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Parental acceptance project: Affirming gender variant youth

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Parental Acceptance Project: Affirming Gender Variant Youth

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Abstract

The number of gender expansive and gender variant youth has risen dramatically, leading to a mental health and education service gap that must be addressed. The author reviews relevant literature supporting the importance of the parent-child relationship via the lens of attachment theory, affirming that parental support for gender variant children is critical to their well-being and overall positive life outcomes. A curriculum for parents of gender variant children is proposed, in an effort to educate and support parents of gender variant children, so that they may in turn develop affirmative and supportive practices toward their children. The ultimate goal of the proposed curriculum is to contribute toward the health and well-being of gender variant children by providing this educational and support program to their parents and families.

Implications of Gender

Gender is the primary organizational factor in people's lives even before they are born. Pregnant women are frequently asked, "Is it a boy or a girl?" It is here that the gender binary journey begins. Before children are born, they are put into a category, which has been built up and reinforced by societal norms and in nearly every interaction we experience. Organizational factors within society were originally put in place to create order. In some cultures, the entire language is built around differentiating male or female terminology (Harris, Biencowe, & Telem, 2017). Approximately one quarter of the world's languages classify nouns by gender: masculine, feminine, and neutral (Harris, Biencowe, & Telem, 2017). In this paper I begin to dissect the implication of the gender binary, argue that it is no longer applicable to today's society, and demonstrate how in fact it can be harmful to some individuals' identities.

Our primary organizing factor is typically gender, simplifying a person into the dichotomy of male or female. This binary system is both a cultural reference point and a representation of basic organizing principles such as gender, race, class, culture, and socio-economic status. Categories and associations helped form primitive societies, and many cultures were built around civilization's expectations of a person's specific role or duty within that framework (Smith, Shin, & Officer, 2012). These basic organizing factors also help to organize our personal interactions, our thoughts, and even our behavioral expectations of ourselves and other people. The gender binary construct also guides how people relate with each other –our gender role, social role, cultural background and other stereotypes derive from these foundational classifications.

These timeworn cultural expectations were created to make meaning and increase productivity but are losing their relevance today. In this paper the term gender variant will be the term used to encompass all individuals who do not identify with their natal sex or the sex that was assigned at birth. Mental health professionals and researchers now recognize that the gender binary can be harmful to individuals who do not identify with their natal sex or for individuals who are born intersex. Intersex is a term used to describe a person who is born with ambiguous biological characteristics, such as chromosomes and or genitalia. While there is no reliable estimate for babies who are born intersex, according to the Human Rights Campaign (HRC), 1.7% of babies are born with atypical male or female genitalia and the parents are encouraged to provide the infant with a corrective surgery. Moreover, there are personal accounts of adults who identify as transgender or non-binary recalling traumatic genital corrective surgeries in early childhood that shaped their lives in negative ways (Ehrensaft, 2017).

Natal sex, or the genitalia a person is born with, does not fully encompass a person's identity. Gender is a social classification usually associated with a person's biological sex organs present at birth. A person's gender identity is shaped through multiple complex social interactions that create a perception of how well one conforms as a male or female according to society's or familial standards (Ehrensaft, 2017). Identity encapsulates a person's ideals, beliefs, and values, which help shape and guide their behavior. Identity development begins in early childhood and continues through out the lifetime. Unfortunately, the gender dichotomy oversimplifies and overlooks the many intricacies that makes each person a unique individual. Furthermore, when a person's natal sex does not match their gender identity, this incongruity typically triggers great

anxiety. This anxiety is further exacerbated when one's perceived and internalized social stigma of not fitting into the gender binary combines with social stigma and constant discriminatory reminders.

Anxiety may aid in survival, sharpen mental focus, and provide extra physical energy boosts in times of stress. Anxiety responses can aid the process of attachment by creating protective behaviors in order to ensure our survival. For example, an infant's crying when hungry or distressed may lead the caregiver or primary attachment figure to attend to the child's basic needs by providing soothing, feeding, and nurturing responses that will increase its chances of survival. The perceived acceptance or rejection of a caregiver's attention to a basic need can affect the infant's interpretation of self worth as well as stress responses. This anxiety around general security, well-being, and getting a basic need met is integral to a person's survival and ability to thrive.

The human brain is hardwired to organize or recognize a potential threat or danger in milliseconds to maintain safety (Price, 2003). For example, long ago in a different type of world, our vigilance was adaptive - it protected us from threats or danger, and gave us a better chance of staying alive. However, our slow-to-evolve brains have not caught up to today's highly accommodating life that is ultimately cushioned with relative safety. Our brain's slowly evolved state is a major reason for the increasing rate of anxiety we experience (Price, 2003). Human brains are still programmed to look for physical danger around every corner to ensure our survival. Additionally, unlike the active lifestyles of our ancestors, our modern sedentary lifestyles do not allow people to spend time burning off physical energy through physical labor, which can lead to an overactive mind and an anxious state (Leary & Cottrell, 1999). In the case of gender

variant people, who continually experience discrimination and isolation, they will be less likely to engage in today's typical physical activities, such as joining a gym or participating in team sports to avoid discrimination and constant microaggressions. The lack of accessibility to be physically active increases their chances for anxiety and depressive symptoms.

The focus of this paper is on supporting parents to be more affirming to their gender variant children's identity so that they have the best chance of leading fulfilled lives. I propose an early intervention program with the goal of providing education and support to gender variant children and their caregivers. The program is designed for qualified clinicians to work collaboratively with parents and their children to bring awareness around their personal struggles to begin to create a more comfortable life in their bodies, a strategy that begins with their families.

Attachment Theory

I begin to link several concepts that relate to the importance of supporting and affirming gender variant children by first discussing attachment theory. The creator of attachment theory, John Bowlby, and his protégé Mary Ainsworth highlighted the importance of positive parent child relationships, familial relationships, and affirming interactions/responses and their lasting effects on the child's concept of self (Ainsworth, 1991). Attachment and the parent-child relationship are pivotal in the development and experience of identity, self-image, quality of life, and social and emotional adjustment (Bowlby, 1988). Infants require consistency, comfort, and protection from their primary caregiver(s) in order to feel safe. If their caregivers fail to attend to these basic needs, the infant may internalize negative interactions and begin to integrate these into personal

self-concepts. Bowlby (1988) expanded on attachment by elucidating the importance of

how parental responsiveness and attunement can affect the children's future relationships

and how children view themselves within the construct of their environment and their

worthiness to be loved and cared for. Internal working models are a set of beliefs or

expectations about the self, others, and the relationships and interactions between self and

others (Bowlby 1982).

Attachment is relevant beyond childhood and is fluid across the lifespan.

Attachment behaviors occur "from the cradle to the grave" (Bowlby, 1988, p. 82). As

creatures of habit, we have a tendency to reenact early attachments patterns in our

everyday relationships. If infants are not nurtured and attended to consistently, their

behavioral attachment systems are alerted, which causes stress. In adulthood, these same

patterns and behavioral attachment systems become activated during times of stress and

mimic an anxiety response, reminding the individuals that they are not getting their

fundamental needs met. This anxiety response can influence a person's internal working

model of self and reinforce perceptions around worthiness, acceptance, and love. Internal

working models emerge from a child's experience of the accessibility and attention of

their primary attachment figures (Bowlby, 1988).

In his book *Separation: Anxiety and Anger*, Bowlby stated, "Just as children are

absolutely dependent on their parents for sustenance, so in all but the most primitive

communities, are parents, especially their mothers, dependent on a greater society for

economic provision. If a community values its children it must cherish their parents."

(1951, p. 84) Based on Bowlby's core belief that it is also the responsibility of society to

provide support for the parent, this project aims to assist the parents of gender variant

children to become as supportive as possible, with the intention that better outcomes for the children can be achieved.

Mary Ainsworth (1991) built upon Bowlby's theory and identified three different styles of attachment based on the caregivers' availability, accessibility and responsiveness to the child's behavior to try to illicit comfort. These attachment styles are: secure, anxious/ambivalent, and avoidant. The attachment styles she identified described how the child responded to the mother in the experiment called the "strange situation." Secure attachment occurs when the primary caregiver attends to the child's basic needs consistently and in an emotionally responsive manner. The securely attached child feels as though their attachment figure is available, responsive and helpful. Anxious/ambivalent attachment arises when the primary caregiver attends in an inconsistent and sometimes emotionally distant manner. At times the caregiver is responsive and accurately empathetic and other instances their responses are erroneous to the child's experience. Avoidant attachment occurs when the primary caregiver is very emotionally detached and or unavailable and cannot recognize or respond to the needs. Disorganized attachment encompasses a child that cannot be accurately placed into the three main categories.

Ainsworth then expanded into the security theory where maternal sensitivity was noted. Maternal sensitivity refers to the responsiveness of the primary caregiver's ability to perceive and accurately interpret the infant's behavioral signals, and then respond to them appropriately and promptly. Maternal sensitivity has four essential components which include awareness of the infants needs, an accurate interpretation of them, an appropriate response to the signal and, a prompt response (Ainsworth, 1991). In regards

to this topic, maternal sensitivity can be expanded to include all caregivers and parental sensitivity and further expounded to include parental affirmation.

The most important aspect of the interaction comes from the sensitivity, quality and nurturing type responsiveness of the caregiver. This concept of maternal sensitivity and the quality of responses a child receives further elucidates the importance of parental acceptance and affirmation of a child as they develop. The notion of how internal working models and ways in which a person conceptualizes themselves, based on parental response, is integral in regards to a child exploring their gender identity (Amodeo, Vitelli, Scandurra, Picariello, & Valerio, 2015).

Bowlby developed the idea of an internal working model. The internal working model is the way an individual begins to conceptualize themselves within the context of their environment. This conceptualization of self is shaped by repeated interactions with their primary caregivers and how the caregiver responds/attends to the child's needs. Ideally the caregiver can appropriately recognize and soothe a child whether the child is hungry, tired and in need of a rest, or perhaps needing a clean diaper. Lastly, it is significant to note how the caregiver emotionally responds to the child's needs. Does the caregiver respond with frustration, annoyance, compassion, indifference, joy, calmness, contentment, or anxiety?

<center>**Literature Review: Gender Variant Youth**</center>

Building upon the foundation of attachment security provided by Bowlby and Ainsworth, and the understanding that bolstering the parent will help the child, it follows logically that helping the gender variant child begins with supporting and educating the parent. The following review of literature supports this idea and provides an overview of

existing research related to parental support of gender variant youth. Within this text, I have compiled and reviewed extensive literature on gender variant children and best parenting practices. I point out common themes and include practical interventions taken from professional experience and multiple sources to educate and support the parents and caregivers of gender variant youth. The literature review includes information and statistics about the negative implications of not having familial support and some of the negative psychological outcomes. I also point out the importance of education and affirmative approaches to gender variant youth and discuss the importance of attachment theory as the foundation for healing, affirmation, and positive well-being for the child's future. Education, emotional support, and connection are the final topics explored.

In the 2011 book *Gender Born, Gender Made*, Diane Ehrensaft, a developmental and clinical psychologist and the mother of a transgender child, provided parents and clinicians a model for understanding transgender and nonconforming youth. At the very basic level, Ehrensaft encouraged parents to accept their children as they are, and allow them to navigate creating their identity. She suggested that parents focus on providing safety for their children, creating a safe space for them to explore, learn, experience, and grow into their authentic self. Ehrensaft used the term "gender creative" to describe children who are gender non-conforming.

Ehrensaft named three categories of parents of trans young people (transphobic, transporter, and transformer), which can be helpful for understanding the various phases of acceptance that many parents experience. She stated, "Transphobia is the anxieties, prejudices, aspersion, aggression, and hatred cast on individuals who do not accept the gender assigned to them at birth but instead play outside that definition of self or perhaps

any binary categorizations of gender, possibly to the extent of altering their body" (2011, p. 529). Transphobic parents do not understand anything outside of the male/female gender binary and are rigid and unwilling to support the child. Transporter parents, on the other hand, appear to be accepting of their child's gender identity, but also hold on to the idea that "this is just a phase" and or "they will grow out of it." Transformer parents are comfortable in supporting their child in their gender variant journey and can easily identify their child as a separate person. "These parents will stand a good chance of overcoming whatever transphobic reactions may reside within them to evolve into parents who both meet their child where he or she is and become an advocate for their gender nonconforming child in the outside world" (2011, p. 539). Ehrensaft's categories are helpful in envisioning a model for understanding some of the struggles of parents of transgender youth.

Ehrensaft also examined the role of minority stress and the difference between gender variant children and other minority children. She noted that there can be a bonding process in learning about one's culture (for example, African American families conveying pride in membership in a racial category, while also preparing their children for the various prejudices they may face in society) and that this type of connection and togetherness is not present for gender variant children.

Ehrensaft then took Winnicott's concepts of the true self and the false self (1965) and transformed it into true gender self and false gender self which include gender identity and gender expression. Winnicott's theory discussed the importance of the parent-infant dyad as paramount in setting the stage for the child to explore their true self. Unfortunately, due to the influence of outside factors, transgender children will often

initially opt for the false gender self, which is "the face a child puts on for the world,

based on the expectations of the external environment and the child interpretations and

internalizations of either 'appropriate' or 'adaptive behaviors' (Ehrensaft 2011, p. 534).

Gender variant children historically choose their false self in order to accommodate the

family's overall experience and comply to societies traditional gender norms. This

choice can take a huge psychological toll on a young person. Ehrensaft explained,

"Danger prevails when the false self takes over and suffocates the true self. In the most

extreme case, an individual might want to stop living completely rather than let the false

self continue to beat the true self into submission" (Ehrensaft, 2011, p. 534). She stressed

the importance of allowing the child's true gender self to be explored, accepted, and if at

all possible, affirmed by the parents.

Related to Ehrensaft's conclusion that gender variant children often identify with

the "false self," Katz-Wise, Rosario, and Tsappis (2016) examined through the

attachment lens how some gender variant youth internalize negative attitudes from their

immediate environment about their sexuality or gender identity, and how this affects their

mental health. Minority stress has adverse impacts on the child's mental health due to

stressful interactions between parent and child, and can also harm the child's subsequent

sense of safety. Attachment style and interactions play a crucial role in the formation of

the child's sense of self, ability to self-regulate during times of stress, and future

relationship patterns. Parental support and acceptance of a child's gender identity and

overall acceptance of self are paramount in ensuring that these kids will have reduced

rates of negative psychological symptoms.

Hidalgo et al. (2013) described affirmative care as "a child's opportunity to live in the gender that feels most real or comfortable to that child and to express that gender with freedom from restriction, aspersion, or rejection" (p. 286). Furthermore, they emphasized that gender development involves biological, developmental, and cultural influences; is not pathological; and is nonbinary. Affirmative care trusts that individuals know themselves. Adolescents and teenagers are still in the midst of identity development, which is why proper family support is necessary to assist in this process. Additionally, the affirmative care concept focused on one's long-term psychological health and quality of life. This type of care also offers support to the individual (and family) to make decisions and take steps that allow individuals to be as true to themselves as possible.

As a practical model for these concepts, Chen, et al. (2016) discussed the gender-affirming model which guides the practice at the Gender and Sex Development Program (GSDP) at the Ann & Robert H. Lurie Children's Hospital of Chicago. This practice understands that gender identity and behavioral expressions are not pathological. Instead, they support youth to live as they feel most comfortable and promote exploration of the self. Chen, et al. explained the importance of maintaining a flexible, individualized, and comprehensive approach to gender diverse youth, as well as the importance of supporting their families. They offer medical health, mental health, and adjunct support services that promote the overall adjustment within all of the systems in which family and child interact, a holistic approach which can serve as a model. The adjunctive programming includes monthly teen and parent support groups which co-occur. They also offer voice and communication support with speech and language professionals from Northwestern University as well as physical wellness support for youth who are weary of exercising at

regular gyms. This particular practice took to heart the feedback from their patients that a majority of the youth were dissatisfied with the World Professional Association for Transgender Health (WPATH) standards of care, and GSDP decided to expand the breadth of support services.

Kaltiala-Heino Bergman, Työläjärvi, and Frisén (2018) discussed Hildalgo's affirmative approach to interacting with gender nonconforming children in the health care system, and emphasized that health care professionals in the child's life must model and affirm the child's experience by approving the presentation or gender identity that feels most comfortable. The authors supported the concept that gender is fluid and can change and evolve over time, so allowing the child to freely explore will lead to a greater sense of self and decrease some of the widely studied negative psychological effects that come out of our current societal attitudes towards the gender binary. These authors also requested a shift in research paradigms and recommended seeing gender variations as normal rather than pathological. With this new perspective, mental health professionals and parents can positively affect the child's adjustment through an affirmative approach.

A study on perceived parenting style among transgender children by Mohta, Roy, and Saha (2017) concluded that parent failure to provide a safe, nurturing environment to their gender nonconforming child contributes to adverse developmental outcomes, whereas parents whose interventions focus on family acceptance create protective factors, promote well-being, and provide a safe and nurturing emotional climate which contribute to healthy development.

Sherak's (2018) review also focused on best practices for health care professionals, analyzing 31 papers that discussed how education has positively influenced

mental health care professionals and families in supporting their child's gender identity. From this review five themes emerged: learning that a family member is transgendered; family responses; accessing education and information; recognizing the impact on the individual; and moving beyond the individual. This article supported the gender affirmative model, and defends the theory that gender is fluid and diverse, its development is complex, and it is a natural, not pathological, phenomenon (Hidalgo et al., 2013). This model encouraged introspection and awareness as primary, as well as being able to model affirming practices and not pathologizing the individual. It affirms that children can serve as guides to those in support positions. The article pointed out that the mental health practitioners are in an optimal position to provide the initial educational support to the family and should be able to direct them towards the current evidence-based information in an integrated and holistic way. By affirming and supporting their transgender family member, families and parents can promote healthy adjustment.

Johns, Beltran, Armstrong, Jayne, and Barrios (2018) identified protective factors against elevated risks for gender variant youth. Positive health and well-being factors that were identified across multiple studies included: self-esteem, healthy relationships with parents and peers, and gay straight alliances. These protective factors are characteristics, conditions, and behaviors that decrease the negative mental health issues that are common among gender variant youth. The individual-level protective factors encompass the person's beliefs/perceptions as well as skills and competencies. On the relationship level, the article looked at how family and parent support as well as support from trusted adults play a protective role.

Sansfaçon, Robichaud, and Dumais-Michaud (2015) looked at the challenges parents face as they support their child's gender journey and the solutions that would be beneficial to share with other parents navigating this same path. Parental support is, again, highlighted as pivotal in promoting and ensuring the positive well-being of the trans identified or gender variant youth. The authors noted that social stigma is a common challenge among parents in fully supporting their child's gender identity. Other major setbacks for families include lack of access to health care, support services, community education and awareness, and exposure to systemic discrimination. The findings echoed other articles reviewed by noting that affirmative parenting practices, which put the protection and safety of their child at the forefront, are essential to reducing negative experiences such as bullying, depression, anxiety, self-harm, and suicide.

The study by Katz-Wise et al. (2017) looked at the transactional pathways between gender variant youth and their family and social environment. Caregivers were shown to have significant impact on the well-being of gender variant youth. Families were found to be a large source of the child's resilience and ability to handle adversity, since gender expression is typically managed by the caregiver (buying clothing, hair styles, etc.).

Katz-Wise et al. (2017) also discussed Lev and Alie's 2012 model for familial adjustment was outlined in how to support a family who has a gender variant child. The family adjustment process begins with learning of the child's gender nonconformity and is usually met with confusion by family members, followed by negotiating adjustments to be made within the family. Lastly, the family finds balance once the child is accepted and integrated back into the family (Lev & Alie, 2012).

The article reiterated the idea that the caregiver brings an internalized ideology of the gender binary, so that idea/experience will first need to be explored by the caregiver before becoming able to fully affirm the child's identity. The authors encouraged the reader to examine how including gender variant youth in conversations can shift us toward a sociocultural reality that facilitates the identity formation process of the gender variant youth. The participants indicated the importance of using preferred gender pronouns, and attending to the associated trauma from those adverse experiences set forth by policies (Katz-Wise et al., 2017).

Edwards-Leeper, Leibowitz, and Sangganjanavanich (2016) provided a useful framework for mental health professionals who provide services to gender variant youth. This article discussed the different affirming practices to be considered for each developmental stage and other factors that should be considered, such as environmental, family dynamics, and school. The authors followed the gender affirmative model by Hidalgo, viewing gender variance as a normal condition rather than a disorder, while also recognizing the complexity of supporting this population. The authors encouraged clinicians to look at their own personal history, experiences, and biases related to gender.

Edwards-Leeper et al. provided information on the risks, resilience, and barriers that are common for gender variant youth and their families. Practitioners can help parents and caregivers to understand the importance of the affirmative care approach for the youth and their overall well-being. Affirmative approaches focus on the parent showing support and acceptance in the child's social transitioning. A social transition is a reversible modification of outward appearance which allows the individual to live more closely to the identified gender and no medical involvement is needed. A social transition

also involves being referred to by the person's preferred pronouns, their chosen name and allowing them to choose clothing and hairstyles that feel more comfortable with their gender identity. Lastly, providing affirmative care to these gender variant children gives them a sense of hope and helps to normalize their experience.

The study by Amodeo et al. (2015) used an attachment lens to look at how transgender identified Italian individual internalized societal stigma and transphobia for Italian individuals. The positive or negative reactions and responses by a caregiver to an infant lay the groundwork for building or creating an internal working model for how that infant perceives itself and its worthiness in the world. In that context, we can see the importance of parent-child attachment and how that initial relationship can affect all other relationships, in particular future romantic relationships.

This article examined the link between adult attachment and internalized transphobia. The authors found that there was a positive correlation between secure attachment styles and likelihood that a transgender individual will have a positive sense of self in one's transgender identity (self-acceptance). Insecure attachment styles can lead to a higher prevalence of shame around identity, which can lead the individual to view the world as generally unsafe and unwelcoming. These authors suggested an early-intervention and (if possible) early-prevention approach to address negative social stigma, transphobia, and normalize gender nonconforming identities within the family and educational environments.

The revolutionary book, *Affirmative counseling and psychological practice with transgender and gender nonconforming clients,* edited by Singh (2017) to provide a comprehensive guide of the most up-to-date information that will enhance mental health

professionals' cultural competence in providing affirmative care for gender non-conforming individuals. Affirmative care was characterized by awareness, respect, and support of gender non-conforming identities and life experiences. The book explored all ages and developmental stages, backgrounds, as well as how to support the multiple identities the gender non-conforming people may align with. The evidence-based Gender Affirmative model of therapy is currently seen as best practice and acknowledges a natural variation to the notion of gender identity and focuses on supporting the individual in their experience. The therapeutic goals of the Gender Affirmative model are: facilitating an authentic gender self, alleviating distress around gender, building gender resilience, and securing social supports.

Affirmation of children's experiences increases the likelihood that the parent child relationship remains intact. Adult affirmation is critical in lessening the negative effects that gender variant children experience and increases the overall mental well-being of children. Children who suffer feel isolated, and as if no one cares or understands them, so to counteract that belief is to accept and affirm their experience. For these reasons, it is vital that the caregivers of gender variant youth become educated about their child's experiences and learn to provide appropriate emotional support for them. The more informed support these caregivers are able to provide to their children, the more likely it is that the children can avoid some of the potential negative experiences mentioned above. To this end, I have designed a research-based curriculum for parents or guardians of gender variant youth to promote and support affirmation towards their child's gender identity. This curriculum will assist the parents and or guardians in exploring their personal experiences with gender identity and societal constructs, and provide a safe

environment for the adults to process feelings with the major change. Finally, the
curriculum will help parents to become supporters for their children in helping to shift the
paradigm of the children's everyday environments towards inclusivity and acceptance.

<div align="center">**Discussion**</div>

The number of gender expansive and gender variant youth has risen dramatically,
leading to a mental health and education service gap that must be addressed. We are
coming to a better understanding of gender identity and some of the challenges faced by
youth who do not fit the traditional gender categories. In 2013, gender identity disorder
was removed from the Diagnostic and Statistical Manual of Mental Disorders, Fifth
Edition (DSM-5), and replaced with gender dysphoria. Thus, positive changes are being
made. I believe that focusing on mental health and educational support for the parents
and families of these gender expansive children is a way to positively affect change for a
currently underserved population.

There are several themes that have emerged in regard to parental needs:
information on gender variance, formal and informal emotional support, and access to
culturally competent professionals. Shifting the family environment towards safety and
acceptance will reduce psychological distress and will strengthen resiliency. The parents
and family will become the child's biggest advocate, and this demonstration of care will
make a big impression on the child.

This program fills in the current support gaps by addressing two needs: to educate
parents of gender variant children, as well as to support them. The parents will have a
chance to learn about gender affirming practices in the home, at school, and even in the
community. There will be time allotted for parents to process their personal experiences

of how their child's gender expression has impacted their lives. I take into consideration the impact that this transition has on families and I want to acknowledge that piece and allow parents the time and space to process their experience.

Through affirmation, education, and authentic processing, the parents will be able to examine their personal experiences around the concept of gender and learn how to be present for their children during this phase of life. Ideally this program can be developed and expanded beyond the four-session module, which guides practitioners through the beginning steps to supporting parents and affirming their gender variant child. The current module provides the latest terminology and research findings to help educate parents on their child's experience, and outlines useful interventions for parents to explore within the group setting. It is the hope that the program will broaden the parent's understanding of their experience outside of the group time, addressing their personal journey which typically includes grief, changes within the home, and confronting personal biases.

Assisting and educating the family and adult caregivers is of central importance to shifting the current rigid paradigm that gender is either male or female. Recognizing the multifaceted variables that can play into a parent's ability (or inability) to understand their child's experience and being able to slowly shift their personal framework is vital so that they can affirm, support, and eventually advocate for their gender variant child. By allowing the parents to mentally process some of their personal experiences (hang ups) around the concept of gender, providing the latest research and education for this emerging population, and offering community supports, the program assists in offering these children the best possibility at a full and functional life.

Conclusion

According to the research, parental acceptance is the main predictor of a child's health, overall well-being, and ability to manage stress. My hope is to contribute to enhancing and sustaining the health and well-being of gender variant children by providing this educational and support program to their parents and families. Every human is unique, and in order to thrive we first need to feel valued, supported, and accepted. The caregiver's love and validation helps to build a positive internal working model for the child, helping the child navigate the difficulties of life. Shifting the family environment towards safety and acceptance of the child's gender identity will reduce psychological distress and can strengthen resiliency. The parents and family will become the child's biggest advocate within the community and school settings and that show of care will make a profound impact on the child's ability to navigate future issues. It is my hope that this curriculum can make a small contribution toward healing within a population that is currently underserved.

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Parental Acceptance Project: Gender Affirmation and Parental Support Group

The goals and objectives of this program are, broadly, to increase parental support, affirmation, and acceptance of gender variant youth in order to decrease the likelihood of psychological distress.

Working from an introductory level, the focus will be on basic vocabulary, psychoeducation, exploring personal biases, past experiences, and finally affirming the child's gender identity.

The curriculum integrates parent peer support and education so that parents and caregivers can better understand what their gender variant child is experiencing and move toward authentic validation and acceptance of their child's gender identity.

This curriculum will not focus on specific medical aspects related to these issues because individuals have different desires and expectations.

Population: The intended population is for parents of gender variant children between the ages of 5 and 18 and is designed to provide parents fundamental education and support needed to begin their journey toward affirming their child's identity.

Note: "Gender variant" or "gender expansive" will be the terms used throughout this curriculum to encompass all of the non-binary gender identities such as transgender, gender variant, gender fluid, and gender-queer.

We expect behavior that is mutually respectful and responsible. Our goal is to teach young people to engage and maintain relationships by modeling qualities such as tolerance, inclusiveness, respect, integrity, empathy, accountability, and forgiveness.

Parental Acceptance Project: Gender Affirmation and Parental Support Group

Educate, Explore, Affirm

1. **Introduction**
     i. Welcome brave and courageous parents and caregivers.
     ii. You are here because you love and you want the best for your child and your family.
     iii. You are not alone.
     iv. Validate their personal experience and recognize that everyone family has had a unique journey up to this point.
   ** Thesis** Affirming your child's gender identity is the most important way to increase their overall well-being for the rest of their life.
   (According to the research, parental acceptance is the main predictor of a child's health, overall well-being, and ability to manage stress. My hope is to contribute to enhancing and sustaining the health and well-being of gender variant children by providing educational and support programs to their parents and families.)

2. **Course Overview**
   ○ Welcome & Introductions
     i. Facilitator introduction (name and gender pronouns).
     ii. Explain the purpose of the group and goals for today's session.
   ○ Parent Introductions
     i. Facilitate parent introductions.
     ii. Your first name and preferred pronoun
     iii. What you are hoping to get out of the group
   ○ Group Guidelines
     i. Provide a list of suggested guidelines (rules)
     ii. Encourage parents to contribute to the group guidelines. Ensure that all parents feel comfortable with the guidelines and let them know that the guidelines can be reviewed and discussed as needed.
   Note Keep a large easel paper or whiteboard with group guidelines and bring it to each session for posting and note-taking.
   ○ Begin Session #1: Learning the language

3. **Session #1: Educate….Your Words Matter**
   ○ Affirming Language and gender identity and expression.
   ○ Core vocabulary and terms
     i. Identity & expression
     ii. Gingerbread person
     iii. Umbrella
     iv. Questions ("Asking for friend") and personal sharing
     v. Closing
         1. Thank participants for sharing a bit of themselves with the group.
         2. Provide parents with resources and gather contact information.

3. Encourage them to share their knowledge of community resources as well.
4. Invite parents to use the next 30 minutes socializing with one another.

Note: There will be many resources available for parents to explore the topics at their own pace between sessions.

4. **Session #2: Explore: Start where you are**
   ○ Parental acceptance and affirmation: Allow parents to share their current state of acceptance and personal stories.
      i. Parents experience a personal, internal crisis, when their child first announces their gender variance. Brill and Pepper (2008).
      ii. Validate, normalize and process parent's feelings
   ○ Nurturing Identity Development: Help parents understand the meaning of gender identity and to begin to define their own relationship and experiences with gender.

      i. Video https://scopeblog.stanford.edu/2017/03/27/stanford-launches-short-online-course-to-boost-understanding-of-transgender-kids/
   ○ Questions

5. **Session #3: Explore: Societal standards and current research.**
   ○ Society's gender standards and personal narratives
      i. Early messages and bias
      ii. Concepts of privilege and power
   ○ Share current research findings:
      i. GENDER EXPANSIVE REPORT: https://www.hrc.org/youth-report/supporting-and-caring-for-our-gender-expansive-youth
      ii. Bisexual youth report: https://www.hrc.org/youth-report/supporting-and-caring-for-our-bisexual-youth

   ○ Telling others. Sharing with family, friends, and schools.
   ○ Practice scenarios in dyads.
   ○ Questions

6. **Session #4: Affirming**
   ○ Social transitioning
      i. Tolerating ambiguity
      ii. Balance between authenticity and safety
   ○ Safety for children outside the home
   ○ Closing