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Articles

Challenging Definitions of Psychological Trauma: Connecting Racial Microaggressions and Traumatic Stress

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Abstract

While previous studies have found significant relationships between racial microagressions, depression, and anxiety, few studies have examined the effects of racial microaggressions on traumatic stress. Furthermore, although trauma has been traditionally conceptualized as psychophysiological reactions to life-threatening events, the notion of racial trauma has been excluded, despite resulting in similar symptomatology. The current study utilized a correlational, cross-sectional design with a racially diverse sample of people of color (N=254) to investigate the relationships between racial microaggressions, racially- or culturally-related trauma, and trauma symptoms. Using hierarchical multiple regression analysis, results indicated that a greater frequency of racial microaggressions was significantly associated with greater traumatic stress symptoms, and that school or workplace microaggressions were the type of microaggression that was most associated with traumatic symptoms. Implications are discussed, including the need for counselors, psychologists, and helping professionals to consider racial microaggressions as traumatic events while using culturally-informed trauma-focused methods to normalize and empower people of color.

Keywords: microaggressions; discrimination; racism; trauma; racial trauma

Though slavery and segregation are no longer legal in the United States (US), there are many ways that racism manifests in our contemporary American society. First, while blatant racism had previously been suggested to have dwindled in the past (Sue et al., 2007), overt and intentional interpersonal racial discrimination remains prevalent in the US. For instance, the Southern Poverty Law Center reported a significant increase in race-based, ethnic-based, and religious-based hate crimes after the 2016 Presidential Election (Nadal, 2017). Second, some authors have described how racism is systemic and structural- manifesting through unjust institutional policies and societal norms. Examples include the lack of accountability for police violence or police misconduct towards Black people, the disproportionate incarceration of Black Americans in the criminal justice system, and the continuance of unequal health disparities for communities of color (Hargon et al., 2017; Jee-Lyn García & Sharif, 2015). Systemic racism has also been used to explain economic and educational differentials between people of color and White Americans. The Bureau of Labor Statistics (2019) reported median weekly earnings for Black men were 74.7 % of the median for White men, and median weekly earnings for Latino men were $728, or 70.5% of the median for White men. Further, another study found, over four decades, Black and Latina/o/x students steadily maintained significantly lower high school completion rates than White students (Stark & Noel, 2015). Despite a common belief that equal opportunities exist for all, many racial disparities persist.

Third, scholars also described how racism could manifest in more covert forms (Sue et al., 2007). Subtle discrimination has been coined in different ways (e.g., aversive racism, modern racism, etc.), the term "microaggression" is often used commonly in academia to describe the subtle, often unconscious, ways that people's biases influence their language and behaviors (Nadal, 2013; Nadal, 2018; Sue, 2010; Torino, Rivera, Capodilupo, Nadal, & Sue, 2019). The term was first coined by Chester Pierce and his colleagues, defined as "subtle, stunning, often automatic, and non-verbal exchanges which are 'put-downs'" (Pierce, Carew, Pierce-Gonzalez, & Willis, 1978, p. 66). While some articles were written about microaggressions in the three decades following its conceptualization (e.g., Solórzano, 1998), the concept did not gain mainstream popularity until counseling psychologist Derald Wing Sue and colleagues (2007) reintroduced and reconceptualized the term in the *American Psychologist*. Over the past ten years, hundreds of academic works (Nadal et al., 2016; Wong et al., 2014) and thousands of media articles on microaggressions have emerged (Nadal, 2018); accordingly, Merriam-Webster Dictionary added "microaggression" as an entry in 2017 (Italie, 2017).

Previous scholars have hypothesized that the cumulative impact of these three diverse types of racism - overt racism, systemic and structural racism, and racial microaggressions - can result in trauma, otherwise known as racial trauma (Bryant-Davis, 2007; Bryant-Davis & Ocampo, 2006, Comas-Díaz, 2016). When people of color experience trauma related to race or ethnicity, they are more likely to undergo behavioral or personality-related changes that are often pervasive and long-lasting and align with typical symptoms of Post-Traumatic Stress Disorder (PTSD; Carter & Sant-Barker, 2015). However, because trauma is defined by the *Diagnostic Statistical Manual of Mental Disorders – Fifth Edition* (DSM-V) (American Psychiatric Association, 2013), as an event where "actual or threatened death, serious injury, or sexual violation" (p. 271) occurs, not all racial traumas would be considered for a PTSD diagnosis. Using rigid definitions of trauma, the only types of racial traumas that would be considered legitimate traumas would be those in which an individual survived through or witnessed death, life-threatening injury, or sexual violations (e.g., experiencing or witnessing a violent hate crime, surviving a racially-motivated sexual assault). In this way, people of color who exhibit trauma symptoms and fit PTSD criteria, yet do not experience trauma as defined by the DSM-V, may not be diagnosed with PTSD – resulting in practitioners providing them with ineffective or inapplicable mental health treatment (Carter, 2007).

When individuals are diagnosed with PTSD, trauma specialists traditionally attribute the negative symptoms that an individual is facing to an external source or force, instead of some weakness or fault of

the individual. For instance, when war veterans or survivors of sexual assault begin to experience symptoms such as disassociation or avoidance, they are often told by medical and mental health practitioners that their symptoms are "normal" and "expected" responses to the trauma they experienced. However, by not naming racism or other forms of oppression as a legitimate type of trauma, people of color (and others) continue to internalize that they are not coping with discrimination effectively, instead of externalizing the role of historical and systemic oppression in their lives (Comas-Diás, 2016, Nadal, 2018). People who struggle with pervasive and painful experiences with racism are encouraged to reframe their perspectives or to "get over it," instead of being validated that they are experiencing "normal" and "expected" responses to trauma. Further, unlike other more traditionally accepted forms of traumas, people of color who are impaired by racism are unable to entirely remove themselves from the trauma source (i.e., they may encounter racism at work, in public spaces, through racist laws and policies, etc.), increasing the likelihood of being retraumatized continually over time.

The purpose of this paper is to understand the concept of microaggressive trauma, or "the excessive and continuous exposure to subtle discrimination (both interpersonal and systemic) and the subsequent symptoms that develop or persist as a result" (Nadal, 2018, p. 13). Because people of color experience microaggressions regularly in their lives, they may have an array of emotional, cognitive, and psychological reactions that often lead to psychological and physical health consequences (Sue, 2010; Torino et al., 2019). However, when microaggressions are so pervasive (i.e., they are experienced with high intensity), they significantly impair a person's daily functioning, may cause significant psychological distress, and may activate or exacerbate typical PTSD symptoms – including, but not limited to – hypervigilance, anxiety, avoidant behavior, and intrusive thoughts (Nadal, 2018).

Review of Racial Microaggressions

Sue and colleagues (2007) defined racial microaggressions as "brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group" (p. 271). Microaggression Theory (Nadal, 2013; Torino et al., 2019) expanded this definition to recognize the impact of microaggressions on other historically marginalized groups (e.g., gender, sexual orientation, gender identity, ability, religion, size, age, social class, and others). The use of the word "micro" does not describe the quality of these offenses (which are not small and irrelevant) but symbolizes the covert and individual manner in which this type of discrimination occurs – which often makes it difficult to detect, pinpoint or prove (Sue, 2010).

Previous research supports that microaggressions are predictors of depressive symptoms (e.g., Nadal, Griffin, Wong, Hamit, & Rasmus, 2014; Ong, Burrow, Fuller-Rowell, Ja, & Sue, 2013); anxiety and alcohol symptoms (e.g., Blume, Lovato, Thyken, & Denny, 2012); sleep disturbance (Ong, Cerrada, Lee, & Williams, 2017); physical health issues (Nadal, Griffin, Wong, Davidoff, & Davis, 2014; Walls, Gonzalez, Gladney, & Onello, 2015); and suicidal ideation (O'keefe, Wingate, Cole, Hollingsworth, & Tucker, 2015). Previous studies have also uncovered ways microaggressions affect people based on their multiple identities (e.g., Balsam, Molina, Beadnell, Simoni, & Walters, 2011; Lewis & Neville, 2015; Nadal, Mazzula, Rivera, & Fujii-Doe, 2014; Nadal, Wong, Sriken, Griffin, & Fujii-Doe, 2015), suggesting people encounter more microaggressions when they have multiple marginalized identities.

Despite these numerous studies, previous authors have described microaggressions theory as being "pure nonsense" (Thomas, 2008, p. 74) or having "inadequate evidence" to support the existence of microaggressions (Lilienfeld, 2017, p. 138). When people claim microaggressions are merely imagined or that members of other historically marginalized groups are too sensitive or paranoid, they are essentially committing a microaggression themselves. While some may label such behavior as "victim blaming" (Sue, Capodilupo, Nadal, & Torino, 2008) or "whitesplaining" (Achola, 2015), their assertion that there are always absolute, alternative explanations to

microaggressions- unrelated to race, ethnicity, or other identities- negates the lived experiences of people who can report multiple experiences with oppression.

Two known empirical studies demonstrate the relationship between racial microaggressions on trauma symptoms. In a study with Latina/o/x participants, Torres and Taknint (2015) found experiences with racial microaggressions predicted the number of trauma symptoms experienced - with ethnic identity and self-efficacy that served as moderators between the two variables. In a study with Black women participants, Moody and Lewis (2019) reported that gendered racial microaggressions predicted trauma symptoms, and that internalized oppression moderated the two variables. While both studies provide initial evidence of the significant connection between racial microaggressions and trauma symptoms for two specific subgroups, it would be essential to understand if, and how, racial microaggressions correlate with trauma symptoms for other subgroups, or people of color in general.

Review of the Current Study

The current study used a correlational cross-sectional design aimed to examine the relationship between racial microaggressions, racial trauma, and PTSD symptoms. Two main hypotheses include:

H1) participants who report experiencing more racial microaggressions will report more trauma symptoms than those who report experiencing less racial microaggressions.
H2) participants who report a racially- or culturally-related trauma will report more trauma symptoms than those who do not report racially or culturally-related trauma.

Exploratory research questions will examine differences in race, gender, sexual identity, religion, educational level, birthplace, and social class, as well as whether different types of microaggressions are associated with trauma symptoms.

Methods

Participants

The sample consisted of 254 participants; 70.9% identified as female (*n*= 180), 22.0% identified as male (*n* = 56), and 7.1% identified as transgender or gender nonbinary (*n* = 18). The average age of the sample was 34.87 (*SD* = 10.65 years, with an age range of 18 to 69). Open-ended participant data was coded into six major racial/ethnic groups: Asian American or Pacific Islander (AAPIs; *n* = 86, or 33.9%), Black (*n* = 77, or 30.3%), Multiracial (*n* = 43, or 16.9%), Latina/o/x or Hispanic (*n* = 40, or 15.7%), Native American (*n* = 4, or 1.6%), and Middle Eastern (*n* = 4, or 1.6%). A variety of specific ethnic identities were reported, including: 52 Filipino Americans, 49 Black or African Americans, 20 Chinese Americans, 18 South Asian Americans (e.g., Indian, Pakistani), 18 Mexican Americans, 13 West Indian or Caribbean Americans (e.g., Jamaican, Haitian), 11 Puerto Ricans, and 7 Korean Americans. The remaining 66 participants listed multiethnic backgrounds or other unique ethnicities.

When considering sexual orientation, participants identified as heterosexual (*n* = 149, or 58.7%); lesbian/gay (*n* = 34, or 13.4%); bisexual, pansexual, or fluid (*n* = 33, or 13%); queer (*n* = 24, or 9.4%); or asexual (*n* = 1, or 0.4%). Ten participants identified their sexual orientation in unique ways (3.9%) and the remaining did not report sexual orientation (*n* = 3, or 1.2%). Majority of participants were born in the US (*n* = 198, or 78%) and 56 participants (or 22%) were born outside of the US. Majority of participants resided in the Northeast (*n* = 99, or 39%); the remainder were from West Coast (*n* = 60, or 23.6%); Southeast/Mid-Atlantic (*n* = 35, or 13.8%); Midwest (*n* = 25, or 9.8%); Southwest (*n* = 15, or 5.9%); Alaska/Hawai'i (*n* = 8, or 3.1%); Rocky Mountains (*n* = 5, or 2%); and 7 participants (or 2.8%) lived somewhere else.

Participants self-identified social class in many ways: middle class (*n* = 121, or 47.6%), lower middle class or working class (*n* = 42, or 16.5%), upper middle class (*n* = 27, or 10.6%), poor (*n* = 17, or 6.7%), and upper class (*n* = 4, or 1.6%). The remaining 16.9% of participants did not report social class. The sample was highly educated, with majority having Master's degrees (*n* = 78, or 30.7%); Bachelor's degrees (*n* = 70, or 27.6%); or doctorate degrees (*n* = 47, or 18.5%). Some participants reported a high school diploma or less (*n* = 34, or 13.4%) or an Associate's degree (*n* = 25, or 9.8%). Finally, the largest religious or non-religious groups included Christians (*n* = 60, or 23.6%), Catholics (*n* = 43, or 16.9%), Agnostics (*n* = 19, or 7.5%), Spiritual (*n* = 19, or 7.5%), Atheists (*n* = 16, or 6.3%), No Religion (*n* = 16, or 6.3%), Jewish (*n* = 3, or 1.2%), Buddhists (*n* = 9, or 3.5%), Hindu (*n* = 5, or 2.0%), Muslim (*n* = 4, or 1.6%), Pagan (*n* = 1, or 0.4%), or Sikh (*n* = 2, or 0.8%). Many participants skipped this question about religious/non-religious identity (*n* = 41, or 16.1%), and the remaining 16 participants (or 7.5%) self-identified in unique ways.

Recruitment

After receiving approval from the Institutional Review Board (#2016-07530), all measures were adapted into an online format and were uploaded to the survey platform, SurveyMonkey.com. The researchers utilized a purposive sampling technique to obtain an ethnically diverse sample. A recruitment advertisement with a survey link was created and distributed to various community organizations listservs (e.g., Asian American Psychological Association and LGBTQ Scholars of Color Network). Various social media platforms were utilized, including public Facebook pages (e.g., The Center for LGBTQ Studies, the Filipino American National Historical Society) and various targeted Facebook groups (e.g., Black Lives Matter chapters, Latinos Unidos, "I love being Black", etc.).

Measures

Demographic survey. Participants were asked to complete an open-ended demographic questionnaire inquiring about age, education level, gender identity, sexual orientation, religion, socioeconomic status, years in the US, birthplace, and current geographic location. The practice of open-ended demographic forms has been suggested as standardized practice, as forced choices are often to considered to exclusionary toward multiracial people (Townsend, Markus, & Bergsieker, 2009), transgender and gender-nonconforming people (Smiler, 2017), and any group with identities that are nonbinary or are historically excluded on standardized forms.

Racial and Ethnic Microaggression Scale (REMS). Participants were asked to complete the Racial and Ethnic Microaggressions Scale-45 (REMS-45; Nadal, 2011) to assess the frequency of experienced microaggressions based on race and ethnicity. The REMS-45 is composed of 45 items and asked the respondent to identify whether or not they experienced the microaggression in the past six months. Participants scored "0" for "I did not experience this event in the past six months" or "1" = "I experienced this event at least once in the past six months." The 45 items are loaded onto six factors: Subscale 1: Assumptions of Inferiority, Subscale 2: Second Class Citizens and Assumptions of Criminality, Subscale 3: Microinvalidations, Subscale 4: Exoticization/ Assumptions of Similarity, Subscale 5: Environmental Microaggressions, and Subscale 6: Workplace and School Microaggressions. For the current study, the REMS-45 yielded a Cronbach's alpha of .90, with subscale alphas ranging from .70 to .88.

PTSD Checklist-5. The PTSD Checklist (PCL-5; Blevins et al., 2015) measures PTSD symptoms using DSM-5 criteria, consisting of two parts. First, respondents were asked to identify the worst event or events that have ever occurred if they felt comfortable doing so. They were then asked about how long ago it happened; if it involved an actual or threatened death, serious injury, or sexual violence, how they experienced the event, and whether or not the event was accidental or caused by a natural disaster. The second part of the PCL-5 is a checklist of symptoms and the magnitude to which the respondent has been bothered by a symptom within the past month. Individuals responded on a five-point scale (0= not at all, 1= a little bit, 2=moderately, 3=quite a bit,

4= extremely), with total scores ranging from 0 to 80. For the current study, the PCL-5 yielded a Cronbach's alpha of .96.

Racially- or Culturally-Related Trauma. After identifying "worst event or events", participants were asked if the trauma they identified was related to their "race, ethnicity, or other cultural identities" and were presented with three choices: "yes," "no," or "not sure." Participants were then invited to elaborate qualitatively if they felt comfortable.

Data Cleaning and Coding

Because we used an online sample, data were examined both statistically and graphically for outliers. First, with an initial pool of 594 participants, we removed White participants (n= 197), and participants did not complete all of the measures (n = 141). Second, raw data were also evaluated to determine if any participants were fraudulent or if participants completed the survey more than once. Third, to assess missing data, we used Little's (1987) Missing Completely at Random (MCAR) tests; results indicated REMS, $\chi 2$ (997) 1083.81, p = .028 and PCL-5, $\chi 2$ (189) 152.52, p = .976, supporting that data were missing completely at random. Finally, because open-ended measures were used, the research team coded participants' self-reported identities into categorical variables, using a coding scheme. These codes were formed based on most common demographic groups (e.g., race was recoded into Black, AAPI, Latina/o/a, Middle Eastern, Native American, and Multiracial); while also including non-binary conceptualizations (e.g., gender was categorized as female, male, and transgender/gender-nonconforming).

Procedure

Data were collected online from April 2017 until April 2018. The average time to complete the entire study was 9 minutes. Participants were not compensated in any way. A coding scheme was created for qualitative data acquired from the demographic questionnaire. Data were entered and analyzed in IBM (2017) SPSS statistics software. Correlations and hierarchical regressions were conducted to interpret the relationships between independent and dependent variables.

Results

Preliminary Analyses

Descriptive data regarding the prevalence of racial microaggression experiences and trauma symptoms were examined. Means and standard deviations for the total population, and various groups are shown in Table 1. Total PCL scores ranged from 0 to 80, with an average score of 21.53 (SD = 19.43). Sixty-six participants scored higher than 33, which is traditionally the lowest score needed for a PTSD diagnosis (Blevins et al., 2015). Regarding the type of trauma, over half (n= 140, or 55.1%) identified an actual or threatened death, serious injury, or sexual violence (i.e., DSM criteria for trauma), while the other half (n= 87 or 34.3%) reported the event did not involve these instances and 27 participants did not know. Sixty-two percent of participants (n = 157) experienced the trauma directly; 33 participants (or 13%) learned about it from a close family member or friend, and 20 participants (or 7.9%) witnessed it. The remaining were repeatedly exposed to the trauma through their jobs (n = 1, or 0.4%) or described some other circumstance (n = 15, or 5.9%). Majority of participants (n = 186, or 73.2%) said the event did not involve death of a close family member or friend, while some say it involved an accident or violence towards a family member or friend (n = 23, or 9.1%) and others say it involved natural causes (n = 17, or 7.14%). Regarding racial trauma, 97 participants reported that race or culture was involved in their traumatic experience, 82 participants reported that race or culture was not involved in their trauma experience, and 39 participants were not sure.

Table 1. Means and Standard Deviations for REMS and PCL Scores for Gender, Race, Sexual Orientation, Social Class, and Educational Background

		REMS		PCL	
	N	**Mean**	**SD**	**Mean**	**SD**
Gender					
Female	180	20.57	8.75	20.64	17.93
Male	56	22.02	10.46	19.80	20.01
Transgender or Gender Nonconforming	18	25.50	9.18	35.89	26.53
Race					
Black	77	21.05	9.10	23.61	20.10
Asian American	86	20.30	8.28	17.47	16.15
Latina/o/x	40	25.92	11.14	26.95	21.32
Multiracial	43	20.26	7.61	24.16	21.34
Indigenous	4	11.67	9.87	1.00	1.41
Arab/Middle Eastern	4	16.25	12.42	7.25	5.25
Sexual Orientation					
Heterosexual	149	20.33	9.59	18.24	16.33
Lesbian or Gay	34	19.21	8.50	21.00	19.87
Bisexual or Pansexual	33	25.10	6.78	32.24	22.37
Queer	23	24.65	8.21	25.54	21.20
Social Class					
Poor/Poverty/Lower	17	25.56	9.91	35.82	22.32
Working/Lower Middle	42	22.58	9.09	26.02	22.42
Middle	121	21.25	9.57	19.78	17.98
Upper Middle	27	19.50	8.04	11.22	11.94
Upper/ Wealthy	4	17.75	13.50	7.50	5.26
Highest Level of Education					
High School	34	19.40	9.21	23.62	19.35
Associates	25	21.77	10.08	28.60	20.19
Bachelors	70	22.70	9.08	26.11	20.27
Masters	78	19.66	8.94	18.51	18.80
Doctorate	47	22.76	9.32	14.47	16.10

Main Analyses

To first explore the relationship between racial microaggressions and trauma, correlations were run between REMS-Total score, REMS-Subscale scores, and PCL scores. Results indicate a significant correlation between REMS-Total and PCL scores (r = .417, N = 226. p < .001, two-tailed). Five of the six REMS subscales (all except Subscale 5: Environmental Microaggressions) were positively and significantly correlated with PCL average scores, with r-scores ranging between .25 to .42 (p < .001, two-tailed). All correlations are presented in Table 2.

Table 2. Correlations between PCL, REMS, and REMS-Subscales

	PCL	REMS-Total	REMS1	REMS2	REMS3	REMS4	REMS5	REMS6
PCL	1							
REMS-Total	.42**	1						
REMS1	.32**	.72**	1					
REMS2	.29**	.60**	.62**	1				
REMS3	.27**	.74**	.41**	.28**	1			
REMS4	.25**	.66**	.22**	.19**	.38**	1		
REMS5	.03	.26**	-1.47*	-.19**	.14**	.23**	1	
REMS6	.36**	.74**	.56**	.41**	.46**	.42**	.06	1

Note: PCL = PTSD Checklist; REMS = Racial and Ethnic Microaggressions Scale; REMS1 = Assumptions of Inferiority; REMS2 = Second-Class Citizen and Assumption of Criminality; REMS3 = Microinvalidations; REMS4 = Exoticization and Assumptions of Similarity; REMS5 = Environmental Microaggressions; REMS6 = School and Workplace Microaggressions.

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

To test Hypothesis 1, we conducted a hierarchical regression analysis with control variables (age, race, sexual orientation, religion, socioeconomic status, geographic region, educational background, and birthplace) in Step 1, REMS in Step 2, and the presence of racially- or culturally-related trauma in Step 3. As noted in Table 3, the overall regression model in Step 1 was significant, $F(9, 156) = 3.64$, $p< .001$, accounting for 12.6% of the variance (R^2 = .126). Three variables yielded a significant association with trauma: sexual orientation, $ß$= .27, $t(156) = 3.58$, p=.001; social class, $ß$= -.21, $t(156) = -2.84$, p=.001; and educational background, $ß$= -.18, $t(156) = -2.44$, p=.02. In Step 2, the overall regression model was also significant, $F(10, 155) = 7.07$, $p<.001$, accounting for 26.9% of the variance (R^2 = .126). Again, sexual orientation, $ß$= .24, $t(155) = 3.46$, p =.001, social class, $ß$= -.14, $t(155) = -2.05$, p=.04, and educational background, $ß$= -.21, $t(155) = -3.07$, p=.001, were significantly associated with greater trauma symptoms. Supporting Hypothesis 1, REMS was also found to be significantly associated with trauma, $ß$= .39, $t(155) = 5.61$, p=.001. In Step 3, the overall regression model was significant, $F(11, 154) = 6.47$, $p<.001$, accounting for 26.7% of the variance. Sexual orientation, educational background, and REMS scores were significantly associated with trauma. However, in contrast to our prediction in Hypothesis 2, the presence of a racially- or culturally-related trauma was not associated with trauma symptoms, $ß$= -.06, $t(154) = 7.94$, p=.43.

To further test Hypothesis 2 (whether the presence of a racially- or culturally-related trauma influenced trauma symptoms), we conducted a One-way Analysis of Variance (ANOVA). Results indicated the groups were significantly different, $F(1, 225) = 5.87$, p=.02. Participants who reported that race or culture was involved

in their trauma experience scored highest PCL scores (x = 24.98, SD = 22.29), followed by participants who were unsure if race or culture were involved (x = 21.97, SD = 18.17), and participants who reported that race or culture was not involved in their trauma experience (x = 15.60, SD = 13.80).

Table 3. Hierarchical Regression Analysis Predicting Traumatic Stress Symptoms from Racial Ethnic Microaggressions

	Coefficient			Collinearity Statistics			
	B	Std. Error	*t*	95.0% CI		Tolerance	VIF
Step 1							
Gender	1.06	2.47	0.43	-3.82	5.94	0.92	1.09
Age	0.16	0.14	1.19	-0.11	0.43	0.95	1.05
Race	-1.88	1.22	-1.54	-4.29	0.54	0.93	1.07
Sexual Orientation	4.62	1.29	3.58 ***	2.07	7.17	0.91	1.10
Religion	0.39	0.41	0.94	-0.43	1.20	0.90	1.12
Social Class	-3.49	1.23	-2.84**	-5.92	-1.07	0.94	1.07
Geographic Region	-0.39	0.75	-0.52	-1.87	1.09	0.98	1.02
Highest Degree	-2.90	1.19	-2.45*	-5.24	-0.56	0.95	1.05
Birthplace	0.54	3.53	0.15	-6.44	7.52	0.95	1.06
Step 2							
Gender	-0.20	2.27	-0.09	-4.69	4.28	0.91	1.10
Age	0.17	0.12	1.35	-0.08	0.41	0.95	1.05
Race	-1.37	1.12	-1.23	-3.59	0.84	0.93	1.08
Sexual Orientation	4.10	1.18	3.46 ***	1.76	6.44	0.90	1.11
Religion	0.35	0.38	0.93	-0.40	1.09	0.90	1.12
Social Class	-2.34	1.14	-2.05 *	-4.60	-0.09	0.91	1.11
Geographic Region	-0.64	0.69	-0.93	-1.99	0.72	0.98	1.02
Highest Degree	-3.35	1.09	-3.08 **	-5.49	-1.20	0.94	1.06
Birthplace	0.86	3.23	0.27	-5.53	7.24	0.95	1.06
REMS	0.81	0.15	5.61 ***	0.53	1.10	0.93	1.08
Step 3							
Gender	-0.15	2.27	-0.07	-4.64	4.34	0.91	1.10
Age	0.18	0.13	1.41	-0.07	0.42	0.94	1.06
Race	-1.29	1.13	-1.14	-3.52	0.94	0.92	1.09
Sexual Orientation	4.16	1.19	3.50 ***	1.81	6.51	0.90	1.11
Religion	0.33	0.38	0.88	-0.41	1.08	0.89	1.12
Social Class	-2.16	1.17	-1.86	-4.47	0.14	0.87	1.15
Geographic Region	-0.65	0.69	-0.94	-2.00	0.71	0.98	1.02
Highest Degree	-3.33	1.09	-3.06 **	-5.48	-1.18	0.94	1.06
Birthplace	0.77	3.24	0.24	-5.63	7.16	0.94	1.06
REMS	0.80	0.15	5.46 ***	0.51	1.09	0.91	1.09
Race Involved	1.57	1.98	0.79	-2.33	5.47	0.92	1.09

Note. REMS = Racial and Ethnic Microaggressions Scale; CI = confidence interval; VIF = variance inflation factor; *p < .05. **p < .01. ***p < .001.

To answer our exploratory research questions, we first conducted a multivariate analysis of variance (MANOVA) to determine if race/ethnicity, gender, sexual orientation, socioeconomic status, and educational status correlated with racial microaggressions (i.e., REMS scores) or trauma (i.e., PCL scores). Results indicate that there were significant differences between racial groups in both REMS scores, $F(5, 220) = 3.18$, $p=.01$ and PCL scores, $F(5, 248) = 3.16$, $p=.01$, with Latina/o/x participants reporting highest mean scores on both scales. There were significant differences in PCL scores based on gender, $F(2, 251) = 5.51$, $p=.001$, and sexual orientation, $F(3, 247) = 4.45$, $p=.001$, with transgender and gender nonconforming (TGNC) participants reporting significantly higher PCL scores than both cisgender women and cisgender men, and that all non-heterosexual participants reported higher PCL scores than heterosexual participants. ANOVAs revealed significant differences in PCL scores based on social class $F(5, 230) = 4.94$, $p=.001$, and educational level, $F(4, 249) = 4.11$, $p=.001$, with highest PCL scores reported by people who identified as poor, living in poverty, or lower class, as well as people with Associate's degrees. All mean scores are reported in Table 1.

Finally, to explore whether specific types of microaggressions predicted trauma symptoms, hierarchical regression was utilized, with Step 1, including all control as mentioned above variables and Step 2, examining all six REMS subscales. Again, a significant overall regression model emerged, $F(15, 165) = 4.38$, $p<.001$, with Subscale 6: School and Workplace Microaggressions, $\beta = .17$, $t(219) = 2.12$, $p=.04$, emerging as the only significant predictor of trauma symptoms.

Discussion

The current study aimed to broaden our understanding of the detrimental effects of racial microaggressions by examining its relationship to racial trauma and trauma symptoms. Results indicated that a higher amount of racial microaggressions was associated with a higher number of traumatic symptoms. The significant R^2 change statistics between Step 1 and Step 2 (approximately 14.3%) suggests that racial microaggressions predict variance in trauma symptoms, above and beyond that predicted by the control variables. So, while racial microaggressions have been found that predict other mental health variables like deression, anxiety, and low self-esteem (see Torino et al., 2019 for a review) and that racial discrimination, in general, predicts trauma symptoms (Chou et al., 2012), the current results suggest a significant correlation between racial microaggressions and symptoms of psychological trauma. It should also be noted that the current study produced larger effect sizes than previous studies that reported racial microaggressions to significantly predict depression. For example, Nadal and colleagues (2014) found racial microaggressions as significant predictors of depression and other mental health variables, only 1.4 to 2.6% of the variance was accounted. Thus, these results suggest that racial microaggressions may be more significant predictors of traumatic symptoms than microaggressions predict depression symptoms.

While the ANOVA supported the hypothesis that participants who report a trauma involving or race or culture are more likely to report higher PCL scores, our hierarchical regression did not support this hypothesis. Thus, future research may further examine how the presence of race and culture during a traumatic event may influence the quantity or quality of trauma symptoms. Future research may also examine if microaggressions may mediate the relationship between racial trauma and trauma symptoms, mainly when the trauma people experience involves something related to racism or discrimination. Such findings may be related to Nadal's (2018) hypothesis that microaggressions can be re-traumatizing of individuals' past experiences of discrimination, and how triggers of past traumas may activate or intensify certain memories. Furthermore, microaggressions can be considered a form of complex trauma, or "a type of trauma that occurs repeatedly and cumulatively, usually over some time and within specific relationships and contexts" (Courtois, 2008, p. 86). Complex trauma can involve various traumatic events that are related (e.g., repeated racial microaggressions by a specific perpetrator in a

workplace or school environment) or unrelated (e.g., a collection of microaggressions by various perpetrators in varied environments and periods of an individual's life).

Results indicated that sexual orientation was associated with trauma symptoms at all steps in the regression analyses; transgender or gender non-conforming people report higher levels of trauma symptoms than both cisgender men or women; and queer people report more trauma symptoms than heterosexual people. These findings suggest lesbian, gay, bisexual, transgender, and queer (LGBTQ) people of color may experience more trauma symptoms than their heterosexual/cisgender counterparts, and that their trauma symptoms increase when they experience racial microaggressions. Given that LGBTQ people of color report an array of traumatic life events, due to the intersection of their race, ethnicity, gender identity, and other factors (Singh & McKleroy, 2011), more quantitative research is needed to understand the negative impact of trauma and wellbeing of LGBTQ people of color. Further, considering the disproportionate amount of hate violence faced by LGBTQ people of color - especially transgender women of color (Nadal, 2018), it is important for psychologists and other practitioners to vigilantly recognizing the salience of intersectional identities on trauma and other mental health factors.

Finally, social class and educational status were found to be significantly associated with trauma symptoms at multiple steps of the model - with people of lower social classes and those who are less educated reporting more trauma symptoms. Given the results which indicated that racial microaggressions that occur in the workplace or school settings are significantly associated with trauma, it is critical to understand how microaggression that occurs in settings of places of learning or employment can be detrimental and potentially traumatizing. Taken together, such findings highlight the need to advocate for people of historically marginalized or disenfranchised people, particularly when they have less access to financial or educational resources.

Limitations

Several limitations of the current study should be noted. First, the correlational and cross-sectional nature of the methodology restricted us from drawing any causal conclusion regarding the effects of racial microaggression experiences on trauma symptoms. Second, the use of a self-report online survey makes the study vulnerable to recall bias or memory errors, careless mistakes. Additionally, the order in which the measures were presented could have led to a priming effect. Third, the REMS measures microaggressions that occurs in 6 months, while the PCL-5 asks for trauma symptoms in the last month; hence, it is unclear if any trauma symptoms preceded experiences of racial microaggressions. Relatedly, both the REMS and the PCL measure the presence of the variable, but not the impact of the severity of the trauma symptoms. Further, while the sample was racially diverse, we did not examine ethnic differences; disaggregating this data would be imperative for understanding within-group differences, particularly for racial groups in which vast disparities exist. For example, for Asian Americans and Latina/o/x Americans, issues like ethnicity, skin color, phenotype, social class, religion, and colonial mentality have influenced how individuals uniquely experience microaggressions (Nadal, Mazzula, Rivera, & Fujii-Doe, 2014; Nadal et al., 2015).

Implications for Counseling and Psychology

Counselors, psychologists, and other helping professionals can integrate the study's findings into their professional work in a variety of ways. First, results provide more empirical support for recognizing how racial microaggressions negatively impact the health and wellness of communities of color. Helping professionals may consider how microaggressions manifest on all levels in their workplaces – interpersonally (e.g., between colleagues, employees, supervisors, and clients); on group-levels (e.g., through racialized group or power dynamics); and institutionally (e.g., through biased policies) and advocate for social justice on multiple levels.

Future researchers can further examine racial trauma and microaggressive trauma as concepts that negatively impact the lives of people of color and prohibit their ability to thrive in all aspects of their lives. Researchers can examine if microaggressions can perhaps trigger past experiences of racial trauma similar

to retraumatizations. Scholars have found retraumatization to be detrimental to psychological health (see Duckworth & Follette, 2012), while others have supported that accumulative or complex trauma and revictimization often results in greater symptomology (Courtois, 2008). So, while racial microaggressions may appear innocuous or harmless, they may trigger memories of intensity or frequent racial discrimination, which may exacerbate trauma symptoms. Intersectional research would be especially important, particularly for members of multiple marginalized groups; for instance, microaggressive trauma can be further understood by replicating this study with microaggressions measures developed for other groups (e.g., LGBTQ People of Color Microaggressions Scale; Balsam et al., 2011). In doing so, research can be used to inform policy and practice in counseling psychology and beyond.

Specific to clinical practice, helping professionals can consider how microaggressive trauma may impact their clients and conceptualize their symptoms as resulting from systemic oppression, instead of from any individual fault or weakness. Such practices are important given the previous studies that find that even when people of color experience trauma symptoms, they are less likely than Whites to seek treatment (Roberts, Gilman, Breslau, Breslau, & Koenen, 2011). If people of color (and other historically marginalized groups) felt less blamed for reacting negatively to racial trauma, and instead were categorized with other trauma survivors who are often taught their reactions are "natural" and "expected" responses to trauma (Nadal, 2018, p. 12), perhaps they have a greater ability to thrive in American society. For instance, Comas-Díaz (2016) conceptualized a race-informed model of working with survivors of racial trauma - integrating methods used in trauma-focused research, while including additional steps that account for the effects of systemic racism and historical trauma. In considering race, ethnicity, and other salient cultural identities this trauma-focused therapy, clinicians give clients the opportunity to feel validated and normalized, instead of feeling any potential shame or blame.

Educators can teach their students and trainees about critical approaches to mainstream psychological concepts like trauma; they can also teach their students how to advocate for updated, expanded definitions of such concepts for historically marginalized communities. Finally, as social justice activism has been argued to be an ethical obligation for psychologists and other helping professionals (Nadal, 2017), teaching students about racial trauma, microaggressions, and their influences on mental health are necessary for their academic training, but also for their potential to develop cultural humility and cultural competence in working with future clients. Educating future counselors and practitioners to advocate for new conceptualizations of trauma can help people of historically marginalized groups to thrive.

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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

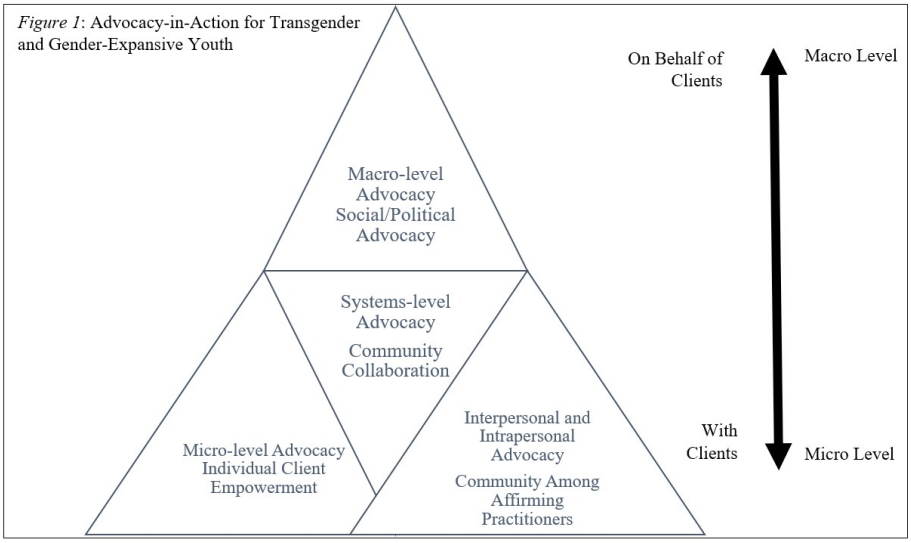
Programs, 2016) also emphasize the importance of counselor educators' and counseling practitioners' attending to the external factors that contribute to these populations' adverse experiences. Other sources speak to the specific application of advocacy for LGBTQ populations (Lewis & Bradley, 2000). Despite 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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Social Justice Pre-Practicum: Enhancing Social Justice Identity Through Experiential Learning

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Abstract

The counseling profession calls counselors to engage in social justice advocacy and charges counselor education programs to prepare students for this work. While most counseling programs promote social justice knowledge through a single course and infusion model, there remains a standard practice in providing students with experiential opportunities in advocacy to improve their learning. A qualitative study used a focus group methodology to examine the effectiveness of a social justice pre-practicum in the development of a social justice identity with counseling students. The study examines whether participation in a social justice pre-practicum reinforces a personal connection to and a broader understanding of social inequalities and advocacy work, as well as encourages more engagement in systemic advocacy in current employment. The purpose of this article is to encourage counselor education programs to equip students with real-life experiential opportunities in advocacy work by adopting a similar social justice pre-practicum course in their curriculum.

Keywords: social justice, counselor education, pre-practicum, training, experiential learning.

For nearly 30 years, the helping profession has called on counselors to advocate for the change of societal policies, practices, and procedures that perpetuate systemic forces of oppression and marginalization (Vera & Speight, 2003). After decades of dialogue between those who supported (Arredondo & Perez, 2003; Greenleaf & Bryant, 2012; Helms, 2003; Pieterse, Evans, Risner-Butner, Collins, & Mason, 2009; Smith, Reynolds, & Rovnak, 2009) and opposed (Hunsaker, 2011; Wreghitt, 2015) social justice advocacy as a core part of the counselor's professional identity and practice, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009, 2016) expanded their standards to include instruction on social justice advocacy within training programs. While the American Counseling Association's (ACA) *Code of Ethics* (ACA, 2014) also emphasized the need for counselor education training programs to infuse multicultural education throughout the curriculum (F.7.c), direct opportunities for student engagement in advocacy have been often missing (Haskin & Singh, 2015; Zalaquett, Foley, Tillotson, Dinsmore, & Hoff, 2008).

The objective of social justice counseling is to, "…facilitate the removal of external and institutional barriers to clients' well-being" (Toporek & Lui, 2001, p. 387) and advocate for a society in which all individuals can experience full equality, regardless of their identity or social location (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006). The primary tenant of the movement posits that mental health professionals have a more significant impact on society by acting as change agents for social institutions than they do by providing mental health services alone (Lopez-Baez, & Paylo, 2009). When engaging in advocacy on the micro (e.g., individual) level, counselors can encourage clients to find their voice to advocate for themselves. As described in Chung and Bemak's (2011) book on social justice counseling, this involves fostering client empowerment. Micro-level advocacy is an equal partnership between counselor and client as the client gains confidence, take action, and generates change in their surrounding environments. On the meso- and macro- levels, counselors work as social agents at the community, systemic, and sociopolitical levels (Greenleaf & Bryant, 2012; Lewis, Arnold, House, & Toporek, 2002). When counselors fail to consider the impact that oppression has on society while stressing the importance of individual determination, they limit the overall impact they can have in promoting well-being for clients and communities (Vera & Speight, 2003).

Academic activists have traditionally been the main drivers for the current social justice movement (Lopez-Baez, & Paylo, 2009; Motulsky, Gere, Saleem, & Trantham, 2014). Perhaps in response to calls from within the counseling profession to infuse social justice principles and training in counselor education programs (Constantine, Hage, Kindaichi, & Bryant, 2007; Talleyrand, Chung, & Bemak, 2006), many counselor education programs have included social justice content in their curriculum with some experiential learning advocating on the individual (client) level (Pieterse et al., 2009). However, social justice education has lacked adequate experiential learning opportunities for students to engage at the community and societal level which would offer a broader understanding of the importance of social change and advocacy as well as their professional responsibilities (Dollarhide, Clevenger, Dogan, & Edwards, 2016; Fawcett, & Evans, 2013). Moreover, Pieterse and colleagues (2009) noticed that counselor educators place a higher emphasis on awareness and knowledge when it comes to multicultural and social justice counseling, with less focus on the development of associated skills. Because advocating for social justice is mainly an action-oriented skill, a greater emphasis on developing this competency in counselor education programs is necessary.

Constantine et al. (2007) identified nine social justice competencies that can be used to assist counselor educators in their training of students. The first six competencies concentrate on awareness and knowledge, and the last three focus on skills. Constantine and colleagues (2007, p. 26) proposed that counselors, "…collaborate with community organizations in democratic partnerships…" and, "…develop system interventions and advocacy skills…" in order to support change at the community and institutional level. They recommended that counselor education programs provide service-learning experiences to students so they can work directly with local agencies engaging in social change work for legal, public policy, and educational institutions. By recognizing

that counselor advocacy includes more than just acting on the individual level, students can adequately frame clients' problems from a social, political, cultural, and economic perspective.

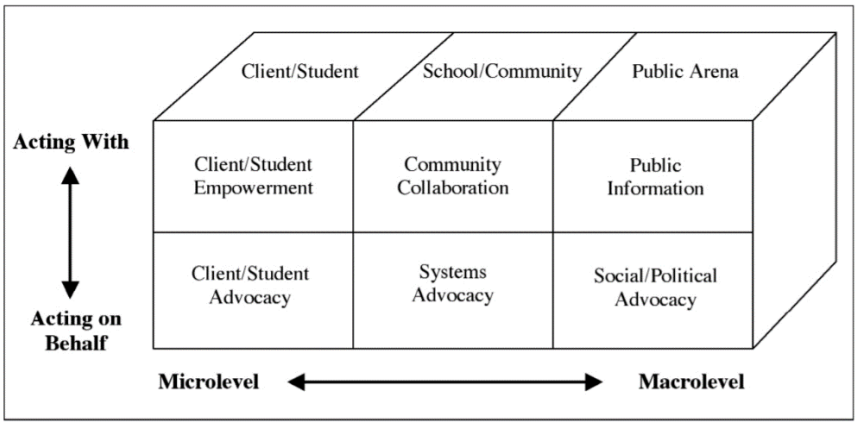
The Social Justice Pre-Practicum Course

Our faculty developed a social justice pre-practicum (SJPP) course to satisfy the dual goals of teaching social justice and expanding experiential learning for students. These goals have been reinforced by calls to action given by academic activists and thought leaders on social justice advocacy in graduate programs (Chang, Crethar, Ratts, & Editors, 2010; Green, McCollum, & Hays, 2008; Ratts & Wood, 2011; Vera & Speight, 2003). At the time of the SJPP's inception in 2011, few systemic-level advocacy-specific experiential learning models existed within counselor training programs (e.g., Bemak & Chung, 2007; Bemak & Chung, 2011; Burnes & Manese, 2008). The purpose of this article is to encourage counselor education programs to provide real-life experiential opportunities in advocacy work by examining the effectiveness of this SJPP course on students' social justice identity development. Social justice identity is defined as having a pervasive internalization of social justice values characterized by 1) a personal connection with advocacy work, 2) a broader understanding of social inequities and advocacy work, and 3) current engagement in systemic advocacy work. The authors will summarize the SJPP course, as well as the perceptions and experiences of a focus group of alumni who participated in this course during their master's program. Furthermore, it is important to note that we consider ourselves a social justice program, and as a department, each faculty member has a personal commitment to social justice. We stand together in our advocacy identity, which is reflected in our teaching, research, community work, and personal lives.

The Course Design

When teaching students about specific meso- and macro-level social justice advocacy activities in counseling, we refer to the Advocacy Competencies developed by Lewis et al. (2002) and updated by Toporek and Daniels (2018). Endorsed in 2003 by the ACA Governing Council, the advocacy competencies provide a set of guidelines for competent practice. The competencies fall into six domains: (a) client/student empowerment, (b) client/student advocacy, (c) community collaboration, (d) systems advocacy, (e) public information, and (f) social/political advocacy (see Figure 1). This model provides both a practical and conceptual understanding of the advocacy domains that support the development of a social justice identity. In addition to providing regular structured didactic time discussing social justice concepts in the classroom, we believe students develop a deeper personal connection and understanding of social justice theory through active participation in advocacy work that goes beyond classroom teachings and discussions. Our pedagogical philosophy was inspired by seminal experiential models of learning (Dewey, 1938; Kolb, 1984), as well as current approaches to social justice pedagogy (Bemak & Chung, 2011; Collins, Arthur, Brown, & Kennedy, 2015; Feather, Bordonada, Nelson,& Evans, 2019; Green et al., 2008). Experiential models of learning emphasize active participation with real-life experiences followed by reflective observation, while current theories of social justice education underscore the importance of raising social consciousness and promoting social action (Steele, 2008). With these philosophical approaches to learning as the basis for course development, the department labeled the course as a *pre-practicum* in social justice to signify its placement earlier in the program of study. We estimated that the sooner students begin to synthesize social justice theory into counseling theory, the sooner they would be able to develop their social justice identity.

Figure 1: Advocacy Competencies



Note. Social Justice Advocacy Domains. Adapted from Lewis, Arnold, House & Toporek (2002) from https://www.counseling.org/docs/default-source/competencies/aca-advocacy-competencies.pdf?sfvrsn=d177522c_4. Endorsed 2003 by the American Counseling Association. Permission to use figure granted by the American Counseling Association.

SJPP within the program of study. Full-time students enrolled in our program complete all training requirements within three years. Within this lock-step cohort model, students complete all courses in a specific sequence, and each full-time cohort moves through the curriculum at the same pace. Rather than have a stand-alone course that covers concepts associated with social justice counseling, our program sequences and reinforces social justice content starting in each student cohort's first semester. Social justice topics, including the *Multicultural and Social Justice Counseling Competencies* (Ratts, Singh, Nassar-MCcMillan, Butler & McCullough, 2015), are heavily emphasized and systematically reinforced within all first-year courses, including Foundations of Mental Health Counseling, Ethics, Counseling Skills, Research, and Assessment. Full-time students complete the SJPP course over the second year of the program of study. Thus, in addition to their traditional second-year coursework, students complete a unique 100-hour service-learning component outlined in detail below.

The 100-hour SJPP requirement fits within the CACREP requirement for 1000 hours of pre-graduate clinical work. CACREP specifies that counselor education programs dedicate 700 of the 1000 hours to both practicum (minimum of 100 hours) and internship (minimum of 600 hours). From the 300 undesignated clinical hours remaining from this 1000-hour requirement, our program requires students to use 100 hours toward the SJPP requirement. The SJPP course structure and hour designation has been reviewed and approved twice by CACREP during our reaccreditation process.

Pre-practicum site selection. The SJPP course differs from a traditional course format in that it provides students with direct experience advocating alongside historically oppressed groups in the community. First, each student selects a site with which to complete the service-learning component by identifying community organizations that are of personal interest to the student. Our training program created a reference list for students describing local organizations that are engaged in social justice advocacy work on both regional and statewide levels. These local organizations include (but are not limited to) Planned Parenthood, Farmworkers Association of Florida, college Title IX offices, lesbian, gay, bisexual, transgender, and questioning (LGBTQ) housing and support organizations, and service centers for victims of sexual assault. Before students begin their pre-practicum fieldwork, they must be interviewed and selected by their organization of choice.

100 hours of social justice. Once site selections are approved, students embark on 100 hours of volunteer advocacy where they (a) learn about the organization and the population they serve, (b) develop and execute a meso- and macro-level advocacy project, and (c) distill their learning further through written reflection.

Examples of advocacy projects include meeting with local lawmakers and community leaders, assisting in organization fundraising, writing letters to state legislators, and educating the community on social issues.

Students receive guidance, mentoring, and support at their pre-practicum sites and on campus. They work closely with a staff member as they develop their specific social justice projects and interact with the community as a member of their selected organization. On campus, students communicate regularly with a faculty member who functions as the clinical practice coordinator for all students. This clinical practice coordinator helps students select a site of interest, facilitates the partnership contracts between each student and pre-practicum site, monitors each student's progress, and addresses any concerns as they arise. Students are also able to propose sites to the clinical practice coordinator if they believe there is a community organization that would be a good fit for the requirement. Students are expected to provide their transportation to and from their pre-practicum sites, as they are with clinical sites during practicum and internship. Detailed descriptions of the roles and responsibilities for graduate students, pre-practicum site supervisors, and the faculty clinical practice coordinator can be found in Table 1, as published in our program's *Pre-Practicum Guidebook*.

Table 1: Pre-Practicum Agreement - Roles and Responsibilities

Graduate Student agrees to:

- Behave professionally and ethically at all times by following the ethical guidelines of the American Counseling Association and/or the American Mental Health Counselors Association.
- Abide by the administrative policies, standards, regulations, schedules, and practices of the Pre-practicum Site. Identify himself or herself to the public as a "Graduate Counseling Student."
- Maintain professional liability insurance throughout the pre-practicum.
- Consistent and punctual attendance at all scheduled activities as agreed upon with the Pre-practicum Site Coordinator (a minimum of 5 hours per week for continuous weeks until 100 hours are completed).
- Notify the Pre-practicum Site Coordinator and the Clinical Coordinator in writing of any decisions to discontinue work at the pre-practicum site.
- Fulfill objectives and procedures, as published in the Pre-practicum Guidebook.
- Maintain weekly logs, initialed by the Pre-practicum Site Coordinator, and submit final documentation to the Clinical Coordinator.
- Ensure a valuable learning experience by communicating with the Clinical Coordinator and/or Pre-practicum Site Coordinator as needed or if there are difficulties.

Pre-Practicum Site Coordinator agrees to:

- Provide opportunities for the Counseling Student to participate in experiential activities appropriate to the definitions listed above.
- Regard the Counseling Student as a professional-in-training and afford her or him the generally expected professional courtesies.
- Verify the Graduate Student's volunteer activities in the documentation provided by the student.
- Complete the final verification of hours form and a brief evaluation of the Graduate Student's contribution to the pre-practicum site.
- Notify the Faculty Clinical Coordinator of any concerns about the Graduate Student's performance.
- No party shall discriminate or be discriminated against based on race, color, disability, nationality, ethnicity, age, sex, religion, ancestry, or any other basis prohibited by law.

Faculty Clinical Coordinator agrees to:

- Facilitate communication between the College and the Agency Site about the counseling student's progress.
- Be available for consultation with both the Pre-practicum Site Coordinator and Counseling Student as needed.
- Require the Counseling Student to purchase student professional liability insurance and will maintain evidence of student liability insurance coverage.

Roles and Responsibilities of Graduate Student, Site Agency, and Faculty Clinical Placement Coordinator (2019) from the Pre-Practicum Guidebook.

Effectiveness of Pre-Practicum in Social Justice

For over 80 years, the literature on effective teaching methods has underscored how experiential learning models can yield a deeper understanding and appreciation for course subject matter than didactic learning methods alone (Bemak & Chung, 2011; Dewey, 1938; Edwards & Usher, 1998; Kolb, 1984; Liszka, 2013). In developing an SJPP course, we hypothesized that students would develop a social justice identity as evidenced by 1) a personal connection with advocacy work, 2) a broader understanding of social inequalities and advocacy work, and 3) current engagement in systemic advocacy work. To evaluate our efforts, we conducted a focus group study of alumni to define the peak experiences and challenges of engaging in advocacy work, and how they were integrating what they learned about advocacy in their current work. The final part of the focus group study included an invite to provide suggestions for improvement. The following section summarizes the perceptions and experiences of alumni who participated in the SJPP course.

Method

The authors received IRB approval to conduct a focus group to learn more about the experiences of alumni who participated in the SJPP course. Faculty researchers were interested in assessing four main areas: (a) peak experiences during the SJPP course, (b) benefits gained from participating in the SJPP course, (c) challenges of participating in social justice work within current employment, and (d) current personal and professional applications of social justice work. An additional question regarding recommended changes to the current structure of the pre-practicum course was also included.

Participants

Participants were recruited from a database of alumni who participated in the SJPP. Program faculty collaborated to identify students who had graduated since 2011, which was the year of the first graduating class who participated in the pre-practicum in social justice. Selected alumni received an email invitation to participate in a focus group in order to share their experiences and perceptions of the SJPP course for a research study. Members received lunch for their participation. Of the alumni who voiced interest in participating in the focus group, the final sample was narrowed based on alum locale, availability, and current employment as mental health counselors in the community.

The total number of focus groups for this study was one ($n = 1$) with eight participants. Of the participants, six (75%) were female, and two (25%) were male. Six (75%) had a racial identity of White, one (12.5%) Black and one (12.5%) Hispanic. The number of years since participants graduated ranged from one to three years, with a mean of 2.5 years ($SD = .89$) since graduation. Six (75%) participants reported employment in various community agencies, and two (25%) participants reported current employment in private practice. These eight alumni all attended the same focus group.

Participants completed their SJPP experiences at various local organizations dedicated to advocacy work. These organizations included: (a) Equality Florida, a civil rights organization committed to securing equality for the LGBTQ community; (b) Planned Parenthood, an organization dedicated to advocating for the legal and political protection of reproductive rights; (c) Farm Workers Association of Florida, an organization working towards empowering farmworkers and rural poor communities to gain control over the social, political, economic and environmental justice issues that impact their lives; (d) The Center for Inclusion and Campus Involvement, a campus organization focused on creating learning environments that foster students' awareness of self and others; and (e) An Infinite Mind, a non-profit education and community outreach organization dedicated to improving the lives of trauma survivors with Dissociative Identity Disorder.

The Focus Group

Faculty did not participate in the focus group discussion but invited an outside facilitator in order to avoid conflicts of interest or any conscious or unconscious influence on participants' responses. The focus group facilitator held a Ph.D. in counseling psychology and was an associate dean for diversity, equity, and inclusion at a university in the southeast region of the United States. The faculty selected the facilitator based on her training and experience with focus groups. The facilitator also had expertise in the practice and teaching of advocacy. Before the focus group, the faculty met with the facilitator to clarify and expand on the purpose of the study and develop discussion questions.

The focus group discussion was video recorded in a conference room on campus. All participants completed an informed consent form. The focus group facilitator began by introducing herself, explaining the purpose of the focus group, and inviting members to introduce themselves. The facilitator then asked questions (e.g., what was a peak social justice experience during your SJPP and How are you engaged in social advocacy in your current place of employment) and systematically allowed every alum to answer every question. Throughout the discussion, she reflected her understanding of the participants' answers, and at times, followed with open-ended questions to encourage elaboration. The focus group lasted approximately three hours, and participants received breaks, which included time for lunch.

The Analysis

Researchers employed thematic analysis (TA) to help identify patterns related to lived experiences, opinions, and practices of the participants. TA is a method of systematic procedures for uncovering themes and generating codes from qualitative data (Clark & Braun, 2017). The researchers followed Braun and Clark's (2006) six phases of TA which are (a) getting familiar with and transcribing the data, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report. The literature highlights several advantages of using a TA framework for analysis, including the method's potential for generating unanticipated insights, flexibility, and ease of use, accessibility of results to the general public, and engaging participant- collaborator research paradigms (Clarke & Braun, 2017). Through the systematic TA process, researchers were able to identify trends on the extent to which the SJPP course enhanced social justice identity for alumni, as defined by whether participants expressed: 1) a personal connection with advocacy work, 2) a broader understanding of social inequalities and advocacy work, and 3) current engagement in systemic advocacy work.

An outside company transcribed the focus group video, and one member of the faculty checked the transcripts for accuracy by watching the video while simultaneously reading the transcript. Next, a group of five faculty members participated in the coding of the transcript by hand. All faculty held PhDs in either counselor education or counseling psychology and had previous experience conducting thematic analysis. Additionally, all faculty members participating in the thematic analysis self-identified as having a strong social justice identity as counselor educators. At the time of the thematic analysis, each faculty researcher was engaged in social justice advocacy work through ongoing research, training, writing, and community engagement. Because of this experience and a shared philosophy on the importance of social justice advocacy in training, we believe the TA process was further enriched by the vast expertise of the researchers on these topics.

During the analysis, the faculty read through the transcripts to familiarize themselves with the data. The faculty then reviewed each line of the printed transcription, and coded participant statements as they emerged from the participant narratives. The faculty identified codes at the semantic (i.e., explicit) level (Boyatzis, 1998), meaning the focus was on the content of what each participant said. The coding process moved from organizing patterns of semantic content to the interpretation of broader meanings and implications (Patton, 1990). The process was completed several times for a few statements that were difficult to code, due to differences in

interpretation of the statement among faculty. However, the faculty was able to reach a consensus on a code for the vast majority of transcribed statements. Two statements were unclear in the video and they were removed from the analysis. The codes were then grouped into identified themes and systematically reviewed, refined and distilled by the faculty. Finally, a summary report was generated by pulling extracts from the transcript and placing them under each corresponding theme which was reviewed again for clarity and accuracy by the research team. The final themes captured the responses of most of the participants. All data was securely stored, and findings are presented anonymously below.

Results

The authors identified themes that emerged from the participant descriptions. These themes include: (a) peak experiences in the SJPP, (b) perceived benefits of the SJPP course, (c) perceived challenges of social justice work, (d) current applications of social justice work, and (e) recommendations for improvement of the SJPP course.

Peak Experiences During Social Justice Pre-Practicum

In assessing alumni perceptions of peak experiences in their SJPP work, three themes emerged from the participant responses: (a) feeling empowered, (b) being a witness to social change, and (c) making a difference. These themes support the first hypothesis that graduates would report a personal connection with advocacy work.

Feeling empowered. Participants discussed feeling empowered when working with other advocates for a common cause. Participant A reported that her SJPP experience gave her the courage to speak out on a social and political issue that she felt strongly about, especially after her family socialized her to keep her opinions to herself:

> "… I'm going to stand up for what I believe in, and be that voice as much as I have been taught not to be…now I'm not afraid of doing that anymore, so it was definitely helpful, and a good foundation for what I do now."

Being a witness to social change. Participants reported that another peak experience was being a witness to how systematic oppression affects target groups, and how simple acts of advocacy could have a positive impact on people. Participants clarified that course readings on these topics were useful but not as impactful to their learning as observing these phenomena in person. Participant B recalled how she felt inspired by informing same-sex couples that they were able to register as domestic partners after a change in city laws:

> "There were so many stories, so many love stories. Some people were excited. Some people were like, 'Oh my God, you can do that?' I'm like, 'Yeah.' 'When?' I'm like, 'You can do it right now.' So, it was so exciting just being there for that moment… [seeing] the happiness on their faces, and getting to hear all the stories of love."

Making a difference. Participants also reported that being social justice advocates helped them feel as if they were making a difference in the world and the lives of others. They stated that the feeling of making a difference extended beyond what one would feel by being a support to their clients in therapy. They also expressed feeling that their projects had a lasting impact on agencies after they left. For example, Participant C worked at the Center for Inclusion and Campus Involvement with economically disadvantaged students. She told the story of working to assist a nontraditional student who was a single mother with financial difficulties and who felt alone in her experience. After helping the student connect with financial resources, the alum created a subcommittee focusing on the unique (and sometimes forgotten) needs of non-traditional students.

The participant reported that this helped create positive and inclusive experiences for future non-traditional students on campus.

Benefits Gained from Social Justice Pre-Practicum

Participants reflected on what they gained from their experiences in their SJPP. Two themes emerged from the discussion: (a) confidence, and (b) the power of persistence. These themes support two of the three hypotheses; a personal connection with advocacy work, and a broader understanding of social inequalities and advocacy work.

Confidence. After several participants shared how often they felt uncomfortable with the work during their first exposure to the SJPP, Participant D reflected on how the experience helped her to develop more confidence in speaking up about her beliefs, especially to a large group.

> "…we did a women's forum here … speaking in front of people. It's not really my forte… but [the social justice pre-practicum] forced me to grow in that area, and to gain confidence."

She then went on to explain how this newfound confidence helped her to continue social justice work at her current employment.

The Power of Persistence. The second theme revealed how persistence in social justice work could lead to social change. Participant B shared how her work helping with the Orange County domestic registration efforts through Equality Florida assisted her to understand the importance of persistence in advocacy work.

> "Well, we're going to just keep talking about it… I feel like I have the ability to effect change … because you just keep at it."

This comment elicited a similar response from Participant E, who stated that, before her SJPP work, she did not see any hope for marriage equality. However, through her work at Equality Florida she realized how vital slow and steady effort could be.

> "[I thought] oh, we're never going to get [marriage equality]. Especially not in Florida. And just to see in a few years where we are now is mind-blowing to me. Things seem so overwhelming, but it's just like taking little steps in the right direction… every little voice matters. And look at how we have affected change in just a short amount of time. That's been really empowering."

Challenges Within Current Employment

Participants were asked to discuss any challenges they experienced in carrying out social justice work within their current employment. Three themes emerged, including (a) working with other professionals who are indifferent to advocacy work, (b) struggling with whether they are pushing too hard, and (c) witnessing how political, social, and economic barriers affect their clients. These themes support the second hypothesis (a broader understanding of social inequalities and advocacy work).

Working with colleagues not trained in social advocacy. Participants discussed the challenges of working with other mental health professionals who may not consider how political, social, and economic barriers affect their clients. Participant A shared her concerns about challenging senior counselors to understand their clients' lived experiences through a social justice lens.

> "I would say that my primary challenge that I feel like I experience regularly is when I run into other professionals who don't have the same language, who don't have the same understanding of things. Especially when I feel like I've learned so much here, I want to share that, but I know that will probably just start a debate."

This observation led Participant F to discuss how the topic of oppression often leads to distracting debates on whether dominant groups encounter oppression in our society. One participant shared an experience in which a male therapist claimed that women in our society oppressed men.

> "…when I hear other therapists talking about male oppression…I find it really triggers me, but I don't know what to do with it."

Participant C talked about working with professionals who do understand the impact oppression has on clients, but have surrendered to systemic barriers within the profession and abandoned hope for change.

> "I'm trying to do work with my clients, but then the other professionals that understand the work say, 'It's just a waste of time, it's not worth it.'

Knowing when and how to push. The second theme regarding challenges experienced at current employment included knowing when to advocate and to what extent. Participant F shared what she learned during her time in the counselor education program.

> "… something that I did gain through the program is kind of slowing down a hair. I've always been the kind of person who wants to stick it to the man. So, for me, the challenge has been slowing it down."

The participant continued to share an experience she had with an 80-year-old female client who was concerned about her physical appearance after being able to see her wrinkles clearer after eye surgery. The client wanted to explore plastic surgery and other skin rejuvenation treatments.

> "She got surgery and could see her face so well that she realized how pronounced the lines were in her face. And it was hard for me. I jumped to, you know, 'How fortunate we are having these wonderful long lives, how great stories are, and who's telling us this is bad?' So, for me, the challenge is like, 'Stop…she's entitled to go get as much Botox as she wants. She's entitled to put on as much makeup as she wants.' So kind of balancing my eagerness is a process for me."

Witnessing how political, social, and economic barriers impact clients. Perhaps the response that elicited the most discussion involved witnessing the impact that political, social, and economic barriers had on clients. Participant F shared her frustrations working at a non-profit agency providing counseling services to economically disadvantaged clients and seeing how difficult it can be for clients to attend their appointments.

> "…working at a non-profit, I see a lot of challenges, even with local transportation buses…them getting to their appointments, having bus passes."

She continued sharing how this limitation prevents her from providing needed services.

> "So there's a lot of challenges within the environment, and sometimes it's so hard to facilitate that because sometimes the barriers are just so big that you can't get them the services that they need."

Participant G shared her struggles with witnessing how these limitations affect her clients and continued to share how the lack of resources and support prevents her from providing much-needed assistance to her clients.

> "They want to improve their lives, but it's almost nearly impossible for them to do so, between all of the different policies related to managed care, and the hoops they have to jump through to get help, that so little of that help actually reaches them. And then on the other side, people trying to go out and find work or find a place to live. They want to pull themselves out of the hole, but they have no means of doing so."

Current Applications of Social Justice Work

Participants were asked to describe any current applications of social justice work, and three themes emerged, including (a) strengthening client empathy and case conceptualization, (b) facilitating client empowerment, and (c) educating clients about identity development and oppression. Although participants indicated working with clients on issues of social justice, this approach to advocacy was on the micro-level. Thus, these themes did not support the third hypothesis that students would be engaged in macro-level systemic advocacy work in their practice post-graduation as clinical mental health counselors.

Strengthening empathy and case conceptualization. Participant H shared how she used her training in social justice work to understand better the varied experiences of her clients, not only from an individual difference perspective but also from a cultural identity perspective.

> "I might not be able to completely understand exactly what you're talking about because I haven't lived it, whether that's because you're a man or, you know, Black or Hispanic or whatever… there's so many different factors that go into it that I have to be mindful, and [that can] impact how much I can empathize with somebody."

Participants reported that this process of understanding clients from an ecological perspective enhanced their best care practices. Not only did this experience allow the participant to understand the client's worldview better, but it also allowed her to understand how her privilege or marginalization affected the therapeutic relationship.

Facilitating client empowerment. Participant G discussed how she used her training in social justice work to include empowerment-based counseling to help female clients better understand their experiences with either privilege or marginalization. The participant shared her experience working with a young female client who was not doing well in school because she felt unsupported and was discouraged from believing that she could be more than a homemaker and mother.

> "I just looked into [my client's] eyes, and said, 'You don't have to let people define who you are.' And I think that just really made a point because she was a very resistant client from the beginning."

The participant expressed how rewarding it felt helping the client to develop critical consciousness by encouraging her to understand better her upbringing in the context of her culture and oppressive society. By encouraging this understanding, she was able to help her client unlearn false messages related to privilege and oppression.

Educating clients about identity development and oppression. This question led to a discussion on the different methods for teaching clients the concepts related to identity development and oppression. Participant B shared:

> "We have them do… 'How many were you raised in different households? Take one-step forward. The rest stay where you are.' So, we teach them about social justice from that perspective, and on being mindful of the different things."

Participant D shared how she uses Socratic questioning in her self-esteem group to help clients be aware of their privilege and marginalization.

> "So, a lot of times we'll talk about [age] and how, for men in particular…balding and how it affects them, and how they're judged differently. Or women and stretch marks… who decided that stretch marks were bad? You know, how things are socially constructed."

Recommendations for Improvement

Lastly, the focus group participants shared recommendations for improving the SJPP course. For the most part, participants reported having a positive experience and expressed an appreciation for being in a program with a dedication to social justice education and experience. The recommended improvements included: (a) having in-class discussions about the intense emotions that social justice work can raise, (b) educating students on how to professionally and effectively work with other professionals (i.e., law enforcement), (c) providing students with a list of community resources, and (d) emphasizing how much of community counseling work involves collaborating with other professionals in meeting client's health and human service needs.

Two recommendations stood out as being particularly helpful for improving student experiences. Participant F who completed her SJPP at Farm Workers Association of Florida said she felt disconnected with the population she was advocating for because she was busy working behind the scenes advocating for social awareness.

> "[I would have liked to have been] exposed to different groups, different people, hearing about the farmers, and hearing about all the different groups that you all were [working with]. I would have loved to have known more about them."

This comment reinforced what we frequently teach about social justice work, which is having a personal connection with the population in which one serves as an advocate.

The second recommendation from Participant G involved having more opportunities for students to reflect after having actual experiences:

> "I think maybe having a process group afterward, and having all the classmates come together to talk about the experiences they took away. I think that would be a wealth of knowledge. Even though you can't live the experience, you can still hear about it."

Discussion

Advocacy is a crucial aspect of multicultural and social justice competence (Ratts et al., 2015; Steele, 2008). The researchers hypothesized that students engaged in the SJPP course would develop a social justice identity as evidenced by: 1) a personal connection with advocacy work, 2) a broader understanding of social inequalities and advocacy work, and 3) current engagement in systemic advocacy work. The voices of the eight participants in this study provided valuable insight into the effectiveness of implementing an SJPP course in the counselor education curriculum. Several themes emerged that support experiential models of learning (Dewey, 1938; Kolb, 1984) and current approaches to social justice pedagogy (Bemak & Chung, 2011; Collins et al., 2015; Feather et al., 2019; Green et al., 2008) for enhancing students' personal and professional development. The collective experiences of the participants provided evidence that working with advocacy groups in the community and public arena led to an appreciation for the need for advocacy work, a sense of empowerment and confidence doing advocacy work, and an understanding of how social inequalities and barriers to resources impact target groups. These findings support our first two hypotheses, and also are consistent with existing studies (Bemak & Chung, 2011; Collins et al., 2015; Feather et al., 2019; Green et al., 2008) on the benefits and challenges of facilitating social justice competencies in graduate education. Similarly, the findings echo previous literature on multicultural pedagogies (Dickson & Jepsen, 2007; Enns, Sinacore, & Ancis, 2004) that emphasize *how* we are teaching over *what* is taught.

While these results support the main tenants of experiential and social justice pedagogical theories for using real-life experiences to enhance learning, none of the participants exhibited all three characteristics of a social justice identity. Specifically, participants exhibited two of the three critical aspects of a social justice

identity, including a personal connection to and a broader understanding of social inequalities which reinforces the importance of experiences in learning. However, none of the participants were currently engaged in macro-level advocacy work in their employment as a clinical mental health counselor.

As may be expected based on experiential (Dewey, 1938; Kolb, 1984) and current approaches to social justice pedagogy (Bemak & Chung, 2011; Collins et al., 2015; Feather et al., 2019; Green et al., 2008), a personal connection to, and a broader understanding of social inequalities and advocacy work was attributed to the SJPP course experience. SPJJ students not only served with organization leaders in coordinating advocacy efforts, but they also came face-to-face with the community impacted the most by social inequalities. The processes of collaboratively working with community leaders and individuals from marginalized communities to advocate for social equality taught students how solidarity and persistence lead to positive differences in these communities. Witnessing even small gains increased student confidence and efficacy, making their experiences more meaningful and personal. Students got valuable exposure on what methods to use for effective community organizing, how to navigate challenging collegial dynamics, how and when to assert pressure on stakeholders, and how to facilitate client empowerment through psychoeducation. Hearing stories of how oppressive social policies, practices, and procedures directly impacted these communities deepened students' understanding of social inequalities and further reinforced for them the need for advocacy work. These are experiences that strengthened not only their social justice identity, but also their overall counselor identity of promoting wellness through social engagement.

However, because participants did not sustain active engagement in systems-level advocacy work after graduation, the third hypothesis was rejected. The researchers suspect that the lack of current advocacy work could be due to the majority of participants being within the first three years of their career post-graduation, and possibly still trying to establish themselves in the field while placing their professional priorities on meeting state licensure requirements. It is also possible that their employers were not supportive or structured for providing opportunities for macro-level advocacy. This finding illuminated for us a possible disparity between our professional expectations and the advocacy opportunities provided by employers.

In order to cultivate active involvement in systems advocacy work, additional educational interventions such as providing specific training on how to promote advocacy opportunities to future employers, may be needed. For example, students might inquire about advocacy opportunities during the job interview or, if already employed, engage in ongoing discussions on the importance of advocacy work with employers and colleagues. Counselor educators can educate students about this disconnect, as well as teach ways to effectively "advocate for advocacy" with employers. We recognize that not all professionals in the helping field share our commitment to social justice and that students may encounter resistance. Therefore, counselor educators can teach students to develop strategies for working more effectively with resistance in order to promote advocacy in their workplace.

An unexpected insight that emerged from the study was the importance of adequately preparing students for the various emotional challenges they may experience doing advocacy work. We knew that multicultural and social justice education could unearth strong feelings, and we made sure to provide adequate in-class opportunities for processing; however, participants reported re-experiencing these feelings during their advocacy work with minimal opportunities to process them. While faculty do discuss the emotional challenges inherent in advocacy work, this finding highlights the need for us to revisit whether we are doing enough to prepare students emotionally.

Participants also highlighted a desire to have a personal connection with the population for which they were advocating. This acknowledgment is an important consideration, and one we neglected to recognize when we first discussed developing the SJPP course. Providing students the choice of social justice organizations with which to partner does not guarantee they will have a personal connection with the specific target population.

Therefore, helping students develop this awareness before their social-justice partnership may result in more meaningful site selections, rather than assuming that all students will find meaningful work from at least one of the community organizations in our region. Students may also experience more intrinsic rewards with engaging in advocacy work if they feel more connected with the population.

One of the most significant insights from this study was the importance of having opportunities for students to reflect on their experiences with their peers after the completion of their 100-hour SJPP. In developing the SJPP course, we recognized the value of learning through reflection. This reflection process is a critical part of Kolb's (1984) experiential model of learning and a significant part of our approach to counselor education. Perhaps there was an assumption made that students were adequately prepared to enter their SJPP and consolidate their learning through written reflections after completing a year of social justice infused coursework. A more immediate and meaningful opportunity for trainees to process their SJPP experience with each other was necessary.

Further Considerations

There were several observations made by program faculty over the years since incorporating the SJPP course that was not reflected in the study. For example, one of the main issues that came up as students prepared for their SJPP course was difficulty differentiating volunteer service from social justice work at the meso- and macro- level. Early on, we found ourselves having to explain to students what these differences were as they began to inquire about doing non-social justice volunteerism, like helping to build homes through Habitat for Humanity or providing mental health counseling services specifically for target populations. Even after learning about social justice work in various classes, students were unclear precisely what would constitute systems and community-based advocacy work. This confusion motivated us to begin having this discussion earlier in the program and to address specifically the difference between client service volunteerism and advocacy work for marginalized populations.

In the beginning, we had experiences where the line between valuable advocacy work and essential administrative work was not clear. There were some reports of students working directly with the served population (i.e., escorting women through protesters at a Planned Parenthood clinic) in ways that appeared to be client-centered support rather than social advocacy. This required meeting with the sites to clarify our expectation that students would be engaged in work (i.e., community education, lobbying, organizing rallies) that actively promotes awareness of social inequalities and supports social change. Fortunately, for the most part, one meeting with the site was enough to clarify any misunderstandings. These incidences underscore the importance of maintaining clear communication with students and with sites to reduce any uncertainty regarding direct advocacy experience.

One of the unexpected challenges of creating the pre-practicum in social justice was identifying advocacy groups in the community who would be able to help train our students. We have struggled with increasing the number of social justice sites beyond a small number. In the beginning, our students were limited to working within four distinct advocacy organizations. Some students have suggested organizations based on their interests in specific populations, but many did not meet the strict placement requirements. It is essential that before exploring the option of including advocacy experiences that counselor education programs identify community advocacy organizations that can accommodate students.

Another challenge we faced was providing students with opportunities to connect personally with the population with which they were advocating. This request posed some difficulties, including finding time within an already demanding curriculum to connect students with the population and coordinating with the advocacy group to provide these opportunities.

Finally, in order to accommodate the observations, recommendations, and learnings from this study, we realized a need for a full-time coordinator position. As a result, we requested from our administration an

increase in the clinical coordinator's position from part-time to full-time status. Once approved, the clinical coordinator developed a half-day debriefing workshop for our students to integrate a few of the participants' recommendations. During these workshops, students discuss their experiences and learning with each other. Although the requirements for the SJPP included a written reflection of their experiences, it was not as impactful as the group reflections that came with the debriefing workshop. Also, with a full-time position, the clinical coordinator was able to periodically check-in with students during their SJPP experience and provide support if needed.

Limitations

We recognize that counselor education programs are diverse in their structure, locations, and support and that incorporating an SJPP course in the curriculum could yield other challenges. One of the unique features of our program is the relatively small size of our faculty and student population. Having a full-time clinical coordinator with faculty support was sufficient in developing and managing a pre-practicum in social justice for our students. We were fortunate to have a supportive administration that was familiar with our program and work within the community. We suspect that different challenges would arise with diverse counselor education programs. For example, larger programs may require more than a full-time clinical coordinator to manage successfully the addition of a SJPP course while programs in more rural communities may have limited access to advocacy organizations.

Although social justice training has been a fundamental part of our curriculum, we acknowledge that there are faculty who oppose this learning as a core requirement, which could further complicate the inclusion of an SJPP course. Our intention for presenting this study is to encourage counselor education programs to include more opportunities for experiential learning, whether through a pre-practicum in social justice or other methods and to continue the dialogue on how we can advance our call to action.

Another limitation was the use of a single focus group. Whereas sampling guidelines for quantitative designs require researchers to calculate sample size before a study begins, focus-group sampling is an iterative process. This distinction means focus group researchers should go through the recruit – interview – analyze cycle with different categories of informants until data saturation is reached (i.e., no further themes emerge) (Carlson & Glenton, 2011; Glaser & Strauss, 2017; Strauss & Corbin, 1990). However, Morgan (1997) observed that having too many focus groups is equally problematic and may not result in meaningful or new insights. Therefore, running between three and five focus groups is a good rule of thumb for achieving data saturation (Morgan, 1997). Therefore, using additional focus groups in future research would strengthen the results.

Conclusion

Based on Dewey's (1938) and Kolb's (1984) theory that experiential training opportunities enhance learning, the researchers set out to examine whether a pre-practicum in social justice would enhance the learning and development of students' social justice identity, which is characterized by (a) a personal connection with advocacy work, (b) broader understanding of social inequalities and advocacy work, and (c) current engagement in systems advocacy. Participants in this study reported several benefits of the social justice pre-practicum, including more confidence and persistence for doing social justice work, as well as strengthened empathy and case conceptualization skills. They cited several challenges, including working with colleagues who lacked sufficient knowledge or understanding of the importance of social justice work, moments of not knowing when or how to engage in advocacy, and emotional exhaustion associated with witnessing the impact of political, social, and economic barriers on clients. Several recommendations for improvement emerged, including having more opportunities to reflect on the pre-practicum experience both in and out of the classroom and training

students on how to promote advocacy work at their place of employment. Further analysis of the structure of the pre-practicum in social justice is needed in order to address the lack of engagement in advocacy post-graduation further.

The counseling profession has a demonstrated history of commitment to social justice, activism, and advocacy, and we must continue to expand on this commitment by effectively training up-and-coming counseling professionals. Counselor education programs also must continue to advance the social justice movement to help future counselors address the social inequalities that lead to emotional, psychological, and physical discord. Providing opportunities for students to convert their academic knowledge into real-world applications can be accomplished in a variety of creative ways within immediate or more substantial communities.

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Process Evaluation of Training Model for School-Based Mental Health

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Abstract

There is a need to examine collaborative mental health practices in geographic regions serving high populations of under-represented minority and low socio-economic status youth in order to reduce the barriers in access to care and support. In response, a counselor education program at a large land-grant university in the Southwestern United States worked in collaboration with a local school district to create a school-based mental health program. The program provides no-cost and timely mental health counseling services to students and their families using a practicum training model. This article presents process evaluation data that examine program level functioning during the implementation stage of the training model. Implications for program improvements in the next phase of implementation are discussed as well as implications of this type of service delivery model within the context of counselor education and social justice.

Keywords: School, Mental Health, Counselor Education, Social Justice

Introduction

In the U.S., ethnic minority youth (i.e., African American and Latinx) and youth from other underrepresented groups (i.e., LGBTQ+) are less likely to receive mental health care than their White counterparts, even when faced with similar mental health problems (de Haan, Boon, Vermeiren, & Joop, 2012; Rider, McMorris, Gower, Coleman, & Eisenberg, 2018). Addressing the mental, emotional, and behavioral needs of underserved youth populations is a growing priority that is met with the need to reduce barriers impacting access to care. Evidence of large unmet mental health needs for underrepresented minority (URM and low socio-economic status (SES) children and adolescents suggests that barriers to access, including cost and transportation, significantly impact the utilization of mental health services among this population and other groups of under-represented youth. The observed underutilization of mental health services among youth has pointed to the need for more innovative approaches for service delivery. In the context of youth mental health care, embedding mental health services in school settings holds promise in increasing their utilization of mental health services (Merianos, Vidourek, & King, 2017). Improving the quality of services and overall mental health outcomes for youth in under-resourced communities compels schools and communities to respond to the unique barriers that impede their ability to access services.

Mental Health and School-Aged Youth

Mental health problems remain a leading cause of disability among children and adolescents, with estimates suggesting that they affect between 10%- 20% of youth worldwide (Kieling et al., 2011). Over the past 20 years, national dialogue on child mental health care has reached a promising peak in the wake of alarming tragedies related to youth suicide and school-shootings. The surge of research interest, advocacy, and activity within the broader American culture are promising, but access to services remains a challenge. Estimates for racial and ethnic minority youth populations from nationally representative data reveal a higher prevalence of mental health problems for these youth compared to their counterparts, suggesting the critical need to further examine the relationships between sociocultural factors and mental health needs (Substance Abuse and Mental Health Services Administration, 2011). Previous research provides several explanations for why individuals from URM and low SES groups face an increased risk for developing mental, emotional, and behavioral problems. Cost and insurance barriers impacting access to care continue to impede those in need of mental health services across all ages and races/ethnicities in the U.S. (Cummings, Wen, & Druss, 2013; Rowan, McAlpine, & Blewett, 2013).

The State of Mental Health in America 2020 report released by Mental Health America (2019), a community-based nonprofit organization, reports evidence of disparities faced by individuals impacted by mental health problems. For youth ages 12-17, the prevalence of major depressive episodes was found to have increased from 8.66 percent to 13.01 percent between the years 2012 to 2017 (Mental Health America, 2019). Consistent with this trend, a separate study published in the same year found that between 2008 and 2017, the proportion of adolescents who reported experiencing psychological distress within the past 30 days increased by 71 percent (Twenge et al., 2019).

Ensuring that youth have better access to mental health care requires states to engage in practices that address social inequities that contribute to unmet needs for mental health treatment among youth. With the prevalence of mental health problems continuing to increase among youth, eliminating cost-related barriers to care must be prioritized (Whitney & Peterson, 2019). The knowledge and identification of barriers affecting children, especially from URM groups, is an essential step in advancing school-based mental health practices (Kataoka, Zhang, & Wells, 2002).

School-Based Mental Health

In response to the unmet mental health needs of youth, school-based mental health services continue to be a promising strategy for addressing significant barriers to accessing care. As school-based mental health continues to expand, particularly in communities traditionally underserved, it is necessary to examine the strengths and challenges regarding service delivery. Previous studies are supporting school-based health centers (SBHCs) as a viable option for providing mental health care to youth, highlight the need to refine existing service and delivery models. Ali and colleagues (2019) attempted to identify shared characteristics among youth who receive mental health treatments and services in educational settings. Using data from the 2012-2015 National Survey on Drug Use and Health they concluded that, although schools play an essential role in providing mental health services to students in general, youth identifying as low-income and coming from racial/ethnic minority groups are more likely to access services exclusively in educational settings (Ali, West, Teich, Lynch, Mutter, & Dubenitz, 2019).

Scholarly efforts to restore balance in our schools through increased focus on student mental health and well-being have led to the recent edition of the *Handbook of School-based Mental Health Promotion: An Evidence-Informed Framework for Implementation* (Leschied, Saklofske, Flett, 2018). Paying especially close attention to the problem of how schools and program providers can implement programs most effectively, authors present critical themes in the successful implementation of school-based mental health services. Such themes include fostering interdisciplinary collaboration, increasing student and family engagement in program development, establishing quality service evaluation tools, and promoting culturally competent practice. With these considerations in mind, we believe the school-based mental health programs can maximize opportunities available for collaboration between local schools and counselor education programs as a strategy for increasing access to services for school-aged youth.

Social Justice, Counselor Education, and School-Based Mental Health

Many American schools continue to face the systemic challenges associated with meeting the mental health needs of all students. As schools seek more holistic frameworks that can support students' social-emotional and mental health needs, it is important that they carefully consider the cultural and linguistic diversity of today's youth. Additionally, schools must avoid isolating the role of racial and ethnic minority status and low SES status in contributing to disparities in mental health care. For example, findings from the Medical Expenditure Panel Survey for the years 2006-2012 show that, across all states, Black and Latinx children made 47 percent and 58 percent fewer visits to mental health professionals compared to white children (Marrast, Himmelstein, Woolhandler, 2016).

There is a need to examine collaborative mental health practices in geographic regions serving high populations of URM and low SES youth in order to develop ways to reduce the disadvantages experienced in access to care and support. A potential strategy in doing so is acquiring evidence on how counselor education programs integrate social justice and multicultural theory into practice. The understanding that cultural diversity and concerns impact mental health and overall well-being is at the core of multicultural and social justice competencies as initially introduced by Sue, Arredondo, and McDavis (1992). However, counselor trainees have reported a perceived disconnect between the social justice theory they are exposed to and their training in the community (Beer, Spanierman, Greene, & Todd, 2012). Practicum experiences that immerse trainees in providing services to diverse and disadvantaged populations under direct supervision is a suitable approach to reducing this gap. In the context of school-based mental health, creating practicum experiences for mental health counselors in schools has the potential to increase social equity in schools that need new systems of support.

Practicum Training Model as an Approach to Service Delivery

A successful collaboration between schools, communities, and families is one way to provide accessible mental health services for children, but as noted previously, research on mental health access for URMs such as Latinx youth makes it clear that any service model must consider culturally relevant barriers to access. There is a need to examine collaborative mental health practices in communities serving high populations of URM and low SES youth in order to develop ways to reduce the disadvantages experienced in access to care and support.

The work presented here focuses on a year-long collaboration between a large land-grant university in the Southwestern United States and a local school district with a high percentage of Latinx (64%) and low SES (66% eligible for free or reduced lunch) youth. Specifically, it is a collaboration between the university's counselor education program and the school district's four Family Resource Centers (FRCs).

Many counselor education programs across the country utilize a training clinic model. However, such training clinics are typically housed in universities or run as university extension clinics (Myers & Smith, 1994). The model that was developed for this program is new is not an extension of previous work. It is school-based and, therefore, embedded within the communities that are being served. This unique program makes free and timely mental health counseling services available, to any enrolled student or family, using a practicum training model. Under supervision, Master's level counseling students provide individual, group, and family counseling to enrolled students and their families, free of charge with no insurance required. This is an approach to mental health service provision that can potentially reduce significant barriers and improve access to mental health counseling. It is also a model that can be used in other school districts across the city and state, or even nationwide, with minimal resources. The model is also intended to reduce the stigma associated with mental health counseling. By embedding the programming in the district resource centers where students and families are already able to access services such as a food pantry, clothing bank, computer labs, school supplies, hygiene supplies, child care, and parenting workshops, we believe it will be more comfortable and more routine for students and families to seek help for mental health concerns when needed.

A critical component in counselor education training is the practicum experience because counselor competence has a direct influence on the quality of counseling services received by clients (Bradley & Fiorini, 1999). This practicum training model provides graduate students with a unique opportunity to develop clinical counseling skills, including multicultural competence, by creating a community-based learning experience. Grounded practice and experiential learning introduce counselors-in-training to systemic barriers to access where their direct service can effect change. The purpose of this article is to present information about the model of service provision as well as process evaluation data that examine program level functioning during the implementation stage.

Method

Given that the program is still in its early stages, this evaluation is exploratory and uses a process evaluation framework to examine aspects of implementation (Saunders, Evans, & Joshi, 2005). Process evaluation is used to monitor and document program implementation and can be used as an aid in understanding the relationship between specific program elements and program outcomes during later stages of evaluation A program or intervention may have limited effects either because of weaknesses in its design or because it is not adequately implemented. On the other hand, positive outcomes can sometimes be achieved even when intervention or program was not delivered fully as intended. New or unconventional programs usually undergo some tailoring when implemented, and capturing what is delivered in practice can enable evaluators to make more responsive adaptations to improve program function (Moore et al., 2015). In this case, process evaluation data can help

inform the counselor education program about successes and challenges associated with this practicum training model and allow stakeholders to make real-time adjustments during the critical, early phase of implementation.

In addition to what was delivered, process evaluation can usefully investigate how a program was delivered. This can provide policymakers and practitioners with vital information about how the program might be replicated or implemented in other contexts. Issues considered may include training and support, communication and management structures, and how these structures interact with implementers' attitudes and circumstances to shape the program or intervention. Therefore, the purpose of this work is to provide rich, descriptive data that capture staff and counseling student perspectives on the implementation of the school-based mental health service model as well as their experiences during the practicum.

An online survey was developed specifically for program providers (graduate counseling students and school district staff). Basic demographic information (age, gender, race/ethnicity) was collected in addition to responses from nine open-ended questions to allow respondents the opportunity to provide as much detail as possible. The survey was designed to capture staff and counseling student perspectives on the implementation of the new school-based model as well as their experiences and understanding about the program as it relates to their development as practitioners. Using a process evaluation framework, examples of question items include: What are the program goals? What resources do you feel are needed for successfully implementing the program? To what extent have you received or are receiving training/supervision to support service delivery? and, What challenges are being faced in successfully implementing the program?" The complete survey is included in Appendix A.

After receiving university IRB approval, the survey was administered to all current counseling practicum students and school district staff and was completed by the following: graduate counseling students (n= 11), and school district staff (n =3). The response rate was 85%. Respondents' age range was 22 years to 50 years old, with reported ethnicities being White/Caucasian (54%), Hispanic (18%), Filipino/Caucasian (9%), Hispanic/Black (9%), and Asian (9%). Ten respondents (90%) were female, and one (10%) was male.

Qualitative Data Analysis

A content analysis (Hsieh & Shannon, 2005) using inductive thematic coding (Thornburg, Perhamus, & Charmaz, 2014) was used to analyze the data from the open-ended survey responses. In a content analysis of qualitative survey data, the textual responses are condensed into content-related categories and, when the respondents' words are coded into similar categories, they reflect shared meanings (Elo & Kyngas, 2007). The qualitative content analysis focuses on the interpretation of textual data through the identification of themes or patterns that emerge directly from the words of the respondents, and a systematic process of coding (Hsieh & Shannon, 2005). This approach allows for in-depth understandings of respondents' experiences without the imposition of pre-existing categories (Downe-Wamboldt, 1992; Hsieh & Shannon, 2005).

The process for identifying codes for this analysis was iterative. First, two coders read and re-read responses from two surveys to become familiar with the texts and note any patterns. Next, notes from the initial review were used to generate a list of potential coding categories. Some codes were then collapsed into higher-order categories. Using the preliminary codes to establish the codebook, coders analyzed data from the two surveys by using a coding matrix to tally the frequency of codes contained in each response. The initial coding resulted in the inter-rater agreement of .74. Therefore, the coders conferred to establish a clear consensus of the textual meaning of all open-ended questions that guided the creation of the codebook. Subsequent coding of the two surveys resulted in the inter-rater agreement of .93, which was deemed acceptable to proceed. The final coding procedure consisted of eleven themes and two overarching domains, (1) practicum student process, and (2) program process that corresponded to specific survey questions. See Table 1 for the codebook used for the analysis.

Table 1 Codebook for analysis

Student Process Code	
Skill development	Responses that convey feelings about the practicum and counseling skills in practice (confidence, rewarding, growing/growth, need to be flexible, etc.)
University supervision	Reponses that convey experiences with university supervision (helpful, supportive, often enough, opportunity to receive help, etc.)
Site supervision	Responses that convey experiences with site supervision as they relate to student perspective (site supervision was helpful, [site supervisor] was responsive to needs, etc.)
Engagement	Responses that convey the degree to which students were engaged with service delivery from the student perspective (high engagement, very involved, on site often, etc.)
Program Process Code	
Space	Responses that convey issues related to space and program functioning (the need for more space, more rooms, managing space, etc.)
Resources	Responses that convey the need for resources (such as assessments, file folders, parent contact info., etc.)
Scheduling	Responses that convey issues related to scheduling (logistics, communication around scheduling, coordinating with other FRC services, the need for an improved process for scheduling, etc.)
Site supervision	Responses that convey experiences with site supervision as they relate to program functioning (the need for more site supervision, the need for a dedicated site supervisor, etc.)
More counselors	Responses that convey the need for additional counselors
FRC staff	Responses that convey issues related to staff participation in program function (the need for additional staff training)
Language/bilingual issues	Responses that convey issues concerning language barriers and/or the need for more bilingual counselors

Results

Table 2 provides descriptive frequencies for each of the eleven themes, organized by the domain (student process and program process). The student process captures responses that reflect aspects of the program that were germane for the practicum and/or clinical training of Master's level students. For example, responses that described student experiences with site or university supervision, skill development, or professional growth were coded within the student process domain. The program process captures responses that reflect aspects of the program that were germane for program functioning. For example, responses that described student or staff experiences with managing schedules, organizing referral and intake paperwork, or the need for additional staff training were coded within the program process domain. For student process, the most frequently coded themes were skill development (i.e., responses that conveyed feelings about the practicum and counseling skills in practice including confidence, rewarding, growth, flexibility, etc.), site supervision (i.e., responses that conveyed experiences with university supervision from the student perspective including helpful, responsive to needs, etc.), and engagement (i.e., responses that conveyed the degree to which students were engaged in service delivery from the student perspective including, high student engagement, very involved on-site, on-site often, etc.).

Table 2 Descriptive frequencies of coding categories

Student Process Code	**Q1**	**Q4**	**Q5**				**frequency**
Skill development	9	1					10
University supervision			5				5
Site supervision	4		5				9
Engagement		7					7
Program Process Code	**Q2**		**Q6**	**Q7**	**Q8**	**Q9**	
Space	3		4	3	2	2	14
Resources	6		3	2	1	2	14
Scheduling	2		4	2	4	3	15
Site supervision	3		2	3	1	2	11
More counselors			3	1			4
FRC staff			5	2	1	2	10
Language/bilingual issues	2		2	2	1	1	8

Note. Inter-rater agreement = .93.

For program process, the most frequently coded themes were **scheduling** (i.e., responses that conveyed issues related to scheduling including logistics, communication around scheduling, the need for an improved process, etc.), **space** (i.e., responses that conveyed a issues related to space and program functioning including the need for more space, more rooms, managing space, etc.), **resources** (i.e., responses that conveyed the need for resources such as assessments, file folders, parent contact information, etc.), and **site supervision** (i.e., responses that convey experiences with site supervision as they related to program functioning including the need for more site supervision, the need for a dedicated site supervisor, etc.). The need for additional staff training, as well as concerns about language barriers (i.e., the need for additional bilingual counselors), also appeared with relatively high frequency. One survey question (Q3) asked specifically for respondents to describe the program goals, and responses to this question revealed unanimous agreement regarding the purpose of the program. Example responses to this question are included below:

- "To reach school community members who do not have good access to mental health services."
- "To provide mental health services to students and families by reducing barriers & increasing accessibility."
- "To provide children and families counseling at no cost, as well as to reduce the stigma surrounding mental health."

In summary, findings suggest that practicum students were highly engaged with service delivery and found the program model to be a rewarding and meaningful experience. Beyond that, findings suggest that the training model is effective at supporting practicum students' clinical skill development when coupled with site and university supervision that is responsive to their needs. Furthermore, the findings confirm the need to plan carefully for logistical considerations during the implementation. Having a referral system in place, providing appropriate professional development to staff, and training practicum students on the intake and note-taking procedures before providing services are crucial for successful implementation. There is a need to make real-time changes to program processes, especially as they relate to space and scheduling in order to successfully build-out a new program. Findings from process evaluation data enable stakeholders and service providers the

ability to address challenges in real-time and, therefore, avoiding difficulties that could potentially derail the efforts in the long-term.

Discussion

This study presents process evaluation data from the perspective of program providers of a school-based mental health program in the Southwestern United States. The program was designed to improve the accessibility of services by those who might otherwise encounter barriers to care while also providing authentic, high-quality clinical training for counseling graduate students. Considering the need for mental health services among students and families in this school district, we view the training model and evaluation data as an opportunity for social action.

It is important to keep in mind that content analysis was used here to understand the findings of this process evaluation, and process evaluation was used as a form of action research to inform the implementation of this particular program. As such, the evaluation serves two main purposes. First, findings highlight both successes and challenges during the implementation phase. Second, they are intended to support the overarching purpose of the work, which is to highlight, for the reader, how such a program might be implemented and/or modified to meet the needs of other communities. In order to fully capture the meaning and implications of the survey responses for program implementation, we felt it useful to parse (or create more) categories instead of collapsing categories. This led to the creation of codes for the "student process" and "program process," which enabled us to use the responses to organize a set of recommendations.

Taken together, the findings from the survey responses suggest that the program is functioning well and as intended during its pilot/early phase. Responses from students and staff indicated that the practicum students are highly engaged in service delivery and that their experiences have contributed to their professional skill development. Responses to the question about program goals reflected unanimous agreement, which demonstrates that the stakeholders in this sample have a clear understanding of the nature and purpose of the service delivery model. This is crucial for the long-term success of the program because it imbues the service model with a sense of shared purpose. Without this at its foundation, the program could suffer from competing visions or lack of clarity regarding the roles and responsibilities of the service providers.

Responses to other questions about program implementation reflect areas of program functioning that can guide improvements going forward. Specifically, the most frequently coded responses were related to the program process and included: the need for additional space, the need for scheduling support, the need for additional (physical) resources, and the need for additional FRC staff training. Based on the frequency of these responses, key recommendations are made taking into consideration near- and long-term aims as well as factors that are under the direct control of the program administrators. Recommendations are organized according to the following four components: funding strategies to support staffing position, revisions to the current paperwork management system, professional development for resource center staff, and opportunities for continued collaboration between the university counselor education program and the school district.

These recommendations can be used to guide improvements as the program progresses and inform similar programs that might be implemented in other contexts. Coded qualitative data from this process evaluation serve as a useful reference point for ongoing evaluation, including data collection targeting different aspects of the program, including the perspectives of those receiving services. A process evaluation framework provides insight into how a program is implemented, as well as the opportunity to engage in areas of action research by guiding training, practice, and program development through real-time adaptations.

Recommendations for Program Improvements

The apparent need for additional staff to support administrative duties, such as client scheduling, necessitates action in seeking creative funding strategies to build the capacity of this type of service-delivery model. Since its launch, the program has relied on a free scheduling application to manage client appointments across all four practicum sites. The program recently secured short-term foundation funding that will support a full-time coordinator position to assist with program administration that will account for scheduling support.

From the practicum student perspective, the program's current system for managing paperwork was viewed as cumbersome, requiring further modification and revision. Therefore, recommendations include an alpha-numeric filing system so that client records could be accessed more efficiently by day and client initials. Ensuring that all necessary forms (i.e., referral and intake) were placed in client files before the first appointment was also recommended.

Before this evaluation, the counselor education faculty engaged in training through existing district-wide professional development for school counselors. The opportunity was intended to provide the district's school counselors specialized training on using an updated online referral system. Though beneficial, respondents expressed the need for additional professional development for all affiliated program staff (i.e., district administrators and FRC staff). Specifically, recommendations include professional development that focuses on making appropriate referrals in addition to information about how to use the online referral system. Another recommendation for program improvement is additional training for FRC staff so that they are more familiar with the scheduling procedures so that they can better respond to parent inquiries and walk-in requests. Here, we remind readers that the findings from this evaluation are intended to highlight both successes and challenges during the program implementation phase. Findings are limited to this particular program and are not intended to generalize to other settings with other populations. Rather, these findings describe how such a program might be implemented and/or modified to meet the needs of other communities.

This program is a service delivery model that centers on collaboration to effectively bring both services and clinical knowledge to participating students and their families. The future impact and success of the program will rely heavily on the continued collaboration between the university counselor education program and the school district. The need for additional physical space for private sessions is pressing because it limits the number of appointments that can be scheduled at any given practicum site. For example, the program may receive five referrals at one site, with requested appointment times between 5:00pm-7:00pm, but the site only has two private rooms available. It is recommended that program administrators continue to collaborate to find creative ways to address the challenges of scheduling that are being faced. One recommendation is to explore the feasibility of utilizing a "tele-counseling" model when appropriate. This would allow for the scheduling of some appointments in a virtual space, thus alleviating some of the need for physical space to accommodate appointment requests. It would also create training opportunities for practicum students who would need to become familiar with state laws concerning HIPPA as well as ethics and best practices for conducting counseling online.

Conclusion: Practicum Training as Social Justice Work

Contextual teaching and learning have essential applications in counselor education programs (Granello, 2000). Grounded practice and experiential learning introduce counselors-in-training to the realities of the authentic community contexts in which counseling and collaboration serve those in need. Such clinical training introduces them to practices that are set in contexts that closely resemble the settings and political realities they will face after graduation. The program presented here, as a model and approach to service delivery, situates learning experiences in authentic activities designed to benefit actual students and families in the community, which aligns the counselor education program with actions among others nationwide to expand community-

based learning experiences and promote an ethos of appreciation of diversity, inclusivity, and social justice. In this case, a collaborative community partnership helped ensure that the services are responsive to the needs of the community, and embedding services in the school district's resource centers were essential for addressing the barriers to mental health services that were present for this population.

Social justice reflects a fundamental valuing of fairness and equity in resources, rights, and treatment for marginalized individuals and groups of people who do not share equal power in society because of their immigration, racial, ethnic, age, socioeconomic, religious heritage, physical ability, or sexual orientation status groups (Fondacaro & Weinberg, 2002; Prilleltensky & Nelson, 1997). In order to address social justice issues, some counselors and counseling psychologists in the United States have adopted a professional commitment to social change at the national or international level (Collison, Osborne, Gray, House, Firth, & Lou, 1998). Others have been involved primarily at a domestic level by being concerned with helping individuals in the U.S. to deal with the personal, societal, and institutional barriers that impede their development or access to opportunities. Both of these levels of involvement in social justice issues, however, are critical in understanding the interdependence of macrosystems and microsystems in people's lives, especially in the lives of marginalized populations (Constantine, Hage, Kindaichi, & Bryant, 2007).

To prepare counselors and counseling psychologists for social justice roles, graduate training programs need to assist students in developing competencies to intervene at broader levels (Toporek, Gerstein, Fouad, Roysircar, & Israel, (2006). By implementing a program within the community that is being served, the training model described in this article provides graduate students in counseling with an opportunity to translate their academic knowledge into real-world contexts. It is one way to help students develop multicultural competence and social justice roles because it works to provide students with a practical understanding of large-scale societal inequities, along with mechanisms by which they may intervene to effect change (Kenny & Gallagher, 2000). In addition, this type of practicum training model can provide opportunities to gain valuable research, evaluation, and program development skills in the context of community mental health settings, which counselor and counseling psychology trainees could then transfer to other related settings (Kenny & Gallagher, 2000). With the increasing realization that counseling paradigms which focus solely on the individual without regard for environmental factors (i.e., barriers to access) are limiting, we argue that the model presented here creates a more explicit connection between oppression and mental health issues (Jacobs, 1994) and opportunities for counselors and counseling psychologists to intervene effectively at a systemic level.

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Appendix A

	Qualitative open-ended questions
Q1	Briefly describe your experience with your practicum at the program (i.e., how often are you there? What is it like working at your site? Has your experience been mostly positive? Negative? Neutral?). What would you like us to know about your experience working there?
Q2	What resources do you feel are needed for successfully implementing the program?
Q3	What are the program goals? What are your thoughts and feelings about the progression of the program so far?
Q4	To what extent are the counseling students engaged in service delivery?
Q5	To what extent have you received or are receiving training/supervision to support service delivery?
Q6	What challenges are being faced in implementing the program?
Q7	What improvements do you feel are needed to improve the implementation of the program?
Q8	What external factors that are beyond your control do you feel are having an impact on the implementation of program?
Q9	Briefly describe recommendations for future implementation and service delivery

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