

Jackie

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Case Study

Jackie is a 16-year-old, African American transgender female. Jackie entered the foster care system at age five after she and her siblings were removed from her mother's care due to substantiated neglect. Jackie's mother was heavily involved with opioid use, and had largely left the children to care for themselves. Jackie is the oldest of five children though she has no contact with any of the siblings for whom she used to care. Department of Child Services' records indicate that Jackie began expressing herself as female around age 8, has outwardly identified as female for several years, and insists that people call her by her chosen female name.

Emotionally and socially, Jackie has had difficulties throughout her life. From an early age, she was identified as having "behavioral problems" and she has a long mental health diagnoses – Oppositional Defiant Disorder, Conduct Disorder, Intermittent Explosive Disorder, Bipolar II Disorder, Disruptive Mood Dysregulation Disorder, Reactive Attachment Disorder, Posttraumatic Stress Disorder, and Gender Dysphoria – indicative of a lengthy history of involvement with social service agencies. Her most recent diagnosis, Unspecified Paraphilic Disorder, was given to her by a court-appointed assessment worker after the third time she was found engaging in oral sex with older men she met through the Internet.

Jackie's behavioral concerns have led to significant instability in her life and repeated placement changes. Previous foster parents have reported extreme disrespect, defiance, verbal aggression, argumentativeness, emotional instability, threatening behaviors, hypersensitivity, and theft. Educationally, Jackie receives special education services under the classification of having an Emotional Disability. Currently, she attends an alternative school housed at a local residential treatment facility. Jackie has also been involved in the legal system for several years and was recently detained for a two-week period after an incident at school.

Despite her struggles, Jackie maintained a foster placement with an elderly grandmother for close to a year recently. The grandmother, referred to as Granny by Jackie, has had Jackie in her home several times over the years. Several placements in the home have been disrupted after behavioral blowups, but Granny took Jackie back on and off when other placements could not be found. Granny reported a special affinity toward Jackie, saying she sees a very vulnerable person under Jackie's hard exterior and she feels Jackie could do better if Jackie would allow someone to help her. Granny has been supportive of Jackie's gender identity, saying she does not care what Jackie calls herself or how she dresses as long as she does better in life. Granny's children have concerns about Jackie's treatment of their mother and are often very critical of Jackie. Jackie reported they mock her gender expression, though Granny tries to minimize that.

Socially, Jackie presents largely as female, wearing dresses when possible. Her school has not been supportive of her, but she dresses as she pleases when around others from the foster care agency. During a recent picnic, Jackie was a star basketball player while wearing a skirt and carrying a purse on the court. All of the agency's staff and Jackie's service providers use female pronouns as Jackie requests.

Seven months ago, Jackie left Granny's house after a particularly explosive episode. The agency staff struggled with locating a possible placement not only due to Jackie's behavioral history, but also due to widespread refusal of foster parents to accept an individual who identifies as transgender into their home. While the agency staff have never spoken with Jackie directly about this reason for placement difficulties, they are aware Jackie knows her gender identity is considered problematic by many foster parents. Jackie spent three weeks in an emergency shelter (placed with the males) before the foster care agency was able to find a prospective placement with an African American family. Prior to her current placement, the agency staff met with the

prospective foster parents repeatedly to discuss Jackie's behaviors as well as her gender identity. The staff insisted the family be willing to accept Jackie's female identity and allow her to live as her authentic self, which the family agreed to do.

During the past several months, Jackie's therapist has noticed that Jackie is no longer wearing female clothes. She continues to insist that the agency staff use female pronouns, but in the therapist's conversations with the foster parents it has become clear they refer to Jackie using male pronouns exclusively. Exploring this further, Jackie admitted the foster family discarded all her female clothes and insists she present as male in the home, socially, and during regular attendance at weekly Church-sponsored events. When the therapist raised concerns about this, Jackie became angry, accusing him of trying to sabotage her first really positive placement. Jackie then stated that if she were removed from the current foster home, she would run away back to them.

During an emergency treatment team staffing, service providers expressed similar concerns about the foster parent's response to Jackie's gender identity, but also admitted Jackie was doing better than she had ever done before. She was not having any major behavioral concerns at school nor in the home, and she seemed to be functioning well socially and emotionally. Team members acknowledged that Jackie had been more cooperative in the last two months, even as she continued to insist on them using female pronouns.

Intersections

Several social work ethics are pertinent to this case (see NASW, 2008):

- 1.01 Commitment to Clients
- 1.02 Self-Determination
- 1.05 Cultural Competence and Social Diversity

- 2.03 Interdisciplinary Collaboration
- 2.06 Referral for Services
- 5.01 Integrity of the Profession
- 6.04 Social and Political Action

The NASW has provided the following policy guidance (National Association of Social Workers, 2015, p. 303-310):

- NASW asserts that discrimination and prejudice directed against any individuals on the basis of gender identity or gender expression, whether real or perceived, are damaging to the social, emotional, psychological, physical, and economic well-being of the affected individuals, as well as society as a whole, and NASW seeks the elimination of the same both inside and outside the profession, in public and private sectors
- NASW encourages all institutions that train or employ social workers to broaden any nondiscriminatory statement made to students, faculty, staff, or clients, to include “gender identity or expression,” in all nondiscrimination statements
- NASW encourages the development of programs, training, and information that promote proactive efforts to eliminate psychological, social, and physical harm directed toward transgender people and to portray them accurately and compassionately
- NASW advocates for the availability of comprehensive psychological and social support services for transgender people and their families that are respectful and sensitive to individual concerns

In practice, several social work competencies are relevant (see EPAS, 2015):

- Competency 2: Engage diversity and difference in practice
- Competency 3: Advance human rights and social, economic, and environmental justice
- Competency 4: Engage in practice-informed research and research-informed practice
- Competency 6: Engage with individuals, families, groups, organizations, and communities
- Competency 7: Assess individuals, families, groups, organizations, and communities
- Competency 8: Intervene with individuals, families, groups, organizations, and communities
- Competency 9: Evaluate practice with individuals, families, groups, organizations, and communities

Case Formulation

Uncritical and normative formulation. Jackie, 16, has been involved with social services for much of her life due to significant behavioral and emotional difficulties. She has a history of trauma due to early neglect, for which she has been receiving therapeutic services. During the past six months, Jackie's behavioral concerns have abated to a large degree and her emotional regulation has increased. She has been more cooperative with service providers, possibly contributing to the improvements in her psychosocial functioning. There have been concerns in the past regarding her gender identity and gender expression, but she appears to have reached a point in which this is no longer creating difficulties in her life. Jackie has made it clear that she desires to stay in her current placement, and the service team members should accept that.

Culturally competent and queer affirmative formulation: Jackie is an adolescent transgender female who has not only experienced significant trauma in her life related to early neglect but also due to her gender identity. She has had behavioral and emotional difficulties throughout her life, some of which may be directly attributable to her struggling to understand her gender identity and others' reactions to that identity. While Jackie has been receiving social services throughout her life and her providers appear to have been supportive of her gender identity, it is not clear that her struggles with coming to terms with that identity or the social ramifications of that identity have been addressed in a therapeutic setting. Further, it is necessary to explore role Jackie's and the foster family' racial and religious/spiritual background/culture plays in their beliefs about and level of acceptance of individuals who identify as transgender.

Even within the foster care system, Jackie has continued to experience alienation and stigmatization from foster parents and from the staff at the emergency shelter. These experiences have further exacerbated Jackie's emotional difficulties, as her gender identity is invalidated. After being told she was going to be placed in a supportive house, instead she found herself being forced to choose between her gender identity and a stable and emotionally-supportive environment. The current reduction in behavioral and emotional symptomology is promising and may be used to further treatment, but there needs to be a focus on working with Jackie to understand her gender identity.

Treatment and Action Planning

- 1) Address concerns related to gender identity with Jackie
 - Refer Jackie to a social worker who specializes in therapeutic work with adolescents who identify as transgender
 - Explain to Jackie the reasons for service providers' concerns

- Educate Jackie on gender identity development
 - Assist Jackie with determining her progress in developing her gender identity and what further progress she desires (see Testa, Coolhart, & Peta, 2015)
 - Work with Jackie on understanding and coping with social and environmental stigma related to her gender identity, including within the child welfare system
 - Assist Jackie with the development of a plan for how to deal with stigmatization and harassment in the future
 - Process Jackie's conflict between her desire for a stable living situation and living as her authentic self
 - Ensure Jackie has access to support or social groups for youth who identify as transgender (either in-person or virtually)
- 2) Address Jackie's history of trauma, including that which is related to her gender identity
- Educate Jackie on what trauma is and its effects on individuals
 - Highlight to Jackie that events such as stigmatization based on gender identity can be traumatic
 - Assist Jackie with processing emotions related to difficulties finding a foster placement for her due to her gender identity
 - Work with Jackie to explore her history of trauma using an evidence-based practice such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2017)
- 3) Address concerns related to the foster parents' actions directly

- Explain the reasons for service providers' concerns
 - Inform foster parents of agency standards for care for youth
 - Ensure foster parents understand what is required of them
- 4) Address stigmatization and deficits in cultural awareness among foster parents as related to youth who identify as transgender
- Educate foster parents on what gender identity entails and what it means to identify as transgender
 - Provide foster parents with information to counteract their stereotypes and prejudices regarding individuals who identify as transgender
 - Ensure foster parents are aware of the agency's policies related to youth who identify as transgender and the requirements of appropriate and non-judgmental service provision to these youth
- 5) Ensure agency has explicit policies related to services for youth who identify as transgender
- Evaluate current policies (or lack thereof) related to working with youth who identify as transgender
 - Examine best practices as laid out in social work literature (e.g., *Fostering Transitions: A CWLA/Lambda Legal Joint Initiative*, 2012; Mallon, 2009; 2010; Perron, 2015)
 - Adopt policies that incorporate best practices and ensure all agency staff and foster parents are educated on the policies

Guiding Questions

- What further information do you feel would be necessary to understand Jackie's experience of her gender identity?
- At what point does professional judgment outweigh the principle of self-determination, if ever?
- What questions would you ask when meeting with Jackie to understand her decision-making process regarding her desire to stay with the current family?
- How would you structure the conversation with the current foster family to address the concerns of the treatment team?
- How do you decide which aspects of Jackie's trauma history should be dealt with first, that of her childhood or that related to her gender identity?

Resources

Brill, S., & Kenney, L. (2016). *The transgender teen: A handbook for parents and professionals supporting transgender and non-binary teens*. Jersey City, NJ: Cleis Press.

Brill, S., & Pepper, R. (2008). *The transgender child: A handbook for families and professionals*. San Francisco, CA: Cleis Press.

Burdge, B. J. (2007). Bending gender, ending gender: Theoretical foundations for social work practice with the transgender community. *Social Work, 52*(3), 243-250.

Child Welfare League of America. (2012). *Recommended practices to promote the safety and well-being of lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth and youth at risk of or living with HIV in child welfare settings*. Washington, DC: Author.

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents* (2nd ed.). New York, NY: The Guilford Press.

- Diamond, L. M., Pardo, S. T., & Butterworth, M. R. (2011). Transgender experience and identity. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity theory and research: Volume 1: Structure and processes* (pp. 629-647). New York, NY: Springer.
- Erickson-Schroth, L. (2014). *Trans bodies, trans selves: A resources for the transgender community*. New York, NY: Oxford University Press.
- Fostering Transitions: A CWLA/Lambda Legal Joint Initiative. (2012). *Getting down to basics: Tools to support LGBTQ youth in care*. New York, NY: Lambda Legal & Child Welfare League of America.
- Gretak, E. A., Kosciw, J. G., & Diaz, E. M. (2009). *Harsh realities: The experiences of transgender youth in our nation's schools*. New York, NY: GLSEN.
- Hidalgo, M. A., Ehrensaft, D., Tishelman, A. C., Clark, L. F., Garofalo, R., Rosenthal, S. M., . . . Olson, J. (2013). The gender affirmative model: What we know and what we aim to learn. *Human Development*, 56(5), 285-290. doi:10.1159/000355235
- Mallon, G. P. (Ed.) (2009). *Social work practice with transgender and gender variant youth* (2nd ed.). New York, NY: Routledge.
- Mallon, G. P. (2010). *LGBTQ youth issues: Practical guide for youth workers serving lesbian, gay, bisexual, transgender and questioning youth*. New York, NY: Child Welfare League of America.
- National Association of Social Workers. (2015). Transgender and gender identity issues. In *Social work speaks* (10th ed., pp. 303-310). Washington, DC: NASW Press.
- Perron, S. (2015). *beFIERCE! A toolkit for providers working with LGBTQ foster youth*. San Francisco, CA: Walter S. Johnson Foundation.

- Singh, A. A. (2012). Transgender youth of color and resilience: Negotiating oppression and finding support. *Sex Roles, 68*(11-12), 690-702. doi:10.1007/s11199-012-0149-z
- Singh, A. A., & McKleroy, V. S. (2011). "Just getting out of bed is a revolutionary act": The resilience of transgender people of color who have survived traumatic life events. *Traumatology, 17*(2), 34-44. doi:10.1177/1534765610369261
- Sullivan, C. A., Sommer, S., & Moff, J. (2001). *Youth in the margins: A report on the unmet needs of lesbian, gay, bisexual and transgender adolescents in foster care*. Washington, DC: Lambda Legal Defense & Education Fund.
- Testa, R. J., Coolhart, D., & Peta, J. (2015). *The gender quest workbook: A guide for teens and young adults exploring gender identity*. Oakland, CA: New Harbinger Publications.
- Travers, R., Guta, A., Flicker, S., Larkin, J., Lo, C., McCardell, S., & van der Meulen, E. (2010). Service provider views on issues and needs for lesbian, gay, bisexual, and transgender youth. *Canadian Journal of Human Sexuality, 19*(4), 191-198.
- Woronoff, R., Estrada, R., & Sommer, S. (2006). *OUT of the margins: A report on the regional listening forums highlighting the experiences of lesbian, gay, bisexual, transgender and questioning youth in care*. Washington, DC: Child Welfare League of America.