Addressing Microaggressions: The Anti-Oppressive Case Conceptualization Framework in Counselor Education

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Abstract

Transgender and gender-expansive (T/GE) youth, who are Black, Indigenous, and Persons of Color (BIPOC), are at the crux of multiple marginalized identities and experience multiple forms of marginalization stress. Microaggressions are particularly potent, often covert acts of oppression that activate the stress response, and occur both in the counseling environment and in the counselor education classroom. Counselors-in-training (CIT) may benefit from a structured case conceptualization framework that integrates antioppressive pedagogy (AOP) with an approach to case formulation that is concrete and accessible to CITs. This teaching brief provides counselor educators with an antioppressive case conceptualization framework (ACCF) for use during fieldwork. Readers are also provided with classroom strategies to model antioppressive practices and address microaggressions in the classroom.

Keywords: Antioppressive, Microaggression, Case Conceptualization, Advocacy, Counselor Education

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Introduction

Transgender and gender-expansive (T/GE) youth (aged three and 18 years) who are Black, Indigenous, and Persons of Color (BIPOC) are at the intersection of multiple oppressed identities and experience high rates of minority stress (Human Rights Campaign, 2019; Price--Feeney et al., 2020). Crenshaw (1989) described the experience of discrimination for persons with multiple oppressed identities as analogous to a traffic intersection. These individuals are at the crossroads of multiple lanes of discrimination and thus experience the crash together of prejudice. This creates a complex pallet of experiences for each individual according to their unique intersections.

Relevant Research

Microaggressions are a common form of oppression experienced by T/GE BIPOC youth. Microaggressions are brief statements or behaviors that "communicate hostile, derogatory, or negative slights or insults" (Sue et al., 2007, p. 271) toward the individual and their identit(ies). These aggressions can be categorized as microassaults, microinsults, or microinvalidations. Microassaults include conscious beliefs communicated through verbalizations, behaviors, or other cues. Microinsults are interpersonal in nature and often unintentional, with the individual's behavior or statements perpetuating stereotypes. Microinvalidations are considered the most covert form of microaggressions, as they invalidate the experiences of marginalized people and groups in insidious ways (Sue et al., 2007).

Political news in the United States (U.S.) is rife with examples of all three forms of microaggressions (Ross, 2015), particularly against Lesbian, Gay, Bisexual, Transgender, Queer and others (LGBTQ+) and BIPOC persons. The correlations between these microaggressions and adverse impacts on health are significant, with 90% of LGBTQ youth reporting that recent politics have adversely impacted their well-being (Trevor Project, 2024). Youths who are T/GE and BIPOC often experience higher rates of mental health symptoms, homelessness, discrimination in healthcare (Human Rights Campaign, 2019), and harassment in schools (Price-Feeney, Green, & Dorison, 2020; The Trevor Project, 2020) and are four times more likely to be victims of violent crimes than cisgender people are (Flores et al., 2021).

Despite disproportionally high rates of mental health symptoms, these youth are less likely to access health-related services (Smedly et al., 2003; Takeuchi et al., 1999). The reasons why members of this community fail to access behavioral health services or do not persist in treatment include previous negative experiences with counselor(s) (Crawford, 2011), counselor perpetration of microaggressions (Constantine, 2007), and counselors' lack of cultural humility (Hook et al., 2016).

Rationale

The use of AOP may help clinicians avoid prejudicial attitudes and behaviors in sessions and improve T/GE BIPOC clients' experience with behavioral health services. The use of this lens requires an understanding of power and privilege, prejudice, and discrimination (Corneau & Stergiopoulos, 2012; Harlow & Hearn, 1996; Mallison, 1995), as well as the ongoing self-development of a clinician's awareness and skills. Fieldwork courses are a particularly impactful time for implementing AOP, as CITs are actively practicing and developing their professional counselor identity and cultural selves. We propose the use of the following structured ACCF with CITs during fieldwork. The framework integrates the case formulation approach (Persons, 2008) with AOP (Corneau & Stergiopoulos, 2012) and the ways paradigm (Cheston, 2000; Merino, 2020) and provides a process that focuses on minority stressors, system considerations, and the treatment needs of T/GE BIPOC youth clients. Figure 1 provides an illustration of each variable addressed when this framework is utilized.

Figure 1. The Anti-Oppressive Case Conceptualization Framework
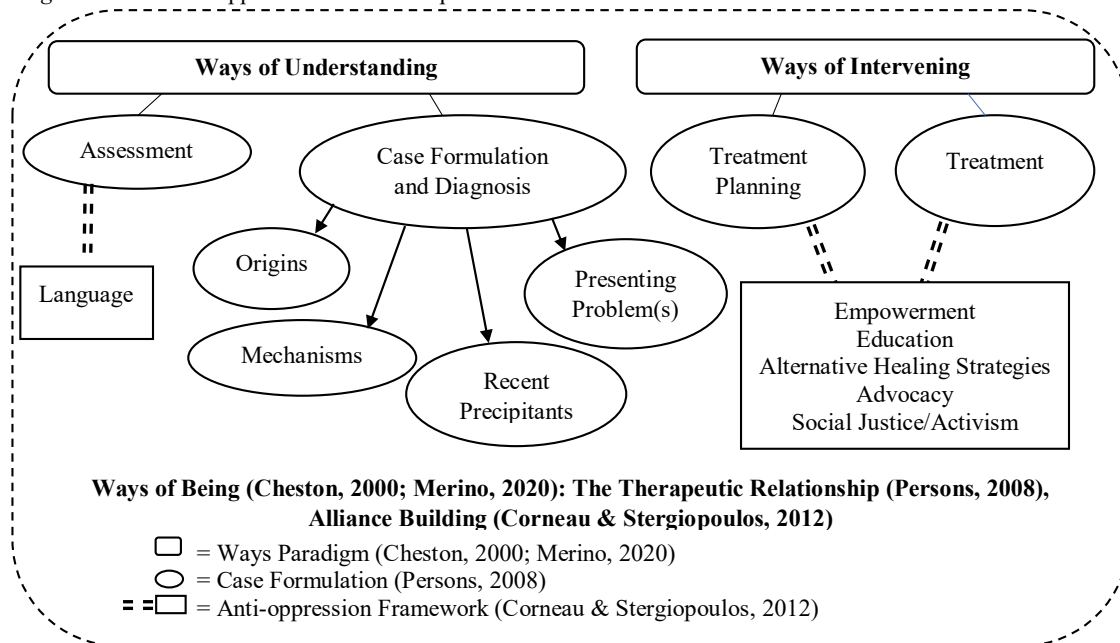
Teaching Innovation

Application to Counselor Education

The Case Formulation Approach

The application of evidence-based practices with diverse communities requires flexible decision-making, attention to the mechanisms of distress (e.g., minority stress and environmental factors), and evaluation of the efficacy of interventions (Pachankis & Safren, 2019). Clients who are BIPOC and T/GE face particular challenges when seeking behavioral healthcare, as the training of providers is steeped in a euro-centric lens, and existing research regarding interventions is most often normed with white, heterosexual, cisgender, middle to high socioeconomic status, middle-aged individuals (Remley & Herlihy, 2020). The case formulation approach (Persons, 2008) views evidence-based practice as a "template" for the treatment process. This approach provides a flexible and ethical framework for the individualization of care and hypothesis testing throughout the therapeutic process (Persons, 2006). We propose integrating the case formulation approach (Persons, 2006; 2008) with the ways paradigm (Cheston, 2000; Merino, 2020) and AOP (Corneau & Stergiopoulos, 2012) to cultivate an ACCF.

Antioppressive Pedagogy

The implementation of AOP in the classroom includes the exploration of 1) the realities of oppression and 2) the strategies and policies needed to effect change. Educators may focus on educational practices that directly support multiple marginalized students; teach about different identities (e.g., ethnicity, gender identity, and sexual identity); promote critical evaluation of the "privileging" of groups and "othering" of certain communities; and support reflective practice and advocacy (Kumashiro, 2000). When providing mental health services from an anti-oppressive lens, helping strategies align with seven primary categories. These categories include language, rapport building, empowerment, psychoeducation, alternative or complementary treatment modalities, social justice/activism, advocacy, and reflective practice (Corneau & Stergiopoulos, 2012). These categories

are outlined in Table 1. The proposed model focuses on each of these strategies over the course of the therapeutic process.

Table 1. *Categories of Anti-Oppressive Strategies (Corneau & Stergiopoulos, 2012)*

Language	Practitioners utilize language that is nonstigmatizing, and avoid using ranks, titles, or positions, thus fostering a more egalitarian relationship.
Rapport or alliance building	Practitioners cultivate connections between oppressed groups and recognize that these relationships are critical to challenging racist and discriminatory discourses, stereotypes, and negative public perceptions of stigmatized groups.
Empowerment	Practitioners encourage client participation with decision-making for all aspects of their care, and validate client's beliefs, life experience, and strengths.
Psycho-education	Practitioners educate themselves and others about the relationship between power and equity, and perpetuation of oppression through policy and institutional structures. To be considered anti-oppressive or anti-racist, this knowledge and awareness must include advocacy and activism.
Alternative or Complementary Treatment Modalities	Practitioners employ a holistic approach to treatment, distancing themselves from the medical model. Client distress is viewed as significantly influenced by their ecological context.
Social Justice/Activism; Advocacy	Practitioners pursue positive change at the individual, and systems-levels by advocating with, and on behalf of their clients.
Reflective Practice or Fostering Reflexivity	Self-examination of practitioner's relationship to the dominant systems of power, as well as their social position, and own cultural biases and blind spots are critical to reflective practice.

Ways of Understanding

Assessment. Merino (2020) and Cheston (2000) describe CITs' knowledge regarding theories, case formulation, diagnosis, and assessment as "ways of understanding" how mental health concerns emerge. The "ways of understanding" aid CITs in conceptualizing how client change occurs and identifying benchmarks of optimal functioning. This process can inadvertently lead to oppressive sentiments in therapeutic relationships and clinical processes. Counselor educators employing the ACCF attend to the tenets of critical race theory (CRT), supporting CITs, as they consider how whiteness and "color blindness" impact the assessment process and formulate the client's case (Haskins & Singh, 2015). Furthermore, CRT informs how we understand the client's view of the counseling process and the counselor's role (Trahan & Lemberger-Truelove, 2014).

Understanding case formulation via an anti-oppressive lens also requires the use of queer theory. CITs utilizing the ACCF with T/GE BIPOC youth clients must reconsider their beliefs about gender identities. Counselor educators support their CITs in critically evaluating their taken-for-granted beliefs about gender, ethnicity, and other identities.

Ways of Being: the Therapeutic Relationship & Alliance Building

Unfortunately, T/GE individuals do not always have a positive experience in therapy (Benson, 2012). The most commonly cited barrier to a positive therapeutic relationship was clients having to educate their counselors on T/GE issues (Benson 2012). Additionally, T/GE and BIPOC clients report multiple levels of invalidation from counselors, including misgendering, misuse of pronouns, avoidance of discussing gender issues, and visible discomfort in their counselor while they share their stories (McCullough et al., 2017).

Positive factors that contribute to the therapeutic relationship include affirming T/GE language and acknowledging systemic barriers and advocacy to remove such barriers (McCullough et al., 2017).

Several studies regarding counseling T/GE and BIPOC Lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other (LGBTQIA+) populations emphasize advocacy as a crucial component in a therapeutic relationship (McCullough et al., 2017; Parker-Barnes et al., 2022).

During their education, CITs learn how to cultivate "ways of being" with clients that convey warmth, empathy, unconditional positive regard, and congruence (Rogers, 2003). Ways of being also include one's cultural awareness, ability to engage in perspective taking, and ability to understand intersectionality (Tormala et al., 2018). This cultivation of "ways of being" is also known as "cultural formulation" (American Psychiatric Association, 2022). Cultural formulation and core therapeutic conditions, coupled with the appropriate use of attending skills, enable CITs to cultivate an effective therapeutic relationship (Cheston, 2000; Merino, 2020). Counselor educators support cultural formulation when they employ AOP in the classroom by addressing power imbalances in the helping relationship and supporting students as they challenge discriminatory dialog and stereotypes (Corneau & Stergiopoulos, 2012). Counselor educators also encourage CITs to engage in bidirectional learning during client-counselor relationship building; this enables the clinician to address the inherent power imbalance associated with the helper-helpee relationship (Fisher-Borne et al., 2015).

Case Formulation and Diagnosis

Origins

When implementing this framework, counselor educators support CITs in considering the role of minority stress (Keuroghlian, 2018), historical trauma and colonization (Styrker, 2017), racial oppression (Helms, Nicolas, & Green, 2010), and prejudicial acts (Anti-Defamation League, 2003) in the context of client experience. These systemic factors play a significant role in T/GE BIPOC youth clients' development, ability to achieve success (e.g., in academics, socially, and/or professionally), and access resources. One example of the impact of these factors is the ill effects of stereotype threat, a phenomenon where BIPOC and women experience lower scores on standardized tests (among other measures), particularly in the fields of science, technology, engineering, and mathematics ([STEM]; Steele, 2010).

Experiences of discrimination, transphobia, and being "othered" may contribute to T/GE clients' experience of social isolation and impede their ability to experience social belonging (Austin & Craig, 2015). The origins of T/GE BIPOC youth client distress are closely connected to the mechanisms, or recent precipitants, of current mental health symptoms and presenting problems.

Mechanisms

Counselor educators assist CITs in considering those specific mechanisms that are at the core of T/GE BIPOC clients' distress. These mechanisms include internalized transphobia, as clients assume the negative biases imposed upon them by cisnormative societal moors. The internalization of transphobia may contribute to self-hate, decrease client resilience, and negatively impact their ability to cope with other stressors (Hendricks & Testa, 2012; Pachankis et al., 2008). Clients who experience assumptions of transphobic beliefs and behaviors may be prone to rejection sensitivity, a phenomenon where a T/GE person experiences hypervigilance around the expectation of rejection. Rejection sensitivity is correlated with higher rates of anxiety and depression (Feinstein, 2019).

T/GE persons also experience difficulties with presenting as their authentic selves when connecting with the community. Engagement with the community is associated with resilience, yet many T/GE individuals must conceal their gender identity due to safety concerns (Austin & Craig, 2015; Hendricks & Testa, 2012). T/GE youth clients may also experience dysphoria associated with a lack of alignment between external presentation and internal gender identity. Gender dysphoria and weight concerns are risk factors for suicidal ideation and attempts and self-harming behavior in T/GE youth (Peterson et al., 2016).

Internalized racism may also impact T/GE BIPOC youth clients' mental health and wellbeing. The internalization of racism is characterized by the adoption of White culture's negative stereotypes about one's ethnicity and the rejection of African ideas and culture (Bailey et al., 2011; Sosoo et al., 2019). Sosoo et al. (2019) describe internalized racism as "a form of psychological slavery that is potentially more pernicious than physical slavery has been associated with" (p. 4). Specifically, this assumption of racist beliefs and actions often falls within 4 categories: "internalization of negative stereotypes…belief in the biased representation of history…alteration of physical appearance…and hair change" to prefer straight hair (Sosoo et al., 2019, p. 4). A higher incidence of internalized racism is associated with increased anxiety, particularly in situations where the BIPOC experiences discrimination (Sosoo et al., 2019).

Ways of Intervening

The "ways of intervening" portion of the ways paradigm is where the "techniques grounded in theory are utilized in helping the client reach their therapeutic goals" (Merino, 2020, p. 497). When providing services from an anti-oppressive lens, helping strategies align with the following: empowerment, psychoeducation, alternative or complementary treatment modalities, social justice/activism, and advocacy (Corneau & Stergiopoulos, 2012).

Resources for Implementation

Counselor educators employing the ACCF facilitate class discussion regarding how interventions might encourage client participation in decision-making processes (empowerment) and encourage CITs to educate themselves and others about equity, power imbalances, and institutional discrimination (psychoeducation). Educators also support CITs, as they develop a holistic model of treatment (alternative or complementary treatment modalities). In practice, counselor educators may provide their students with copies of Table 1 and verbally proceed through how each step and strategy apply to the client case. Educators may also utilize the provided case and Table 2 as examples of this framework in practice. The final ACCF focuses on the practitioner's advocacy efforts with and on behalf of the client to effect individual and systems-level change (social justice/activism; advocacy). Learning how and when to implement this strategy requires a paradigm shift from the individualized westernized view of behavioral health to an ecological perspective that acknowledges the necessity of advocacy (Pickover et al., 2020).
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Evaluation of the effectiveness of teaching innovation

The ACCF supports CITs' development of a "way of being" that is associated with increased positive outcomes and client engagement (Mosher et al., 2017). The efficacy of this teaching innovation may be measured via a structured self-report measure administered at the beginning of the fieldwork course and again at the end of the course. This measure uses the themes associated with CITs' cultural formulation (Tormala et al., 2018) to inform key areas of growth associated with the ACCF. Administering this assessment as a pre- and postintervention measure may assist counselor educators in assessing the efficacy of this innovative strategy. See Table 2 for a copy of this evaluation tool.

Table 2. The Anti-Oppressive Case Conceptualization Framework: Case Formulation Assessment Tool

Instructions: Review each of the items listed below, and indicate how strongly you agree with each statement as applies to your work with T/GE and BIPOC youth.

Case Formulation – Areas of Assessment	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Cultural self-awareness: I am aware of how my "ways of being" in the therapeutic space may impact the client. Specifically, I understand how the following factors may impact the client -					
My cultural background.					
My power and privilege in relation to the client.					
How I demonstrate my understanding of the clients' possible discomfort with our cultural differences.					
Intersectionality & Perspective taking:					
I recognize how my "ways of understanding" are influenced by my own intersecting identities.					
I understand how my clients' multiple marginalized identities intersect, with these clients experiencing numerous forms of discrimination, and prejudice.					
Evidence-based Practices:					
I employ evidence-based practices in my "ways of intervening" with clients with multiple marginalized identities.					
I understand the role of clinician-client rapport in positive outcomes and treatment efficacy, and prioritize alliance-building.					
I am aware of the significant impact of minority stress, historical oppression, institutional discrimination, and microaggressions on the health and wellbeing of my multiply marginalized clients.					
Implicit biases:					
I am actively working to identify my own biases, and unsupported beliefs about specific cultures and identities, and how these beliefs impact my counseling practice, and my multiply marginalized clients.					
Power/privilege differential:					
I recognize the power differential between myself, and my multiply marginalized clients.					
I engage in intentional deep self-reflection regarding my own privilege, and experiences of oppression, and how my privileged identities might impact the power differential in session.					
In an effort to empower clients and neutralize this power imbalance, I view my client as the expert in their own life, honor my clients' unique cultural experience, and aim to practice with cultural humility.					
I continuously advocate with, and on behalf of my multiply marginalized clients to pursue positive social and institutional changes that might reduce discrimination and oppression.					

These items adapted from Tormala et al. (2018) themes in counselors' cultural formulation when working with marginalized clients, and integrated with those models included in the anti-oppressive case conceptualization approach.

Case Vignette: The Case of "Mari"

Adam (he/him/his), a CIT intern has just completed his 3rd session with client Mari. Mari is 15 years old, uses them/them pronouns, and describes their self as "nonbinary", "multiracial…Cuban and

Hispanic", pansexual, and "not religious…but my family is very Christian". They describe living in a single parent household, with their mother as their primary financial support and their close friends and siblings as their social and emotional support. Mari identifies their goals for treatment as 1) creating a plan for accessing gender-affirming medical care (specifically testosterone), 2) improving communication with mothers and 3) processing grief and loss associated with the loss of best friends who died by suicide.

In the internship class, Adam shares that he considers himself an ally for the T/GE folx, but he is unsure of how to support Mari with the goals of accessing testosterone and facilitating conversations with Mari's mom. The internship instructor elects to use the ACCF to support Adam, and the other students conceptualize Mari's case and Adam's ways of "being", "understanding", and "intervening".

The instructor's first step is to provide the students with a visual representation of the conceptualization process; Adam's instructor provides classes with a print out of Figure 1. She then asks Adam to identify those aspects of the model that seem most relevant to his experience with Mari. Adam identifies the core areas in Table 3, and the instructor writes them on the white board at the front of the classroom. The class then engages in open discussion regarding how each of these foci might be addressed.

Table 3. Applying the Anti-oppressive Case Conceptualization Framework (ACCF) with the Case of "Mari"

ACCF: CIT Identified Focus Areas	Recommendations for Addressing Focus Area
Way of Understanding - Assessment - Case formulation and diagnosis ○ Origins, Mechanisms, Recent precipitants, Presenting problem	Assess for gender dysphoria; consider – mom's awareness of and ambivalence and/or support of Mari's identities, Mari's distress in different situations and settings Mari's presenting problems include anxiety, and depression, with symptoms most severe when around mom, and certain peers at school (origins). Symptoms started approximately 2 years ago, about the time they started puberty and their friend died by suicide (mechanisms). Mari says peer-based bullying and gender harassment at school, and mom's belief that their gender identity is a "phase" and that "God didn't make me that way" are "what make things truly tough" (recent precipitants).
Ways of Intervening - Treatment (specifically identifying objectives, and achieving the treatment plan) ○ Empowerment, Education, Advocacy, Social Justice/Activism	Adam considers: Referral letter (in line World Professional Association for Transgender Health (WPATH) standards of care 7 and 8) for Hormone Replacement Therapy (HRT) Support Mari with self-advocacy with bullying, and mom's rejecting behaviors and statements. Educating Mari's mom about the role of family acceptance and support in Mari's wellbeing

The instructor then asks Adam to consider his responses to the questions covered in the "Case Formulation Assessment Tool" that was administered during week 1. Adam shares that he sees the questions about "Intersectionality & Perspective Taking" as most applicable to his experience with Mari, as he is trying to better understand "what it must be like to live in a home, with a parent who doesn't believe me when I say who I am, who doesn't seem able to accept me as I am". He noted that his identities as a white, cisgender, heterosexual man from a middle-class background might limit his understanding of how the client's Cuban and Hispanic heritage and culture influence how their parent sees gender and views their role as a parent. Adam also shares that he is worried that the client's mother may "want me to be the expert" and that his person-centered approach to counseling "might not meet her needs". The instructor provides a succinct summary of Adam's disclosures and thanks him for his vulnerability in sharing his thoughts and feelings. The instructor then asks Adam to identify specific areas of follow-up where Adam needs to do additional research to improve his understanding of Mari's needs. Furthermore, Adam is asked to consider being transparent with Mari about his current level of competence in serving T/GE and BIPOC folx and that he is doing additional

research in this area but may provide referrals if Mari would like to work with a clinician with additional experience and expertise.

During class discussion, classmate Sam asks, "but what if the counselor doesn't agree with the client wanting to access hormones? I have no problem with people doing things to their body once they are adults, but kids shouldn't be able to make lasting changes to their body until they are 18." The instructor affirms that discussing political topics is a critical component of the social justice approach in counselor education (Chopra et al., 2024) and that students' beliefs about T/GE rights in healthcare settings impact how they conceptualize T/GE client care in counseling (Morris et al., 2020). The instructor then brings the World Professional Association for Transgender Health (WPATH) standards of care-8 up on the projector and reviews best evidence-based practices for adolescents. She then asks Sam how he might bracket his beliefs to ensure that he is able to provide someone such as Mari with counseling that aligns with best practices. Sam says he "will have to think about it." Mari responded that she revisits this topic during the next class session.

Implications & Future Directions for Research

While the adaptation of the Anti-Oppressive Case Conceptualization attempts to address and highlight many of the identified minority stressors that can impact T/GE BIPOC clients, many unanswered questions remain. One of the greatest limitations is the lack of research regarding evidenced-based interventions (EBIs) specifically targeting youth at the intersection of both T/GE and BIPOC identities. The inherent systemic racism, power imbalances, and underrepresentation of marginalized groups within research must be addressed as the field moves forward (Chae et al., 2022). Counselors and CITs can advocate for their clients by critically reviewing the research and models they incorporate into their practice (Chae et al., 2022; Parker-Barns, et al., 2022).

The implementation of the ACCF integrates several concepts of how counselors conceptualize the self. Conceptualizing our ontology as having multiple axes and plural expressions theoretically grounds this model in contemporary foundations of understanding oppression. To acknowledge a plural self and affirm ontological ambiguity is to reject the reductionist concepts of persons (Cooper, 2015; 2021; de Beauvoir, 1947). Integrating a complex and intersectional understanding of oppression leads counselors to work within the inseparability and simultaneity of identity dynamics.

Limitations in the training of counselors regarding culturally responsive practices have been identified as barriers to treatment for T T/GE BIPOC youth (Benson, 2012; Mosher et al., 2017). Counselors need to consider their own education, background, and training and how it may impact their "ways of understanding" and "ways of being". Counselor education may not fully equip CITs to address and understand the impacts of systemic racism and racial trauma that BIPOC youth experience (Ieva et al., 2021). A recent study on gender-affirming care revealed that of the 200+ mental health providers sampled, only 20% were exposed to information on gender-affirming care during their graduate courses (Stryker et al., 2022). Having a framework to conceptualize a client's intersectional identity is a strong foundation, but counselors must continue to critically examine their own education and implicit biases and continue to educate themselves in these areas to best serve their clients.

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