health symptoms on par with their cisgender peers (Sherer, 2016).

Holding space for the transgender or gender-expansive child.

Craig described his advocacy work as centered around his role as a human services provider. He spoke to sitting with his young clients and the *"dark things"* they share with him. Craig emphasized the importance of holding space for these young people:

> *It can be really challenging to work with kiddos and to sit and bear witness to and hear about really atrocious dark things that are going on in somebody's life. This is what [human service providers] have to do. We have to like to sit with people and be brave with them as they recall traumatic events.*

Holding space for transgender and gender-expansive youth in the helping environment also means challenging negative beliefs. Craig described the negative beliefs these young people present within counseling as often originating with the child's parents/caregivers and consisting of self-deprecating beliefs about their selves. These beliefs include self-statements about lack of worth, being *"bad"* or a *"freak,"* and not deserving of fair treatment or to have their gender acknowledged, all because of their gender identity. Craig described challenging these beliefs as a form of advocacy for his clients to harbor more positive beliefs about themselves and abandon these negative thoughts and patterns:

> *They need to know that they're not a freak. They're not bad. They're not a bad person. They have worth. They deserve to be treated well. They deserve to have their gender pronouns respected. I've been providing a lot of that support and countering some of those negative thoughts, patterns, and belief systems that were passed down from their parents to them. There's a lot of that in [human services], and that's a way that I advocate for my clients. There's a lot of sort of like working against those negative stereotypes.*

Sociopolitical Context

The Trump Administration

When asked about whether political climate affected his young transgender and gender-expansive clients, Craig confirmed that political changes drastically impact these youth. Craig described the transgender and gender-expansive community as at "*the precipice…[as they are] just barely getting to that place where they are truly recognized by the medical fields, society, and the government.*" He stated that the recognition and affirmation of the transgender community by medical, social, and government entities has shown political progress, but that such progress is jeopardized by the current administration. Per Craig, "*[Political progress] needs to be taken so much further. But it's so scary when you have this lunatic elected to office.*" In addition to the aforementioned views on the Trump administration, Craig's statements about sociopolitical context included the following themes: (1) transgender is the new gay, and (2) the political is personal.

"Transgender Is the New Gay"

According to Craig, "*Transgender has become the new gay as far as discrimination goes.*" Craig suggested that in the past, lesbian, gay, and bisexual (LGB) youth were likely to be mistreated and rejected by their parents/caregivers. He stated that today these children are more likely to be accepted. Transgender and gender-expansive clients, on the other hand, seem more apt to see negative responses from loved ones. Families Craig has worked with have been more open to their child having a nonheterosexual sexual orientation, but *"not okay"* with being transgender or gender-expansive. He viewed this shift in parent/caregiver/family perspective as reflective of a shift in stigma and discrimination. Per Craig, where being gay could cause a child to lose their family's support, it's now nonbinary gender identities that appear to elicit this level of rejection from family members and/or caregivers:

> *Fifteen to 20 years ago, a lot of kids were kicked out of their house because they were gay or forced to go to*

some sort of conversion therapy. That still happens in different parts of the country with the LGB part of the population. But as far as transgender, nongender, nonbinary, or gender variant folks, they're dealing with that currently. So now transgender is the new gay, which is kind of a weird way to say it. I think that LGB kids are accepted by their parents much more. That's a more common thing. Definitely not all parents, there's certainly less acceptance with highly religious parents as they seem to be more antigay. But a lot of parents who are actually very okay with their child being gay, lesbian or bisexual are not okay with them being transgender. And that's been my experience.

Craig described some *"highly religious parents"* and parents/caregivers in *"different parts of the country"* as continuing to reject all LGBTQ identified youth, but stated that there remains a trend toward acceptance of LGB youth. The parallel between the historical rejection of LGB persons by institutions, communities, and political leaders and the current rejection of transgender persons is irrefutable. As discussed below, recent political events and their effects on the transgender and gender-expansive community support the theme, political is personal.

Political is Personal: Effects of the Trump Administration

Craig's statements were rooted in current American politics. At the time of Craig's interview, Republican and political conservative Donald Trump had held the office of president for approximately two years. During that time, Trump had rescinded the Title IX guidance that ensured transgender and gender-expansive students received fair treatment in the public education system (U. S. Department of Justice, 2016), attempted to ban persons who are transgender from serving in the military (Levin, 2018), and legally define gender as based on a physician's interpretation of genitalia at birth (Green et al., 2018). Craig viewed these political actions as indicative of an anti-LGBTQ agenda and reported feeling fearful and concerned for the safety and well-being of his clients, the broader LGBTQ community, and himself as a gay man.

Craig's description of how he and LGBTQ members of his community felt following the 2016 presidential election illustrates the impact of political events on personal experience:

After the presidential election, I was in a really dark place. I'm watching that whole thing…it felt a lot like a rollercoaster. The whole week after the election, it was horrible for the youth that I work with. I actually emailed my group [of LGBTQ colleagues and friends] and was like, I feel like I'm in despair here. I don't know what to do. We kind of encouraged each other through email. There was this big line of encouragement. I woke up that morning and was like, "shit." As a gay man to see somebody whose vague policies regarding transgender issues and gay issues, and then to see the people that President Trump is hiring, who he has appointed to all of these major offices, it was so scary. Just the insanity of what happened and what it could mean.

Craig described maintaining a group of LGBTQ colleagues (referenced in the above quote) who also work with LGBTQ individuals with whom he meets once a month to share resources and discuss current events. He described the group as also frequently communicating via email, providing one another with emotional support. Craig's description of his and his community's response to Trump's election provided a strong example of how advocates experience political events as highly personal.
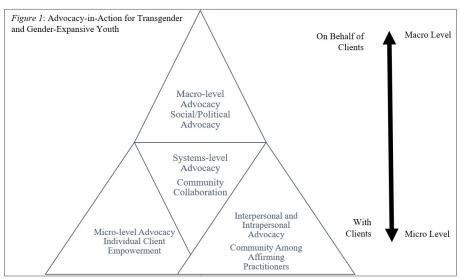
Conclusion

Discussion

Counselors are called to advocate for populations who experience disenfranchisement, oppression, and discrimination (American Counseling Association, 2014). The ALGBTIC competencies (ALGBTIC, 2010), ACA-endorsed advocacy model (Lewis et al., 2003), multicultural and social justice counseling competencies (Ratts et al., 2016), and CACREP standards (Council for Accreditation of Counseling and Related Educational

Programs, 2016) also emphasize the importance of counselor educators' and counseling practitioners' attending to the external factors that contribute to these populations' adverse experiences. Other sources speak to the specific application of advocacy for LGBTQ populations (Lewis & Bradley, 2000). Despite these many resources, there is room for an improved understanding of the lived experience of advocates for transgender and gender-expansive youth. It is the contextual variables articulated in the case portrait of Craig that provide a glimpse into the real-life experience of advocates as well as insight into the phenomenon of advocacy-in-action. Additionally, this case study expands upon previous applications of the ACA endorsed advocacy model (Lewis et al., 2003; Singh, 2010), as the themes described here provide concrete examples of counselor advocacy.

Implications for Practicing Counselors

The portrait of Craig describes the concrete application of the ACA endorsed advocacy model (Lewis et al., 2003) to work with transgender and gender-expansive youth at the macro, systems, and micro levels. The themes contribute to the existing literature by providing examples of what advocacy for this population looks like, while also expanding upon the wisdom shared in the ALGBTIC (2010) competencies for counseling transgender clients, which do "not permit for an in-depth application to counseling transgender youth," (p. 4) as these competencies do not attend to the unique experience of this population. The portrait of Craig addresses this gap by providing an example of the specific goals and tasks associated with advocacy efforts for transgender and gender-expansive youth in the counseling relationship. It also expands upon the currently endorsed advocacy model by adding an additional layer—the cultivation of community among affirming practitioners. The proposed additional layer to the ACA advocacy model, coupled with numerous concrete examples of the application of this model with transgender and gender-expansive youth, provides counselors with an informed model of counselor advocacy that is affirming for our child and adolescent transgender and gender-expansive community members.

The themes and specific goals and tasks described in Craig's case portrait are reorganized and presented in Figure 1: Advocacy-in-Action for Transgender and Gender-Expansive Youth. The information is presented in a format similar to the ACA advocacy model (Lewis et al., 2003), with the categories arranged by level of intervention (i.e., macro-level, systems level, and individual client or micro-level) and the level of collaboration with the client in engaging in advocacy strategies (i.e., with client versus on behalf of the client). Utilizing the themes derived from Craig's case study, this model provides a summarization of the goals and tasks associated with each level of intervention, thus furnishing counselors with concrete examples of advocacy efforts for this population.

Figure 1: Advocacy-in-Action for Transgender and Gender-Expansive Youth

The top-most level of advocacy presented in Figure 1 is the macro level, which attends to social and political advocacy efforts. As the highest level of intervention, advocacy in this realm tends to consist of efforts conducted by the counselor on behalf of the client. The primary goal when advocating at this level is to address sources of oppression within those institutions that impact transgender and gender-expansive youth. Institutions that affect the experience of this population include schools, health facilities, and legal institutions. In line with Chen-Hayes (1999), counselors should utilize advocacy strategies at the macro level to challenge heterosexist and transphobic systems and beliefs and address clients internalized and externalized oppression. Internalized oppression exists when members of a nondominant group believe the myths and stereotypes about their group. Externalized oppression in this situation consists of "what is done, consciously or unconsciously, by members of dominant sexual orientations and gender identities to keep resources out of the hands of LGBT persons" (Chen-Hayes, 1999, p. 89). Craig described helping professionals as needing to cultivate and convey awareness of how the actions of these institutions impact youth as well as to advocate for change in policy and increased education of persons within these institutions.

The next level of advocacy presented in Figure 1 is characterized by increasing collaboration with community members to pursue positive changes within the local area. Working within the systems level, counselor advocates aim to create safe community networks for gender diverse youth. These networks include affirming spaces and access to events where diverse identities are celebrated. For Craig this level of intervention included intentionally locating his counseling practice near an LGBTQ affirming school with an active genders and sexualities alliance and a community center that hosted events for LGBTQ youth and celebrated diverse gender identities. Multiple sources confirm the need for counselors to engage in community collaboration in order to improve LGBTQ community members' access to essential resources while increasing a sense of empowerment (Lewis et al., 2003; Holman & Goldberg, 2006; Lewis, Toporek, and Ratts, 2010)

In addition to those advocacy efforts aimed at addressing systemic factors that impact transgender and gender-expansive youth, the emergent themes from Craig's case study spoke to those micro-level collaborative advocacy efforts (the lowest level in Figure 1). Micro-level efforts are supported by both counselor and client and typically focus on client empowerment. Two types of micro-level advocacy emerged, consisting of in-session interactions with the youth's parents or caregivers and in-session interactions with the youth.

For interactions with parents and caregivers, the goal is to elicit support and to increase affirming behaviors toward the youth. The counselor is encouraged to engage in three tasks: (1) normalize the parent/caregiver's experience; (2) explore the parent/caregiver's expectations for the youth's counseling, and (3) gently and slowly introduce psychoeducation about gender development and diverse identities including challenging taken-for-granted beliefs about gender as a binary (challenging parent/caregiver worldview may not be applicable for those parents/caregivers who are accepting of their child's identity).

When in session with transgender and gender-expansive youth, the counselor-advocate utilizes the therapeutic space to work toward the empowerment of the individual client. The primary goal of this interaction is to assist the youth with navigating their experience while developing a positive self-identity and practicing self-advocacy skills. The self-advocacy skills described by Craig include validating the child's right to expect and demand fair treatment by peers and adults. The school counseling literature supports this definition of self-advocacy skills and further elaborates that these skills may include (1) providing youth with the language necessary and/or the opportunity to rehearse speaking with adults and peers about their identity, (2) brainstorming ways the youth can protect themselves when experiencing bullying, and (3) how to reach out to adults for assistance (Ratts, DeKruyff, & Chen-Hayes (2007).

The last level of advocacy described in Figure 1 is interpersonal and intrapersonal advocacy. Per Craig, effective advocacy requires counselors to engage in interpersonal dialogue around those social and political issues that impact the shared sense of safety and well-being of the LGBTQ community. Craig provided the example of interpersonal advocacy as consistent interactions with other LGBTQ affirming helping practitioners.

This level of advocacy also includes intrapersonal work. Craig's narrative regarding the impact of the election of President Trump on his emotional health serves as an example of how counselor-advocates explore their internal response to events significant to this community. This level of advocacy relies on empathic engagement with fellow trans-affirming helpers to name and reduce the feeling of fear and worry about the safety of one's community—colleagues, clients, and self.

According to Toporek et al. (2009), counselor advocacy is "a continuum of counseling action ranging from empowerment to social action…that tend to focus on…assisting clients in recognizing and addressing sociopolitical barriers to well-being" (p. 262). The purpose of the narrative shared in the case portrait of Craig is to allow you, the reader, to view the unfolding of one counselor advocate's journey to learning how to support and empower young gender-diverse clients. In addition, prominent themes from this case study were reorganized in order to provide a clear picture of how they align with the levels of intervention articulated in the ACA-endorsed advocacy model and ALGBTIC (2010) competencies for working with transgender clients. This reorganization of themes allows for the application of the material presented here to the practice of counseling and the education of counselors.

Implications for Counselor Educators

Professional counselors who are trained in CACREP-accredited institutions must receive education regarding "advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients" (Council for Accreditation of Counseling and Related Educational Programs, 2016, p. 9). The detailed description of Craig's approach to advocacy and the contextual variables that impacted his pursuit of social change may aid counselors-in-training to better understand those barriers that not only impact transgender and gender-expansive youths access to resources but also challenge the advocacy process. The reorganization of these themes to align with the ACA advocacy model (Lewis et al., 2003) coupled with an explanation of the goals and tasks associated with each level of intervention may provide counselor educators with a framework for educating counselors-in-training about advocacy efforts for transgender and gender-expansive youth. The descriptions of categories and themes that characterize advocacy as a phenomenon may be utilized as a means of educating counselors-in-training and clinicians. The rich details provided in this case portrait give life to a topic that may otherwise seem cold and impersonal. It is hoped that this will enable students and practicing clinicians to gain insight into the challenges faced when pursuing positive change for transgender and gender-expansive youth.

Limitations

The focus through the application of case study design to a single case may be considered limiting as far as applicability to other situations. It does, however, allow in-depth reporting of the experiences of one advocate for transgender and gender-expansive youth. The value lies in the contribution to the limited literature relating to the real-life experiences of such an advocate. Researchers are encouraged to use a similar approach to elicit and share the stories of other such advocates to expand the applicability to more situations.

The single case and the previously described insider-outsider positionality of the primary investigator could be seen as possibly allowing for researcher bias. The use of a secondary researcher as well as triangulation among the various sources of data has been described as a means of identifying such potential bias. Ultimately, readers are encouraged to consider the contextual factors of the presented case portrait and to apply the experience to their personal situations.

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