

Affirming Psychological Practice With Transgender and Gender Nonconforming People of Color

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In this article, the authors discuss the unique considerations that psychologists may keep in mind when working with transgender and gender nonconforming (TGNC) clients of color. These considerations are informed by the *Guidelines for Psychological Practice with Transgender and Gender Nonconforming Clients* (American Psychological Association, 2015). The major components of TGNC-affirmative psychological practice with TGNC people of color are described, including (a) interrogating psychologist race/ethnicity and gender identity, (b) addressing the intersectionality of race/ethnicity and gender identity, (c) challenging assumptions about TGNC experiences and the experiences of people of color, (d) building rapport and acknowledging differences within the therapeutic dyad, (e) assessing client strengths and resilience in navigating multiple oppressions, and (f) providing a variety of resources that are affirming to TGNC people of color. A case vignette is provided that explores these components and brings them to life.

Keywords: gender nonconforming, people of color, racism, transgender, transphobia

Although research with transgender and gender nonconforming (TGNC) people has burgeoned recently, there remains a gap in the scholarship on the components of TGNC-affirming psychological practice with people of color (Xavier, Bobbin, Singer, & Budd, 2005; Singh, 2013). The authors of the recent American Psychological Association *Guidelines for Psychological Practice with Transgender and Gender Nonconforming Clients* (APA, 2015) noted this gap and the need for increased attention to issues of intersectionality with respect to gender and racial/ethnic identities. The authors of the APA guidelines (2015) also noted that experiences of racism and anti-TGNC stigma can be explored in TGNC-affirmative counseling with people of color. The purpose of the current article is to address this gap by reviewing experiences of oppression and resilience pertaining to TGNC people of color and describing the important components of TGNC-affirming psychological practice with people of color based on the authors' combined clinical experience of 30 years with this group. In doing so, a case vignette of a psychologist working with a TGNC client of color is included, which explores how these intersections of identities and oppressions influence the counseling process for clients and how the influence of racism and anti-TGNC stigma may be addressed by practitioners. Throughout the article, the authors expand on some of the major foci in the APA TGNC Guidelines (2015), such as resilience, oppression, intersectionality, and multiple identities, as well as psychologist self-reflection and advoca-

cacy. In doing so, the authors also explore the historical context of multiple and intergenerational oppressions for TGNC people of color and how psychologists may advocate for TGNC people of color clients as a core component of affirmative psychological practice.

TGNC People of Color, Experiences of Oppression, and Resilience

Although scholarship on TGNC-affirmative psychological practice is sparse, the research that exists continues to identify experiences of oppression as significant barriers to TGNC people of color mental and physical well-being (Grant et al., 2011; National Coalition of Anti-Violence Programs, 2012; Saffin, 2011). For instance, recent TGNC survey research has identified that when examining the barriers that exist in employment, housing, health care access, and other areas for TGNC people, TGNC people of color experience worse outcomes, with African American TGNC people experiencing the highest levels of multiple barriers (Grant et al., 2011; Saffin, 2011). In addition, the National Coalition of Anti-Violence Programs (2012), in its annual hate violence report, found that TGNC people of color were more than twice as likely to experience anti-TGNC discrimination and more than 2.5 times as likely to experience violence from police. The APA TGNC guidelines (2015) acknowledge the high rates of discrimination and violence TGNC people of color experience and assert that the experiences of oppression that TGNC people of color have will likely influence the development of the therapeutic relationship. A large portion of the research with TGNC people of color has examined issues of HIV/AIDS (Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Hwahng & Nuttbrock, 2014), in addition to examining how substance abuse, incarceration, and barriers to health care access impact TGNC people of color (Grant et al., 2011). The APA TGNC guidelines (2015), therefore, call for psychologists to

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explore not only their own gender identity, but also other aspects of cultural identity such as racial/ethnic background to critically examine how these intersections of identities may influence attitudes about gender identity and gender expression.

As TGNC people of color experience multiple marginalizations and institutional barriers based on intergenerational racism and antitrans bias, they may also develop resilience over the course of navigating these experiences of oppression (Singh, 2013). For instance, in a study of resilience with TGNC people of color who had survived traumatic life events, Singh and McKleroy (2011) found that resilience experiences reported by participants included (a) pride in one's gender and ethnic/racial identity, (b) recognizing and negotiating gender and racial/ethnic oppression, (c) navigating relationships with families of origin, (d) accessing health care and financial resources, (e) connecting with an activist TGNC community of color, and (f) cultivating spirituality and hope for the future. In addition, group membership and affiliations with other TGNC people of color have been suggested to promote resilience and coping (Bith-Melander et al., 2010). The APA TGNC (2015) refer to the importance of examining resilience in psychological practice with TGNC people of color. Psychologists aiding in the development of this resilience may include acknowledging the creativity and autonomy of TGNC people of color in terms of the language, pronouns, names, and other words they may use to describe themselves (Cole & Han, 2011). In addition, there may be significant ways that TGNC people of color have resisted assimilation into White dominant TGNC and other communities (Singh & McKleroy, 2011; Singh, 2013). It may be helpful for psychologists to understand how this resistance and self-determination may lead TGNC people to develop relationships with family, peers, community, and workplaces in ways that nurture their resilience and overall coping (Burnes & Chen, 2012; Cole, 2009).

Affirmative Approaches to Psychological Practice With TGNC People of Color

The authors reviewed the current scholarship with TGNC people of color across counseling, psychology, and public health. In this review, the authors categorized the implications of this literature base into components of affirmative psychological practice with TGNC people of color in tandem with sections on psychological practice with TGNC people of color in the APA *Guidelines for Psychological Practice with Transgender and Gender Nonconforming Clients* (2015). These components include (a) interrogating psychologist race/ethnicity and gender identity, (b) addressing the intersectionality of race/ethnicity and gender identity, (c) challenging assumptions about TGNC experiences and the experiences of people of color, (d) building rapport and acknowledging differences within the therapeutic dyad, (e) assessing client strengths and resilience in navigating multiple oppressions, and (f) providing a variety of resources that are affirming to TGNC people of color. As each component is discussed, the authors refer to and/or expand on the recent APA TGNC Guidelines (2015).

Interrogating Psychologist Race/Ethnicity and Gender Identity

The APA TGNC Guidelines (2015) discuss the importance of psychologists developing an awareness of how their attitudes and

knowledge may influence the quality of their work with TGNC clients. This aspect of cultural competence may be considered an ongoing process rather than something that one can obtain and maintain without continual education and self-reflection (Sue & Sue, 2012). To provide affirmative care to TGNC clients of color, psychologists are encouraged to foster the capacity and the willingness to examine their own identities with respect to race/ethnicity, gender, and gender identity (Burnes & Chen, 2012). This exploration includes examining and challenging one's own experiences of socialization, expectations that others have had on them, and internalized norms for race/ethnicity and gender. Psychologist self-reflection on these domains also involves acknowledging the reality of intergenerational and multiple experiences of racism, sexism, and anti-TGNC prejudice and discrimination and the ways in which these systemic oppressions have afforded a person privilege or lack thereof.

For example, cisgender psychologists (i.e., people for whom gender identity is congruent with sex assigned at birth; non-TGNC people) can work to bring awareness to their cisgender privilege (Skolnik, 2009) or the unquestioned ways in which they have been able to move through society without experiencing anti-TGNC prejudice or discrimination. Cisgender privilege includes being able to access competent health care that is affirming to one's gender identity, not having one's medical decisions questioned, and being comfortable knowing that one can access safe and appropriate public accommodations (e.g., not being questioned or attacked for using the restroom of their choice; Serano, 2007). Psychologists who have a TGNC identity are encouraged to reflect on how their own TGNC identity may differ from their clients' and how this influences interactions with privilege and oppression, and similarly with racial/ethnic identities. Although there may already be a power differential between psychologists and clients, the potentially additive nature of other dimensions of power differentials may be especially challenging for TGNC clients of color. For example, a young, poor, trans woman of color working with an older White cisgender male psychologist from an upper-middle class background may experience power differentials based on race, class, gender, gender identity, and age, in addition to power imbalances between client and therapist, and this may make it more difficult for her to advocate for her needs. In addition, the value of deference to authority in some non-Western cultures may make it even more difficult for some TGNC people of color to engage in self-advocacy.

A psychologist who has some insight into how their own racial or cultural background shapes their own relationship to gender and an awareness of racialized gender stereotypes may be able to provide more culturally sensitive care to clients of different racial backgrounds (APA, 2003). White psychologists are encouraged to examine their White privilege (Sue & Sue, 2012) and how this may affect the power dynamic when working with a TGNC person of color. Psychologists who are people of color are encouraged to examine their interactions with intergenerational lateral racism (i.e., prejudice or discrimination between ethnic minority groups often considered an enactment of the larger system of racial oppression) and to reflect on the ways in which they may be both similar and different from TGNC clients of color (Owen, Tao, Imel, Wampold, & Rodolfa, 2014).

Addressing the Intersectionality of Race/Ethnicity and Gender Identity

The APA TGNC (2015) encourage psychologists to be aware of the ways in which gender identity intersects with other cultural identities. Intersectionality is a theoretical perspective that acknowledges and values the existence of multiple client identities at once (Warner, 2008). These multiple identities may enhance resilience and/or trauma related to racism and trans-prejudice for TGNC people of color (Singh & McKleroy, 2011; Singh, 2013). A TGNC client, for instance, will have had a lifetime of experience socialized as either male or female, and this is not without a cultural context (de Vries, 2012). The experience of one's gender will be highly nuanced based on many cultural factors, including race/ethnicity, national origin, religion, dis/ability, age, sexual orientation, and social class (Burnes & Chen, 2012).

In mainstream society, notions of masculinity and femininity, including TGNC experience, are based on White and/or Western dominant cultural norms (Beauchamp & D'Harlingue, 2012). This adds increased complexity for TGNC people of color who either do not fit these norms or who may be struggling to reconcile these norms with their own racial identities (Singh & McKleroy, 2011). Expectations of what femininity or masculinity look like on a client can consciously or unconsciously inform a psychologist's approach in working with TGNC people of color, possibly limiting the range of healthy and authentic gender expression that is permissible. For work with TGNC people of color to be truly affirming, the awareness and inclusion of a wide range of culturally influenced gender expression is necessary. Psychologists strive to refrain from assuming that they know what a client means when they say, "I want to be a woman" or "I am a man." A useful follow-up question to such a statement could be, "What kind of _____ (e.g., man, woman, genderqueer person) are you or would you like to be?" Bringing a spirit of curiosity and openness to the exploration or discussion of gender, whether it be one's assigned or socialized gender experience or the experience to which one may be headed, will not only allow both psychologist and client to avoid automatic or unconscious assumptions about the client's true experience, but also create an inclusive space in psychological practice with TGNC people of color for vastly different expressions of gender across cultures. This space may also be useful in helping clients to identify or name certain cultural pressures that are present but may not have been previously explored.

Because cultural identity is often complex, TGNC clients of color will have different cultural markers that have provided them varying experiences of or interactions with power, privilege, or marginalization (Hwahng & Nuttbrock, 2014). It can be helpful for psychologists to maintain an awareness of this complexity and how a person's social or medical gender transition may shift the balance of their intersectional experience in society (Lev, 2004). For some TGNC clients of color, undergoing social or medical transition may simultaneously coincide with gaining certain kinds of power in society while losing other types of power (Bocking, 2008).

For example, a TGNC person of color who gains male privilege over the course of transitioning may be faced with additional stressors related to depictions of men of color. He may have already experienced minority stress related to being both perceived as a woman (gender bias) and a person of color (racial bias) before

transition, as well as being TGNC (cisgender bias). Through the course of transition, he may have to acclimate to how society reacts to him as a man of color, and this may vary significantly depending on what his racial or ethnic background is. Additionally, he may experience a combination of guilt, loss, or conflict regarding being able to access male privilege. The complexities of shifting privilege are well portrayed in Cortney Ziegler's essay on being an African American transgender man (Ziegler, 2014), as he discusses the privilege of passing as cisgender, no longer experiencing the kinds of harassment from men that African American women face, and economic privileges, to name a few.

TGNC clients of color who experience significant shifts in gaining or losing power and privilege through their gender transitions may benefit from assistance in exploring how they may be seen differently in society and how their relationships to their social environments might change. The authors recommend paying special attention to race-based intergenerational trauma such as the indirect yet reverberating effects of slavery, genocide, and other forms of collective cultural trauma (Bryant-Davis, 2007; Mohatt, Thompson, Thai, & Tebes, 2014). Psychologists may provide a safe space to explore and create meaning out of shifts in identity and power, as well as facilitate a sense of identity integration.

Age is another important factor to consider, especially because very little attention has been paid to people of color in the literature on LGBT aging (Van Sluytman & Torres, 2014). The research that does exist suggests that LGB elders of color are more likely to live alone or with extended family rather than in long-term care facilities (Orel, 2006); this may also be the case for TGNC elders of color. Scholars examining older gay men, lesbians, and bisexual women of color living with HIV/AIDS found that these groups were more likely to experience social isolation (Emlet, Fredriksen-Goldsen, & Kim, 2013). This study has implications for TGNC people of color living with HIV/AIDS; therefore, psychologists working with TGNC elders of color are encouraged to pay special consideration to the need for social support. For some clients this could mean educating family members, whereas for others this could mean facilitating the building of community or chosen family. Age and generation may also affect interactions with medical providers, making it more or less socially acceptable to actively advocate for oneself. Some TGNC people of color may find it difficult, because of multiple power imbalances and a cultural value of deference to authority figures, to challenge White and/or cisgender health care providers.

Race/ethnicity is often inextricably intertwined with social class, thereby affecting one's accesses to economic resources (Hwahng & Nuttbrock, 2014). Therefore, it may be helpful to assess the influence that one's experience of intergenerational racism and/or anti-TGNC bias has had on access to education, employment, financial resources, housing, and health care. A large number of TGNC people of color who live in poverty or experience economic barriers choose to engage in sex work or other street economies as a means of survival or self-protection (Sausa, Keatley, & Operario, 2007). A psychologist encountering a client in this situation is encouraged to have a nonjudgmental stance and to help the client explore and articulate what has contributed to these choices, how they may be affecting the person's life, and what other options are available to the person.

Although socialization into a gender role may be influenced by or embedded in a racial/ethnic identity, a TGNC's specific present

gender identity may also be culturally specific (Cole & Han, 2011). It is not uncommon for providers to be unaware of the gender creativity that may exist in communities of color, and it is important that even psychologists with significant expertise pertaining to gender identity be open to terms that may not be familiar to them. This may be especially true for nonbinary gender identities. One example of this is Two-Spirit identity, which is used in some Native American cultures to describe people who identify with gender roles assigned to both men and women. Another term with increasing popular usage is “masculine of center” (MOC), which is being used with more popularity in some TGNC communities of color (Cole & Han, 2011). Some people who identify their gender in this way consider themselves members of the TGNC community, whereas others do not. When psychologists come across TGNC people of color with identity labels or ways of describing gender identity that are previously unknown to them, it is important to listen closely to the client’s articulation and expression of what this means for them, always respecting autonomy and self-identification. Psychologists can benefit from being open to and curious about all of the many ways that one may describe their gender identity, especially in ways that are inclusive of a strong, empowered, and integrated identity as a TGNC person of color (Singh & McKleroy, 2011).

Challenging Assumptions About TGNC People of Color Experiences

Although it is essential to consider that a TGNC person of color’s racial and/or ethnic background may influence how they experience and express their gender, it is equally important that psychologists refrain from making assumptions based on racial or cultural stereotypes (Sue & Sue, 2012). Psychologists may bring curiosity to the question of the role of racial or ethnic background, as well as other cultural identities, when addressing gender concerns. It is generally useful to ask the client whether and how they see their gendered experiences and social expectations being related to other aspects of their cultural background. For some clients, their racial/ethnic background may be very salient in their day-to-day lives and identities, whereas for others, it may not be as salient as another aspect of identity, such as religion or disability status (Singh & Chun, 2012).

Even psychologists who are well-intentioned and aiming to demonstrate multicultural competence are encouraged to be cautious when making conclusions about the influence or overdetermination of cultural factors (Sue & Sue, 2012). For example, when a TGNC person of color coming from a more conservative cultural background does not present with a traditional male-to-female transition trajectory, psychologists refrain from assuming that the client is confused or suffering from internalized transphobia. Psychologists also resist assuming that (a) a client’s nonbinary presentation is due to internalized transphobia or (b) the internalized transphobia for this client is a result of their racial background. In a situation such as this, it would be useful for a provider to maintain a sense of cultural humility (Hook, Davis, Owen, Worthington Jr., & Utsey, 2013), holding equally the possibility that a client’s racial/ethnic background may play a significant role in some ways and in other ways may not be as relevant.

Building Rapport and Acknowledging Differences Within the Therapeutic Dyad

When working with TGNC people of color, the establishment of rapport is especially crucial, regardless of the racial or ethnic background of the mental health or medical provider. As some TGNC people have lived multiple marginalized identities, they may have not experienced the most affirming or culturally sensitive health care (Burnes & Chen, 2012). Some TGNC people of color may have experienced blatant racism or microaggressions from mental health providers (Nadal, Skolnik, & Wong, 2012). For instance, microaggressions toward TGNC people of color may range from making historical assumptions about a client’s racial/ethnic identity (“What country are you from?” said to an Asian American/Pacific Islander TGNC person of color) or their appearance (“You don’t look Mexican” said to a multiracial TGNC person of color) to being situated as a representative for their entire racial/ethnic group (“Why do African Americans celebrate Kwanzaa?”). These types of racial/ethnic microaggressions are quite common, and psychologists may avoid these microaggressions by continuously reflecting on their unconscious biases and learning about diverse cultural worldviews held by people of color, valuing TGNC people of color’s microaggression perspectives and experiences, and actively interrupting microaggressions by others (Owen et al., 2014).

In addition to refraining from engaging in microaggressions, psychologists seek to be mindful of the long intergenerational history of people of color, particularly African Americans, being misdiagnosed with paranoia or psychotic disorders (Sue & Sue, 2012). Therefore, it is to be expected that some TGNC people of color may appear guarded or suspicious; this may be an adaptive and protective response to the real possibility of encountering racism or anti-TGNC prejudice in an encounter with a psychologist or health professional.

Even for psychologists who are also people of color, it is helpful to pay special attention in developing trust and rapport with TGNC people of color, as well as to explore and acknowledge the historical context of racism. Scholars have noted that when racial/ethnic background is a common identity factor for the psychologist and the client, other differences in identity may become more salient (Sue & Sue, 2012). For example, for disenfranchised TGNC people of color, assumptions about the psychologist’s class background, based on educational or professional status as a psychologist, may create distrust.

As is often recommended by schools of thought concerned with providing culturally responsive treatment (Sue & Sue, 2012), the authors recommend naming and exploring aspects of similarity and difference. For White psychologists working with TGNC clients of color, it may be helpful to acknowledge the power differential with respect to race/ethnicity, as well as White privilege. Being able to name this difference may create trust in the psychologist’s ability to deal with aspects of identity that are often difficult to discuss.

Cisgender psychologists who are also people of color, many of whom may not have firsthand experience with the challenges of being gender nonconforming, can seek to avoid assumptions that being a person of color or even sharing the same racial/ethnic background as a client automatically creates rapport or understanding. Cisgender psychologists in this situation may gain trust in

naming their cisgender privilege and the inherent power dynamic that is created in such a therapeutic dyad. For psychologists of color with a TGNC identity themselves, they also strive to refrain from assumptions that this group identity is shared, even if the psychologist feels part of their TGNC people of color clients' communities.

Assessing Client Strengths and Resilience in Navigating Multiple Oppressions

The APA TGNC Guidelines highlight the need for psychologists to be aware the stigma, prejudice, discrimination, and violence that disproportionately affect TGNC people—especially for TGNC people of color. In addition, psychologists are encouraged to maintain awareness that positive outcomes for TGNC people are associated with being accepted and supported in exploring their gender identity and gender expression. It is important that psychologists maintain awareness of the strengths and many resources that TGNC people of color possess.

When working with a TGNC client of color, it is necessary to conduct a thorough assessment of the client's experiences with trauma and discrimination, as well as the ways in which the client has responded to or coped with these experiences. This assessment includes asking questions about interactions with different forms of structural inequality or discrimination, including microaggressions that are specific to TGNC people (Nadal et al., 2012) and racial discrimination experienced in mainstream LGBT communities (Balsam, Molina, Beadnell, Simoni, & Walters, 2011). Therefore, it may be helpful for psychologists working with TGNC clients of color to maintain a nonjudgmental stance while aiding the client in identifying both effective and ineffective coping strategies. Because TGNC people have often experienced the minority stress related to being both ethnic minorities and gender nonconforming, it is important to pay special attention to the client's strengths and resources (both internal, such as personality traits, and external, such as community support). Conducting a broad assessment such as this may not only allow for appropriate goal-setting or treatment planning, but may also serve to identify and heighten awareness of the strengths and resources that they already possess or that they may have developed as a result of facing adversity (Singh & McKleroy, 2011; Singh, 2013).

Providing a Variety of Resources That Are Affirming to TGNC People of Color

The APA TGNC Guidelines encourage psychologists to assist TGNC clients in navigating systems and accessing TGNC-affirmative environments, and, when possible, to work to develop affirming environments. Although TGNC people of color may have similar needs as other TGNC people, there may be additional or different factors that psychologists and other mental health providers may want to consider (de Vries, 2012). It is useful to keep in mind that not all community resources geared toward serving TGNC people will adequately serve the unique needs of some TGNC people of color. For instance, many TGNC people of color may experience alienation or discrimination within TGNC communities. Therefore, psychologists are encouraged to connect clients with culturally sensitive resources that are inclusive of TGNC people and ethnic minorities. Some TGNC people will

benefit from having a space that is specifically designated for TGNC people of color (such as a support group). This may provide an opportunity to explore gender concerns and in a safe environment with other TGNC people of color; in such a space, it is recommended that facilitators or counselors also be people of color.

Another factor to consider is potential language barriers for TGNC people of color who do not have proficiency in the predominant language of their environment (e.g., a person who is monolingual in Spanish in an environment where there are few Spanish-speaking providers). Psychologists in situations like these are encouraged to be conscientious when making referrals, advocate for the translation of educational resources, and strive to consider language proficiencies when hiring other providers in their organizations.

Survey research has demonstrated that TGNC people of color may be more likely to encounter harassment or violence by police or other law enforcement officials (Grant et al., 2011; National Coalition of Anti-Violence Programs, 2012). For this reason, it may be even more important to assess a TGNC person of color's safety concerns, including past experiences of racism, anti-TGNC prejudice, discrimination, violence, and/or harmful interactions with law enforcement. Psychologists can work with TGNC clients of color in establishing a realistic and accessible safety plan that utilizes a diverse array of resources and does not depend solely on law enforcement. Considering each of these oppression experiences discussed above, psychologists have the opportunity to acknowledge, explore, and validate the historical context and multiple marginalizations that TGNC people of color and their communities have experienced.

Case Vignette: "Is it Okay to Talk About Race Even Though I'm Here to Talk About Gender?"

The following composite case study is about a 27-year-old African American TGNC person who eventually transitioned from an assigned female sex to male. Two different names and corresponding pronouns (she/her for Wendy, he/him for William to reflect the timeline of how the TGNC person of color client identified in the counseling process) will be used to describe this client, depending on the stage of counseling and gender identity development.

The therapist in this vignette is Dr. Ruiz, a queer Latina cisgender psychologist. Wendy arrived for her first therapy session with Dr. Ruiz reporting that she was dealing with "stress" and that she was unsure about her sexuality. She reported feeling attracted to women, but she did not know anyone who was gay or lesbian, and she was unsure about whether she belonged in the LGBT community. At this session, she wore a women's business suit, heels, and makeup. She made no mention of concerns about her gender or her body, though she did report that she had always played sports and liked having a muscular physique. During Wendy's second session, she started referring to her attraction to women as a "gender issue." She reported that she had found Dr. Ruiz through doing a search for "gender therapy" online. She reported that she had always felt more like a boy or a tomboy, but deviating from gender norms for girls/women was not allowed in her family. She reported that though her parents were very supportive and loving, they were also very conservative and traditional in their views of gender,

which she partially attributed to their Christian religion and African American racial background.

For the next several months, Wendy spent time in sessions exploring her gender identity. This included exploring various ways in which she resonated with men's and women's gender roles, as well as how her experience of gender might intersect with other aspects of her identity. It was during this process that Wendy named her fear about transitioning to male and then facing the racism and criminalization that affects Black men. She named fears of being harassed by police, pulled over while driving, and being stereotyped as hypersexual. She named that her own father had been an incredibly positive role model as a Black man, but that men like him were not depicted in the media or in society. While Dr. Ruiz had named the racial difference in the therapeutic dyad at the outset of therapy and invited discussion on any aspect of cultural identity, Wendy expressed hesitance or what almost seemed like an apology. She asked, "Is it okay to talk about race even though I'm here to talk about gender?" (b: intersectionality and c: challenging assumptions).

Wendy seemed to relax and become more at ease as Dr. Ruiz invited conversations in which she was able to voice her fears related to transition, especially those that allowed her to explore not just gender and race/ethnicity, but also religion and career questions (b: intersectionality). She found the concept of minority stress useful, and having a name for it normalized her concerns. Throughout the therapy, Dr. Ruiz paid attention to her own countertransference, being careful to refrain from making assumptions about her client's experiences and challenging some of her own feelings about working with someone who, in some ways, occupied a similar cultural intersection in society in terms of being perceived as a woman of color. In session, she named having her own cisgender privilege, as well as some similarities (e.g., both being read in society as women of color) and differences (e.g., social norms for men and women and how they differ between African American and Latino/a backgrounds), and these factors were also explored (a: interrogating psychologist race/ethnicity and gender identity and d: building rapport and acknowledging differences within the therapeutic dyad).

About six months into therapy, this client appeared and asked to be called "William" and be referred to using "he" and "him" pronouns. He expressed feeling more confident than he had in a long time. He sought out a TGNC men's support group and started to build a social community through this group. He mentioned a few times feeling somewhat uncomfortable because he was the only African American person in the group. He reported not totally relating to some of the ideals that the other men in the group had regarding their transition trajectory. At this time in his therapy, William explored how experiences in this group brought up deeper feelings and memories of feeling alienated in groups, particularly his early experiences of racism and the historical and intergenerational impact of slavery on his sense of self. He reported that while the other men in the group were extremely friendly and supportive, he didn't fully relate to them and felt some internal pressure to be "just one of the guys" in a way he didn't know how.

At this time, Dr. Ruiz aided William in identifying previous experiences of facing challenges in groups. Together, they explored resilience strategies that William already had available to him after a lifetime of moving through the world as an African American person and being perceived as a woman, including

giving himself permission to take what was helpful in any situation and to leave anything that was not helpful (b: intersectionality and e: assessing strengths and resilience). He seemed to be going through a process of individuating and claiming the freedom to choose what was helpful to him, to give himself permission to be not only the kind of man he wanted to be, but the kind of Black man he wanted to be (e.g., a Black man who enjoys cooking). He maintained connection with friends from the group while also starting to reach out and build community with other TGNC people of color. Dr. Ruiz provided some resources, such as an anthology that included stories by trans men of color. The therapist also learned of a group for trans masculine spectrum people of color and spoke to the facilitator of the group to assess whether it would be a good fit for the client (f: providing resources). He started to attend both groups and reported they were helpful in different ways. As William became more comfortable in his gender identity, he also sought to reground himself in a spiritual practice, which he reported was his way of staying connected to some of the religious teachings of his youth and discard others that were not affirming of his identity. It was around this time that he said, "I never really *got* how big of a deal my skin color was until I looked at it through the lens of my gender transition." It seemed that for William, the exploration of gender unlocked exploration of his race/ethnicity and its intersections with gender. The process of coming into his authentic gender also provided an opportunity to create new meaning with regards to his racial background, as well as his spirituality. This is not uncommon for TGNC people of all backgrounds; without maintaining an intersectional view of cultural identity, there is a risk of missing opportunities for deeper, more integrated identity development.

Conclusion

As the case vignette above demonstrates, it is helpful for psychologists working with TGNC people of color to strive to be well-versed in multicultural and social justice concerns. Throughout the case study, the psychologist endeavored to integrate the six major components of affirming psychological practice with TGNC people of color, while also following the APA TGNC guidelines (2015). In addition to these six components of affirming psychological practice with TGNC people of color, psychologists seek to be aware that there may be numerous instances of advocacy called for due to the multiple oppressions of racism and anti-TGNC bias. Examples of psychologist advocacy may entail engaging with legislators and policymakers at the local, state, and national level to increase access to health care for TGNC people of color (Singh & Burnes, 2010). Because TGNC people of color have experienced some of the highest levels of income disparities, and housing and employment discrimination (Grant et al., 2011), psychologists have numerous opportunities to facilitate access to legal, health care, housing, and other resources. As psychologists seek to develop cultural competence with TGNC people of color, it is helpful to be mindful that empirically supported treatments may not have been validated with TGNC people of color and may actually be harmful. For instance, using exposure therapy with a TGNC person of color in using the restroom of their choice may be harmful if used without an acknowledgment and understanding of the historical context of racism and trans-prejudice that would complicate a client's experience of exposure therapy. Essentially, em-

pirically supported treatments may not be culturally competent on multiple levels when working with TGNC people of color from an affirmative stance. It is important for psychologists to be mindful that psychological treatment approaches should consistently balance the end goal of treatment with the quality of life and the real world circumstances that TGNC people of color are experiencing in the world.

Finally, there is a great need for psychologists working with TGNC people of color to help educate other psychologists and helping professionals on the multiple oppressions and resilience experiences that TGNC people of color have. This type of advocacy can help psychologists who are trained as gender specialists ensure that they are providing culturally responsive care to TGNC people of color, as well as ensure that multiculturally competent psychologists are aware of the microaggressions and systemic barriers that TGNC people of color face.

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